South Essex Partnership University NHS Foundation Trust

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Community health services for adults

Quality Report

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Date of inspection visit: 29 June to 3 July 2015
Date of publication: 19/11/2015

Summary of findings

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
RWN20	Trust HQ	Addison House Health Centre Harlow	CM20 1DS
RWN20	Trust HQ	Bedford Health Village	MK40 2NT
RWN20	Trust HQ	Central Canvey	SS8 0JA
RWN20	Trust HQ	Kempston Clinic Bedford	MK42 8AU
RWN20	Trust HQ	Houghton Regis Clinic	LU5 5EZ
RWNX7	Saffron Walden Community Hospital	Saffron Walden Community Hospital	CB11 3HY

This report describes our judgement of the quality of care provided within this core service by South Essex Partnership University NHS Foundation Trust. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by South Essex Partnership University NHS Foundation Trust and these are brought together to inform our overall judgement of South Essex Partnership University NHS Foundation Trust

Summary of findings

Ratings

Overall rating for the service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

Summary of findings

Contents

Summary of findings

Overall summary

We gave an overall rating for community health services for adults as good because:

- Staff were identifying and monitoring potential and actual risks to people who were using these services. They were reporting and learning from incidents and monitoring service provision to keep people safe.
- We found evidence of innovative practices in staff training programmes to improve recognition of malnutrition and pressure ulcers within care home settings. Proven results in the "PUFFIN" (pressure ulcer food first initiative) programme had improved people's quality of care by lessening incidents and the risk of people forming pressure ulcers. There was excellent multidisciplinary team working across each location inspected.
- People who used the service were well cared for and treated with dignity and respect by all staff. Individual feedback forms showed that 98% of people who used this service would be likely or extremely likely to recommend this service to their friends and family. Patients, families and carers were complimentary about the service they received.
- There were minimal waiting times for people across these services with most having access to services the same day. Referral times for assessments and treatment for example musculoskeletal physiotherapy and podiatry were up to 15 weeks. This was within the parameters set by the commissioners of this service and within national guidelines. There was good access to individual services and integration of care with primary care services. There were clear examples of where service changes and improvements had been implemented as a result of trust wide learning from individual complaints and concerns.
- These services had a clear trust wide vision and strategy. We found a positive culture from the trust, local management and staff. There was published innovative practices being disseminated throughout the trust to improve care and treatment practices for patients.

Summary of findings

Background to the service

Community health services for adults within the trust provided healthcare assessments, treatments and services provided to adults within community based hospitals, their own homes or in community settings such as out patient clinics. The trust was commissioned to provide these services to a population of 2.5 million people across Bedfordshire and Essex

The services were focused on providing planned care, rehabilitation following illness or injury, on-going and intensive management of long-term conditions, coordination and management of care for people with multiple or complex needs, semi acute care delivered in people's homes and health promotion.

The services were provided by integrated care teams that included district nursing, community matrons and specialist nursing services. Community therapy services, intermediate care, rehabilitation services, outpatient and diagnostic services were also provided by the trust.

Our inspection team

Chair: Karen Dowman, Chief Executive, Black Country Partnership NHS Foundation Trust

Team Leader: Julie Meikle, head of hospital inspection (mental health) CQC

Inspection Manager: Peter Johnson, mental health hospitals CQC

The team that inspected this service was comprised of one CQC bank inspector and two specialist professional advisors who had extensive senior experience of managing and providing these services in other NHS trusts.

The team would like to thank all those who met and spoke to inspectors during the inspection and were open and balanced with the sharing of their experiences and their perceptions of the quality of care and treatment at this trust.

Why we carried out this inspection

We inspected this trust as part of our ongoing comprehensive inspection programme of mental health and community health NHS trusts.

How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Before the inspection visit, we reviewed information that we held about these services, asked a range of other organisations for information and sought feedback from patients using the service.

During the inspection visit, the inspection team:

- Spoke with 12 patients who were using these services.
- Met with four relatives.
- Reviewed 12 care and treatment records.
- Examined the trust's policies and procedures used by these services.

Summary of findings

- Interviewed the managers for each service.
- Spoke with 40 other staff members.
- Observed care provision
- Attended two reviews of care meetings with the permission of those involved.

