Care Quality Commission

Central London Community Healthcare NHS Trust

Community health services for adults

Inspection report

Central London Community Healthcare NHS Trust
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Date of inspection visit: 19 October 2022, 20 October 2022, 21 October 2022
Date of publication: 30/12/2022

Ratings

Overall rating for this service	Good 🟢
Are services safe?	**Requires Improvement** 🟠

Our findings

Community health services for adults

Good 🟢 ➡️ ⬅️

Central London Community Healthcare (CLCH) NHS Trust provides community health services across London and Hertfordshire.

This inspection focused on community health services for adults provided by the trust in the London borough of Harrow. This was a focused inspection reviewing one key question: is the service safe?

We completed this inspection to review how the trust had implemented improvements following an incident in 2021 in which a member of staff did not follow the correct procedures. Following the incident, the trust implemented a Quality Action Team to drive improvement in the Harrow community nursing team. There was a primary focus on the community nursing teams during this inspection however we did also visit tissue viability, podiatry and rapid response services.

Community services for adults covers services provided to adults in their homes or in community based settings. This includes planned care, ongoing and intensive management of long-term conditions, coordination and management of care for people with multiple or complex needs, acute care delivered in people's homes, and health promotion.

We last inspected the trust's community health services for adults in September 2017. At this inspection, we rated the core service as good overall, with safe, effective, caring and responsive rated as good and well-led rated as outstanding.

Our inspection was conducted by short announcement (with 48 working hours' notice) to enable us to observe routine activity and to ensure that everyone we needed to talk to was available. Before the inspection visit, we reviewed information that we held about these services and information requested from the trust.

As part of the inspection we visited:

- Honeypot Lane Health Centre

- Alexandra Avenue Health and Social Care Centre

Our rating for the community health services for adults did not change and remained as good overall.

Our rating of Safe went down. We rated it as requires improvement because:

- The community nursing service did not have enough nursing staff. All the locality teams had high vacancies. The trust was trying to recruit new staff and had ensured few visits were deferred, but staff and managers told us that vacancies placed them under pressure and were impacting their ability to complete all tasks.

- Staff did not always complete records with enough detail and some handover meetings were brief and lacking in detail. This meant staff did not always have access to all the key information to keep patients safe.

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- There was a lack of leadership oversight for the localities. Audits and supervised visits were not occurring regularly, which meant leaders did not have sufficient oversight of the skills and issues within the teams. The trust had identified the need to increase oversight and was recruiting six new band seven team lead roles. Three of whom were already in post.

- Staff were not consistently documenting capacity decisions.

- We identified one incident where a referral was not made to the local authority when other people using the service could have been at risk of neglect.

However:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.

- Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse.

- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. Staff kept equipment and their work area visibly clean.

- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well. When providing care in patients' homes staff took precautions and actions to protect themselves and patients.

- The service used systems and processes to safely prescribe, administer, record and store medicines.

- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

Is the service safe?

Requires Improvement 🟠 ⬇

Mandatory Training
The service provided mandatory training in key skills to all staff and made sure everyone completed it.

Staff received and kept up-to-date with their mandatory training. At the time of the inspection overall training compliance for mandatory training was 97%. Compliance for training modules ranged from 83% to 100%. Training modules included patient safety, pressure ulcers, slips, trips and falls, dementia awareness, medicines management and mental capacity act. All modules were above 90% except pressure ulcer training which was at 73% compliance. Managers had a list of all staff whose training on pressure ulcers was out-of-date. This document showed that all these staff had been booked to attend forthcoming training.

The mandatory training was comprehensive and met the needs of patients and staff. Senior nurses had completed leadership training. During their first week, all nurses completed training on assessments, management of medicines, venepuncture, intravenous therapy, diabetes management, pressure ulcers, fluid and nutrition and catheterization. This training included simulations of clinical scenarios. The community nursing service employed a practice development

Our findings

nurse who supported staff with the development of both nursing and managerial skills. They provided training and accompanied nurses on visits to patients to assess their competency. The practice development nurse maintained a record showing the competency checks that each member of staff had completed. Staff were positive about the impact the practice development nurse had made on the team.

Managers monitored mandatory training and alerted staff when they needed to update their training. Mandatory training compliance was discussed during monthly team meetings and during supervision.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. However, staff did not always report abuse to the local authority when they were required to do so.