What people who use the provider say

- Patients and their families were positive about the care and treatment which they received and said staff were kind, caring and respectful. Patients and families said that staff listened to their views.
- Patients were positive about the proactive approach of staff towards pain control. Patients spoke highly of individual staff and felt that they went beyond the call of duty.
- Patients felt able to express any concerns to staff and felt listened to. We saw positive feedback from patients and their families. For example, thank you cards and compliment letters to individual services and staff.

Good practice

- A training programme called “pressure ulcer food first initiative” had been established by the trust in Bedfordshire. The programme offered on-going training and support to work based champions in 47 participating care homes. This programme had proved effective in reducing the incidents of avoidable care home acquired pressure ulcers. Due to its success, this innovative training programme had been adapted for trained nurses, published and rolled out to another major hospital trust.

South Essex Partnership University NHS Foundation Trust

Community health services for adults

Detailed findings from this inspection

Good

Are services safe?

By safe, we mean that people are protected from abuse

Summary

We rated community health services for adults as good for safe because:

- We found that these services were good for safe. The staff we spoke with were aware of the process for reporting any incidents and what to do with the information. There were effective systems in place to learn from any incidents.
- We saw there were arrangements in place to minimise risks to patients and this was managed on an individual basis.
- Safe caseload management systems were in place and systems were in place for these to be discussed at meetings with managers.
- Mandatory training attendance rates were variable but we saw that the trust were addressing non-attendance by providing additional courses.
- The trust were actively recruiting to vacancies and recently new staff had been recruited to support existing staff.
- Patient records were completed appropriately and no issues with records storage or any breaches of confidentiality were identified.
- The trust had an emergency contingency policy and procedures. We saw two major incident plans in place to deal with the current extreme hot weather conditions.

Detailed findings

Safety performance.

- There had been 1 never event in the past 12 months. A wrong site surgery incident occurred in October 2014. (serious largely preventable patient safety incidents that should not occur if proper preventative measures were taken)
- The trust reported a total of 469 which required further investigation between 01 January 2014 and 31 December 2014 for these services. All of these were in relation to pressure ulcers acquired by patients. The

Good

Are services safe?

records provided by the trust showed that 97.5% (456 incidents) were categorised as a grade 3 pressure ulcer, with the remaining 2.5% (13 incidents) categorised as grade 4 pressure ulcer.

- Incidents and safety performance was monitored through monthly management meetings within each locality. This information contributed to monthly senior management meetings. Data was collated on the trust's incident reporting system and analysed to identify trends. Evidence of action plans resulting from these meetings and the corresponding changes in practice were seen.

Incident reporting, learning and improvement

- Newly presenting risks were highlighted to staff and those that required escalation to the trust's risk register were used to improve patient care and the treatments provided for people.
- Staff were aware of the trust's duty of candour policy to ensure that patients and their families were kept informed in the event of incidents that had or could have led to potential harm to them.
- Each pressure ulcer incident had a full root cause analysis undertaken and were subsequently signed off through 'skin matters' panels and the relevant executive director.
- Lessons learnt from incidents across the service and wider trust were cascaded to staff through team meetings and a weekly trust all staff e-mail bulletin. Staff were able to describe how they would report any incidents and how these would be addressed by the trust and any wider learning shared with colleagues.

Safeguarding

- The trust had a designated safeguarding lead who oversaw the management of safeguarding cases across the trust.
- Staff showed an understanding of the trust's safeguarding policies and procedures This included guidance for staff about working with external agencies. Staff knew how to raise any concerns appropriately and were able to give examples of where they had done this.
- However, not all staff were up to date with mandatory training including safeguarding. Trust wide data showed us that current attendance at mandatory training ranged from 81% to 92%. The trust target was 90%. The current 'did not attend' training rate was 16%.
- One locality manager told us this was down to staff being unable to attend. Training schedules were seen that demonstrated that when training had been missed it was re-booked.
- Staff received monthly supervision during which any safeguarding concerns were discussed in depth. Liaison with the local safeguarding lead ensured that ongoing safeguarding referrals were reviewed monthly.

Medicines

- The trust had a detailed policy in place for the safe management of medicines. Robust systems were in place to promote the safe management of medicines in people's homes.
- Medication management training was undertaken by staff at a level relevant to their role. Further training opportunities were available.
- Adrenaline was the only medication routinely carried by community staff and this was administered under a clear patient group directive.
- Any incidents relating to the management and administration of medicines had been investigated by the trust and any learning subsequently disseminated to front line staff via email bulletins. Changes had been made to clinical practice following an incident where a patient had been given an accidental overdose of insulin.

Equipment and environment

- Each service was based in purpose-built buildings with easily accessible rooms and communal areas. The equipment being used had been maintained appropriately and was in a good state of repair.
- Maintenance of the buildings was undertaken by a designated person in each location and maintenance requests were addressed promptly.

Quality of records

Good

Are services safe?

- Patient records were stored on the trust's electronic records system. Staff updated patients records via hand held computer systems whilst visiting patients and uploaded these to the trust's main data base upon their return to their office base.
- Robust procedures were in place to ensure care plans were followed and prompts for actions to be taken in the event of the plan not being followed. There had been two serious case reviews and changes in practice had occurred as a result of these.
- Risk assessments and individual risk ratings for all people who use the service were reviewed six monthly or sooner if required. This was done at visits, appointments, after incidents or safeguarding concerns.
- Cases were discussed during management and case load supervision sessions. There were specific coloured markers used on the electronic record system to highlight people who presented any form of risk or vulnerability. Staff were able to tell us what each indicator meant and where to find that information on the system.

Cleanliness, infection control and hygiene

- Good levels of infection control systems were in place with the appropriate use of hand washing and the application of hand gel.
- Staff wore personal protective equipment such as gloves and aprons when delivering personal care. Adequate equipment was available in staff cars to promote good infection control principles.

Mandatory training

- The trust had a policy for mandatory training which specified the training to be completed by different staff groups, the frequency and what was covered by the training. Examples of this mandatory training included lone working, health and safety and moving and handling.
- Staff attendance at mandatory training varied across the services. For example, the Saffron Walden integrated community service was achieving 95% compliance against a trust target of 90%. However not all staff were up to date with mandatory training. Training schedules demonstrated that when training had been missed by staff it was re-booked.

Assessing and responding to patient risk

- Risk assessments and individual risk ratings for each patient were reviewed six monthly or sooner if required. This was done at visits, appointments, after incidents or safeguarding concerns. Individual caseload concerns were discussed during management and case load supervisionion.
- Root cause analysis was used with cross cutting themes emerging regarding the prevalence of pressure ulcers. As a result of this analysis the community services in South East Essex were piloting new pressure relieving mattresses and simplifying the assessment process.

Staffing levels and caseload

- There was a single point of access team which operated from St Margaret's hospital. There was a triage system to assess risk and ensure patients were seen accordingly.
- Caseloads were arranged differently in each location with common theme being the weighting of cases with higher acuity and risk. Allocation and caseload management was an agenda item for supervision and team meetings. Staff told us they were able to manage their case loads safely and felt able to raise their concerns to management if they felt that their level of their workload presented a risk.
- Most community settings inspected had staff vacancies apart from Saffron Walden integrated community service which was fully staffed. Staffing levels across all community settings were calculated at a local level. However, the trust did not use a patient acuity tool to calculater staffing levels based on patient need.
- The trust used its own staff and community bank staff to cover and cross cover where required.At Canvey Island nine new nurses had been appointed and were due to start in post in September once they had completed their training. Seven new staff members had been appointed at the Addison House health centres.
- There was a recruitment plan to fill the other posts. Staff were aware of the vacancies but did not express any concerns about the increase workload on them whilst these posts were being filled. There was no negative impact on patient care or any increased stress levels reported by staff.

Managing anticipated risks

Good

Are services safe?

- The trust had an emergency contingency policy and procedures. We saw two major incident plans in place to deal with the current extreme hot weather conditions. Staff gave clear examples of actions to be taken by them in each event and had good knowledge of both plans.

Good

Are services effective?

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Summary

We rated community health services for adults as good for effective because:

- Outcomes of treatment were measured through education and health care plans which was recognised as good practice.
- Audits were undertaken against the continuing healthcare framework. We saw the use of wound care outcomes and statistics to help measure care provision.
- Staff were supported and received clinical, managerial, safeguarding and group supervision.
- Referrals were received via the "single point of contact" office and were managed effectively, evidenced by the meeting of key performance indicators relating to time frames from referral to assessment and first contact.
- Care plans demonstrated integrated care. For example, involving other health professionals including speech and language, physiotherapy and geriatric consultant services.
- We attended two community out-patient clinics and observed joint assessment and review of individual care episodes. The trust's electronic recording system enabled different disciplines to contribute to a central record for each service user. This meant that the multi-disciplinary team were able to see what care was being provided by each professional.