Nursing staff received training specific for their role on how to recognise and report abuse. At the time of the inspection 100% of staff were trained in safeguarding adults level two and 99% of staff were trained in safeguarding children level two.

Staff explained that they reported any concerns about abuse or suspected abuse to their safeguarding lead. Safeguarding information was on display on the notice boards in each clinic room and reception area. All staff that we spoke to were aware of reporting procedures and how to contact the locality safeguarding lead.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff knew how to identify adults and children at risk of, or suffering, significant harm. Staff told us of examples when they had raised a safeguarding alert. For example, when staff were concerned about the safety of a patient's home.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. However, we identified one incident where a referral was not made to the local authority when other people using the service could have been at risk of neglect. We reviewed the report of an investigation into an incident involving a patient not having their wound dressing changed for 12 days. The local authority was not informed about this because the patient did not provide consent.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. Staff kept equipment and their work area visibly clean.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. All areas we observed were clean.

Staff followed infection control principles including the use of personal protective equipment (PPE). During the inspection we went on three visits to patients' homes with staff. We saw staff changing their aprons and gloves between appointments. Hand sanitiser was readily available and used. Staff had access to and wore face masks to reduce the risk of Covid-19. We observed one incident of a staff member not following infection control principles when redressing a wound. We raised this during the inspection and were told that the member of staff would receive further training on infection prevention control. The patient also received an additional visit the following day to redress the wound.

Our findings

Infection prevention and control was part of the trust's mandatory training programme. In September 2022 the overall training compliance for infection prevention and control was 98%.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well. When providing care in patients' homes staff took precautions and actions to protect themselves and patients.

As part of the inspection we visited clinic rooms that staff used to see patients in. The clinic rooms were clean and tidy. All the equipment we viewed was clean and had been calibrated. Staff recorded the temperature of fridges used for storing medicines each day. All entries on these records were within the acceptable range and there were no gaps in recording. Each locality team had access to a resuscitation bag. The resuscitation bag was monitored daily and the records of these checks were fully completed.

The nursing stores that stored dressings and equipment were clean and tidy. All dressings were in date. Syringe drivers were also kept in these stores. All drivers were in date.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.

Staff used a nationally recognised tool to identify deteriorating patients and escalated them appropriately. If a patient's condition was deteriorating, staff would record observations of their physical health, such as pulse and blood pressure, and inform the patient's GP. A rapid response team was available to carry out blood tests and more advanced assessments. Staff arranged for patients to be transferred to hospital whenever it was necessary. Staff used the Walsall Risk Tool to calculate a score to indicate the level of risk relating to pressure ulcers. Staff described good relationships with the specialist teams such as the palliative care team and tissue viability. Staff told us that the tissue viability nurses were easy to contact if they had any concerns.

Patients, their carers and GPs could contact the nursing team through the single point of access. Staff at the single point of access passed this information to the nursing teams as a 'task' on the electronic record. Tasks were reviewed by a nurse throughout the day. During our visit to Honeypot Lane Health Centre, we saw that 15 tasks were open. Six were marked as urgent. None of the tasks had been open for more than 24 hours. Similarly, on our visit to Alexandra Avenue Health and Social Care Centre there were five tasks open. All of these had been submitted on that day.

Staff completed risk assessments for each patient, using a recognised tool, and reviewed this regularly, including after any incident. Hospital staff and GPs submitted referrals on a standard form to a single point of access team. They included details of risks on this form. Staff at the trust's 'single point of access' hub passed referrals to the triage nurse within each team who assessed each referral to ascertain the level of priority. This assessment usually involved telephoning the patient to check, for example, whether they were able to swallow and whether they felt comfortable. Patients receiving palliative care or patients with a blocked catheter were considered a high priority. Staff responded to these referrals within three hours. Staff responded to non-urgent referrals within five days, although they responded more quickly if they needed to. The community nursing teams received an average of 40 referrals per day in September 2022. During our visit to Honeypot Lane Health Centre, there were no referrals awaiting allocation.