Detailed findings

Evidence based care and treatment

- Pathways of care were based on national guidelines. For example ,the care of patients who had a leg ulcer was based on the National Institute for Health and Care Excellence (NICE) guidelines. Staffwere aware of this guidance and how care delivery was based on these.
- Trust compliance with NICE guidelines was reviewed by quality and safety groups. Any approved guidance went to the trust's quality risk committee and was then cascaded throughout the trust
- Trust wide audits took place to measure outcomes for patients. For example, in-house research was being used to formulate policies that enhanced patient care and treatment.

Pain relief

- Patients and their relatives told us that staff were proactive in managing their pain. Evidence was seen of pain assessment tools. Close links were in place with the patient's general practitioner should additional analgesia be required.

Nutrition and hydration

- We found that staff encouraged people to drink as the weather was very hot during our visits. We saw that the malnutrition universal screening tool was used where relevant as part of the assessment process. Some patients were receiving nutritional supplements to promote wound healing.
- Due to the high incidence of care home acquired pressure ulcers a senior tissue viability nurse based at Bedford Health Village in conjunction with a senior dietician from "food first" devised a training programme called "pressure ulcer food first initiative". The programme offered on-going training and support to work based champions in 47 participating care homes.
- This programme had proved effective in reducing the incidents of avoidable care home acquired pressure ulcers. The tissue viability nurse who pioneered the programme had been nominated for two national awards for innovation in the "Nursing Standard" and "Wounds UK".
- Due to its success, this innovative training programme had been adapted for trained nurses, published and rolled out to another major hospital.

Patient outcomes

- Outcomes of treatment were measured through education and health care plans which was recognised

as good practice. Audits were undertaken against the continuing healthcare framework. We saw the use of wound care outcomes and statistics to help measure care provision.

- The trust participated in the National Audit of Intermediate Care (NAIC) and the trust was responding to the findings.Treatment records for the podiatry services had recently been audited and front line staff were aware of the findings.
- Innovative practice was being used to improve patient care by the recognition of malnutrition and pressure ulcers within care home settings.Proven results in this programme had improved people's quality of care by lessening incidents and the risk of people forming pressure ulcers.

Competent staff

- Staff had protected time to complete training and were able to access training when required. There was a budget for additional training for staff. This was provided to staff based on training needs identified at individual appraisals.
- A comprehensive supervision structure was in place. Staff were supported and supervised as per the trust policy. Staff records showed us that staff received clinical, managerial, safeguarding and group supervision. However, there were some occasions where supervision had not occurred as planned due to the mobile nature of workforce, sickness or annual leave and this had been re-scheduled.

Multi-disciplinary working and coordinated care pathways

- Referrals were received via the "Single point of contact" office and were managed effectively. This was demonstrated by the meeting of key performance indicators relating to time frames from referral to assessment and first contact.
- Care plans demonstrated integrated care involving other health professionals including speech and language, physiotherapy and geriatric consultant services. We attended two community out-patient clinics and observed joint assessment and review of individual care. The trust's electronic record system enabled different disciplines to contribute to a central record for each service user. This meant that the multi-disciplinary team were able to see what care was being provided by each professional.
- Multidisciplinary team (MDT) working was effective. For example in Saffron Walden community hospital, community nurses and the hospital's MDT shared an office and attended weekly ward based meetings together. This enabled staff to know their patients prior to discharge and introduce themselves prior to delivering care and treatment in people's homes.

Referral, transfer, discharge and transition

- Good systems were in place to manage referrals via the trust's single point of access service. Close links were in place with other community care services and this assisted with the referral and assessment process.
- Active discussions took place regarding the safe management of discharges during managerial and clinical supervision.
- Professional collaboration took place with adult social care provision such as residential homes and domiciliary care support services. This promoted effective care pathways and transitional care arrangements.

Access to information

- Staff used the trust's electronic record system to record care interventions. Staff told us that this system was normally effective but there were problems around gaining discharge information from hospitals that were on a different electronic patient record system. This meant that information may not be accessible to professionals when required.
- Management showed us evidence of specific meetings about this issue and actions taken to resolve this. A new version of the system was due to be rolled out in September 2015. There was a specific IT support team to help staff use the system effectively.
- Staff had trust provided laptops to enable them to access the electronic system remotely. These were secured using passwords. All referrals, transfers and discharges were recorded on the system. The system

had the capability to send letters to the GP, for example to inform them of any deterioration. Staff could also generate letters to GP where there were difficulties with electronic communication.

Consent, Mental Capacity act and Deprivation of Liberty Safeguards

- Direct informed consent was being obtained prior to staff carrying out any procedures with patients. This was supported by our direct observation of care episodes and those care and treatment records inspected.
- Consent to share information was documented clearly on the trust's electronic record along with a date for review if appropriate.
- Care and treatment records were well completed and showed us that staff completed an initial capacity concern form where they were any identified concerns around capacity and discussed these with the patient's family and GP.

Good

Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

Summary

We rated community health services for adults as good for caring because:

- We observed care episodes and found that patients were well cared for and treated with dignity and respect by staff.
- Trust feedback forms showed us that 98% of people who used this service would be likely or extremely likely to recommend this service to their friends and family.
- Family and carers spoke highly of the extent of their involvement in how care and treatment was being delivered.

Detailed findings

Compassionate care

- We observed care episodes and noted that patient privacy and dignity was respected and promoted by respectful, kind and compassionate staff. Patients told us that often staff went beyond the call of duty for them.
- Trust feedback forms (their 'friends and family' test - how likely would it be that you would recommend your friends and family to use this service) showed that 98% of people who used this service would be likely or extremely likely to recommend this service to their friends and family.

Understanding and involvement of patients and those close to them

- Care and treatment records demonstrated that comprehensive and holistic assessments took place with information sought from families and other health professionals.
- Patients and their families told us they had been fully involved in their treatment and care. This was supported by those care and treatment records inspected.
- Patients told us that staff tried to be flexible with appointment times and informed them if there was going to be an undue delay in visiting times.
- There was plenty of information and health promotion leaflets available. Staff had access to this information in other languages if required via the trust's intranet. There was access to a trust interpreting service if needed.

Emotional support

- We saw good examples of staff providing positive emotional support to patients. We saw a number of compliments cards and letters at each service visited.
- Patients and their families felt well supported by staff. Care and treatment records made clear reference to the provision of emotional support to patients by staff.
- They were complimentary about the information provided by staff regarding support and other self-help groups in the community. This included the availability and signposting of counselling and support services.

Good

Are services responsive to people's needs?

By responsive, we mean that services are organised so that they meet people's needs.

Summary

We rated community health services for adults as good for responsive because:

- The trust's single point of access to treatment team triaged new referrals in order of priority to meet people's needs according to clear treatment criteria.
- Robust trust wide systems and support was seen for vulnerable patient groups. For example, people living with dementia, people with learning difficulties and those with mental health needs.
- The trust operated the "you said we did" scheme in response to feedback from patients and their families. There were few complaints across the service however those raised had been dealt with in a timely fashion by the trust.

Detailed findings

Planning and delivering services which meet people's needs

- The single point of access to treatment team triaged all new referrals in order of priority to meet people's needs.
- The trust had clear and well established links with each local authority and examples were seen of positive partnership working. Joint meetings were held with other community care providers. For example with GP practices and community hospitals. This helped to ensure joint care pathways.
- Multi-disciplinary teams meetings were held to review individual care provision where required. Evidence was seen of an emphasis on promoting positive outcomes for patients.
- Staff pro-actively engaged with patients. Patients were encouraged to be as independent as possible.

Equality and diversity

- Staff received equality and diversity training. Staff had access to the trust's interpreting services if required.
- Trust wide guidance had been developed for staff on respecting people's privacy and dignity and how to respect different cultural needs.
- Local staff understood local diversity and the trust adapted specific services where necessary.

Meeting the needs of people in vulnerable circumstances

- Robust trust wide systems and support was seen for vulnerable patient groups. For example, people living with dementia, people with learning difficulties and those with mental health needs.
- Staff confirmed that they could access advice and support from other services within the trust. For example, from the learning disability and community mental health teams.

Access to the right care at the right time

- There was good access and flow across all community services. All community teams apart from Addison House were meeting their key performance indicator for referral to assessment of eight weeks. Addison House were at 12-13 weeks for referral to assessment and were below the national waiting time for appointments which was 18 weeks. The trust had recruited seven extra staff at this service to try and ensure that they matched the other locality teams.
- Community teams at Canvey Island and Bedford village had rapid response teams, with treatment targets of two hours for urgent care and 24 hrs for same day and non-urgent referrals.
- Saffron Walden community team did not have a rapid response team however they aimed to see urgent referrals within two hours Other referrals were classed as same day, and non-urgent which can be seen within seven days.
- The trust had systems and processes in place for managing the respective waiting lists on a weekly basis. This include proactive caseload allocation meetings and individual clinical and managerial staff supervision.
- The trust had systems in place to inform patients of treatment delays. For example, when district nurse were running late, they rang or texted patients to inform them.