Initial assessments were carried out by registered nurses. At the initial assessment, the nurse recorded the patient's vital signs. When appropriate, they conducted a pressure area skin check and checked that the patient had pressure relieving

Our findings

equipment. The nurse also recorded details of the patient's medical history. On the basis of the initial assessment, staff created a care plan that included the frequency of visits. Care plans included details of the procedures that nurses and healthcare assistants should follow during each visit including specific details of the primary and secondary dressings that should be used.

Staff did not always complete detailed clinical records. During the inspection, we reviewed 19 clinical records. It was not always clear from the clinical records what care and treatment was provided on each visit. For example, one record said wounds dressed and it was not clear which wounds had been dressed.

Staff knew about and dealt with any specific risk issues. The teams held a joint meeting once a week to review all patients with pressure ulcers of grade three or above. During the inspection, we attended a meeting at which staff discussed 25 patients. For each patient, staff checked that the ulcer had been graded, there was an up-to-date photograph, a referral had been made to a tissue viability nurse, suitable equipment had been provided and that regular visits were taking place. All service users with a grade three or four pressure ulcer had been seen by a tissue viability nurse in the last quarter. Leaders had identified that there was a high incidence of pressure ulcers reported in the borough. In response to this, a thematic review was underway to review the themes of pressure ulcer incidents.

The service had 24-hour access to mental health liaison and specialist mental health support. Staff told us that they had good links with the local mental health trust and were aware how to contact them for advice.

The quality of staff handovers was mixed, some handovers did not always include all necessary key information to keep patients safe. We attended three handover meetings during the inspection, the handovers at locality three were more detailed and staff were challenged about various aspects of a patients care and treatment. For example, staff were asked if an updated wound photo had been uploaded to the system. The other handover we attended was brief and didn't contain all the necessary information to sufficiently handover patient risk. For example, some members only fed back that they had visited their morning patients and had no concerns.

Staff followed clear personal safety protocols, including for lone working. All staff carried personal alarms that they would take to all visits. Staff were also part of messaging groups, staff would send a message to confirm they are starting their duties and would send a further message to say they had finished their visits for the day. Managers told us that they would follow up with staff if they did not receive an update. Staff were reminded to wear their personal alarms during monthly team meetings.

Staffing

The community nursing service did not have enough nursing staff to keep patients safe from avoidable harm and to provide the right care and treatment. All the community nursing locality teams had high vacancies. Staff had the right qualifications, skills, training and experience. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.

The community nursing service did not have enough nursing staff to keep patients safe and meet demand. The staffing vacancies may result in a risk of patients not having their needs met due to the high level of demand in the service. At the time of the inspection, the vacancy rates ranged from 27% to 41% in the locality teams. Some of these vacancies were due to newly introduced posts, for example three new team lead roles. The service was facing high demand as well as having high vacancies. In September 2022, the locality teams had a total of 8,514 successful contacts with patients and 42 visits were deferred.

Our findings

All staff that we spoke to said that they were treating patients who were more complex. Staff and managers told us that vacancies were impacting their ability to meet the demands of the community. Managers discussed the risks arising from high vacancy rates at governance meetings. Managers recognised that vacancy rates contributed to low staff morale and a potential increase in complaints and incidents. The service was attempting to address these risks by recruiting more staff. The service was also mitigating these risks by using bank and agency staff, monitoring demand and capacity and working closely with GPs. The service was finding it challenging to recruit staff despite using both tried and tested and creative recruitment methods. There were continuous advertisements out for nursing staff vacancies and the trust were exploring a fast track programme to attract staff into hard to recruit posts.

Staff said there were not enough staff. During the inspection we spoke to 22 staff members. Nearly all staff highlighted staffing as the main challenge the service faced. Staff vacancies and capacity was also the highest risk on the local risk register. Staff were expected to visit between eight and 10 patients each day, although staff said that on some days, they did more than this. Staff said they had high workloads and, at times, this could be overwhelming. Staff collated data each day showing the number of staff hours provided by each team and the number of patients they had visited. This data showed that, on average, staff spent between 45 and 50 minutes on each visit, including travel time and any follow up work. Staff said that this was manageable if the visits were straightforward. However, if visits involved complications or unexpected concerns, they could take much longer. For example, one member of staff told us about an incident when they had to call an ambulance for a patient with very low blood sugar levels. They had to wait with the patient for the ambulance to arrive. This meant they were unable to carry out all their other visits.

Some staff said that it was difficult to have time to provide emotional support and to holistically assess patients when they were so stretched. If staff were unable to visit all the patients on their schedule, visits would be deferred to the following day. If a visit was deferred more than once, staff created a record on the incident monitoring system. Managers recognised that this pressure meant there could be gaps in the provision of the service, such as visits being missed and records not being kept to a sufficient standard. Staff told us that they would often work over their hours to keep up with paperwork. In response to this, locality three had begun to rollout a caseload weighting tool. The caseload weighting tool would try and ensure that staff workload was distributed evenly. This was as a result of staff feedback saying that district nurses could be faced with several consecutive wound redressing's which can take up a significant amount of time. An hour timeslot had also been introduced in locality 3 for staff who were carrying out an initial assessment, in line with other localities.

Leaders in the locality team did not always have sufficient time to provide a full oversight of the teams, but the trust was recruiting new senior members of staff to provide more support. Clinical leaders did not have sufficient oversight of the quality of care provided, in particular there was limited oversight of the quality of clinical documentation. Supervised visits were not happening regularly in the locality teams, staff cited that this was due to capacity. The trust had identified that extra leadership roles were required in each locality. Two band seven roles per locality team had been created to support the team managers. At the time of the inspection, only one band seven was in place for each locality. Due to staffing issues the band seven nurses were required to carry out additional visits, this meant that they were unable to do supervised visits with staff and were unable to fulfil some of their clinical leadership duties. This impacted on the team managers ability to effectively manage and lead their teams.

Staff told us that they felt well supported by their managers and team leads. The trust used a combination of one to one and group clinical supervision. In September 2022, 84% of staff had either one to one or group clinical supervision.

Our findings

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants needed for each shift. For example, the service was seeking to mitigate the staffing pressures by delegating tasks to healthcare assistants where appropriate. For example, healthcare assistants had signed up for training on how to check sugar levels and administer insulin for stable patients with type II diabetes.

The team managers could adjust staffing levels daily according to the needs of patients. For example, team managers could ask for assistance from staff in other teams if there were staff off sick or if their team was working under additional pressures.

The community nursing service had high turnover rates in the three locality teams. Turnover ranged from 18% to 35% as of September 2022. Managers told us that the high turnover rate had been contributed to by staff being recruited onto the district nursing post registration programme, international recruits moving into other services. We were told a small number of staff had cited work life balance as part of their reason for leaving. The trust was engaged in initiatives to try and reduce turnover, such as exit interviews and increased level of pastoral care.

At the time of the inspection the sickness rates in the community nursing teams ranged from 0% to 9.6%. The higher sickness rate was due to a member of staff who was on long term sickness leave, this was being managed in line with trust policy.

The Harrow Integrated Services clinical business unit had high rate of bank and agency usage. Bank and agency staff were used to fill vacancies in the teams. For example, in the podiatry team had four vacancies that were all filled by agency staff.

Managers made sure all bank and agency staff had a full induction and understood the service and would try to request bank and agency staff who were familiar with the service. For example, two agency nurses had been employed for over two years.

Records
Staff did not always keep detailed records of patients' care and treatment.

Most patient notes we reviewed were not comprehensive. As part of the inspection we reviewed 19 care and treatment records. The level of detail entered by staff was inconsistent. Some entries were sufficiently detailed and evidenced what care had been provided to each patient during their visit. Twelve records contained entries that were brief and it was not always clear about what interventions were being provided by staff. This meant that managers could not be assured that service users were being holistically assessed and all of their needs were being met.

All records evidenced that staff regularly used a pressure ulcer risk assessment tool this was in line with national guidance. However, it was not always clear from the documentation why the identified level of risk increased or decreased. For example, one record showed a reducing risk level over a period of two months even though a patient had an unstageable pressure sore.

During the inspection CQC inspectors went out on visits with staff. During one visit, no current care plan was found in the patient's home and the member of staff did not check the electronic system. Out of date information was also found in the patient's folder. For example, an insulin care plan was found in the folder, the patient told the nurse they hadn't been using insulin since January 2022. Managers in the localities had identified that the quality of clinical documentation required improvement. A new audit had recently been introduced to improve managerial oversight of the record keeping.