Good

Are services responsive to people's needs?

Learning from complaints and concerns

- The trust operated the "You said we did" scheme.We saw very few complaints across these services however; those raised had been dealt with in a timely fashion.
- An example of leaning from complaints was a family member had not been informed regarding a capacity assessment being carried out on their relative. As a result, staff were given trust provided Mental Capacity Act and duty of candour refresher training.
- Complaint information leaflets were available in community clinics. These included useful contact details for patienrts and their families.
- However, some patients and their families told us they did not know how to make a complaint. This was raised with a community manager and was put on the next team meeting agenda.

Good

Are services well-led?

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Summary

We rated community health services for adults as good for well led because:

- Community services for adults services had a clear vision and strategy and these were supported by the trust.
- The trust had good local systems of robust governance and effective quality measurement in place. There was a clear flow of information up to and down from the trust board to these disparate services.
- Staff spoke positively about their team leaders and senior management. Staff said they felt well supported by the trust and could discuss any issues.
- The trust had a clear plan for the sustainability of each service and published innovative practices were being rolled out to other local trusts.

Detailed findings

Service vision and strategy

- There was a clear vision and strategy for each community service, although these were slightly different, in every area managers and staff could identify and clearly explain these. Staff told us that these were supported by the trust.
- Some staff told us that as the trust was large and spread across a number of locations; it felt remote from where they worked.

Governance, risk management and quality measurement

- The trust had clear governance and clinical effectiveness arrangements in place to ensure that the quality of care was monitored.
- A number of quality audits had been carried out. Learning from these had been disseminated to front line staff.
- Staff told us that complaints, incidents, learning from incidents, safeguarding and policy reviews were discussed at team meetings. This was supported by those minutes seen.
- Performance was monitored through key performance indicators. These were monitored through monthly management meetings within each locality. This information contributed to monthly senior management meetings. Data was collated on the trust's incident reporting system and analysed to identify trends.
- There was a clear flow of information up to and down from the trust board to these disparate services

Leadership of this service

- Staff informed us that senior members of the executive team had visited some of these services recently.
- We found strong local leadership with line managers being well regarded by staff. They told us there was an open and proactive culture.
- The trust's chief executive officer was visible to front line staff. However, few staff knew of any other executive board member.

Culture within this service

- The culture was positive within each of the services inspected and staff felt empowered to do their job and be involved in service delivery.
- The teams worked well with others and there was a respect for other services involved in care in their communities such as social care and general practitioners.
- Staff were passionate about their particular role within their team and this promoted a caring culture within the service.
- The trust had taken active steps to promote safe lone working arrangements. For example, most staff had chosen not to wear the previous trust provided lone working devices as they felt that they were ineffective.As a result of this the trust amended their lone working policy after consultation with staff,and their health and safety at work (HSAW) team and provided new lone working devices for staff to wear if they wanted to.We

Good

Are services well-led?

noted that each community team had been risk assessed by the health and safety quality committee during this process. Staff told us that they appreciated the trust response to their concerns.

Public engagement

- Patients and their families were encouraged to give feedback on the service provided through the trust's 'friends and family test'.
- Families told us that they were directly involved in making decisions about care and treatment in accordance with the patient's wishes and that staff listened to them.
- Many community support groups were provided from trust owned sites and the trust facilitated these wherever possible.
- The trust were providing public feedback sessions called "take it to the top" in June and July 2015 organised by the trust's patient experience team.

Staff engagement

- The trust's staff 'friends and family test' for staff showed that 75% of staff felt able to contribute towards improvements at work (compared to the national average of 72%).
- Staff group supervision sessions took place across the trust.

Innovation, improvement and sustainability

- The trust had a robust recruitment plan in place. We noted that many student nurses who had worked in these services community and were about to complete their training had been employed by the trust upon qualification.
- Due to the high incidence of care home acquired pressure ulcers a training programme called "pressure ulcer food first initiative" had been established by the trust in Bedfordshire. The programme offered on-going training and support to work based champions in 47 participating care homes.
- This programme had proved effective in reducing the incidents of avoidable care home acquired pressure ulcers. Due to its success, this innovative training programme had been adapted for trained nurses, published and rolled out to another major hospital.