Our findings

Nurses and managers acknowledged that many staff tended to base their assessments of patients' mental capacity on their interactions and were not consistently recording formal assessments of capacity. In one patient care and treatment record, there was no formal mental capacity assessments even though the patient was deemed to have a lack of understanding. During the inspection we also heard that a patient was deemed to not have capacity due to their diagnosis of dementia. It was not evident that a capacity assessment had been completed for this patient.

When patients transferred to a new team, there were no delays in staff accessing their records. Local GPs used the same electronic system, which meant there was no delay in staff quickly accessing records.

Records were stored securely. Staff had access to them through the electronic patient records system.

Medicines
The service used systems and processes to safely prescribe, administer, record and store medicines.

Staff followed systems and processes to prescribe and administer medicines safely. Staff administered injections to patients in the community. Staff recorded all these injections on a medicines administration record. Before administering an injection, staff checked they were giving the patient the correct dose, that the drug chart had been signed by the prescriber and that the medicine was within its expiry date.

Staff followed national practice to check patients had the correct medicines when they were admitted or they moved between services. New referrals contained information about current patient medication.

Staff learned from safety alerts and incidents to improve practice. For example, medicines management was a standing agenda item for the monthly division quality forum.

Incidents
The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

All staff knew what incidents to report and how to report them. Staff said they knew how to report incidents on the electronic incident record.

Staff raised concerns and reported incidents and near misses in line with trust policy. For example, staff told us that an incident would be raised if an appointment was deferred twice or that a stage three or higher pressure ulcer had been identified.

The service had no never events.

Staff understood the duty of candour. They were open and transparent, and gave patients and families a full explanation if and when things went wrong. For example, we observed a member of staff contact a patients relative to apologise that they had not been notified about a delayed visit.

Our findings

Staff received feedback from investigations of incidents, both internal and external to the service. Seven minute learnings were regularly shared with staff through emails and during team meetings. The seven minute learnings summarised a recent incident and the learning from it. For example, a seven minute learning was created following a patient developing an unstageable pressure ulcer whilst under community nursing care.

Staff met to discuss the feedback and look at improvements to patient care. Managers reviewed information from incidents and identified themes, such as poor documentation, staff not uploading photographs of pressure ulcers and poor risk assessments. Managers were working with the Quality Action Team to devise ways of addressing these themes. For example, introducing a new care and treatment record audit. As part of the divisional quality forum, serious incidents were reviewed from the previous month. In September 2022, the Harrow Integrated Care CBU reported 130 incidents. The most common incident type was in relation to pressure ulcers. As a result of high numbers of pressure ulcers, the trust was completing a thematic review for the borough.

There was evidence that the trust made changes as a result of feedback. For example, the practice development nurse had created simulation training sessions for all staff to improve practice in response to development needs identified through an incident investigation. Staff had also reviewed it's processes for declining referrals after a patient was left without support. Improvements had also been implemented following the quality action plan being in place. For example, the triage process had been changed to ensure that the localities systems and processes were consistent.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations.

Managers debriefed and supported staff after any serious incident. Staff told us that they felt well supported following incidents.

Our findings

Areas for improvement

Action the trust MUST take is necessary to comply with its legal obligations. Action a trust SHOULD take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the trust MUST take to improve:

- The trust must ensure that robust processes and systems are in place to safely meet the needs of the patients requiring community nursing in Harrow.

- The trust must ensure that clinical documentation is completed in sufficient detail in the Harrow community nursing teams.

Action the trust SHOULD take to improve:

- The trust should ensure that all handovers include all necessary key information to keep patients safe.

- The trust should ensure that formal assessments of patients capacity are appropriately recorded.

- The provider should ensure staff report safeguarding concerns to the local authority when they are required to do so.

Our inspection team

The CQC inspection team that inspected the service included three CQC inspectors and one specialist advisor who had a clinical background in community nursing. Before the inspection visit, we reviewed information that we held about these services and information requested from the trust. During the inspection visit, the inspection team:

* visited two team bases in Harrow

* spoke with three team managers

* spoke with 22 other staff members including nurse associates, team leads, health care assistants, district nurses, podiatrists and tissue viability nurses

* attended and observed three handover meetings and one wound meeting

* reviewed 19 care and treatment records

* observed three home visits

* looked at a range of policies, procedures and other documents relating to the running of the service

You can find further information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing