

Liverpool Community Health NHS Trust

Quality Report

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Core services inspected	CQC registered location	CQC location ID
Community health services for adults	Trust Headquarters, Liverpool Innovation Park	RY1X8
Community health services for children, young people and families	Trust Headquarters, Liverpool Innovation Park	RY1X8
Community inpatient services	Wards 9 and 11, Alexandra Wing, Broadgreen Hospital	RY1X7
Community inpatient services	Ward 35 Intermediate Care Unit, Aintree Hospital	RY1X4

This report describes our judgement of the quality of care at this provider. It 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.

Summary of findings

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Summary of findings

Overall summary

Letter from the Chief Inspector of Hospitals

We last inspected this trust in May 2014 and we rated the provider as 'requires improvement' overall. In reaching our judgement, we told the trust that they must make improvements to:

- ensure there are sufficient numbers of staff to provide safe, effective and responsive services;
- ensure all clinical staff have access to regular protected time for facilitated, in-depth reflection on clinical practice.

We carried out an announced follow-up inspection of this trust between 2 – 4 February 2016 and an unannounced inspection on 11 February 2016 to make sure improvements had been made. As part of the inspection, we assessed the leadership and governance arrangements at the trust and inspected the core services that required improvement at the last inspection:

- Community health services for adults;
- Community services for children, young people and families;
- Community inpatient services.

Before carrying out the inspection, we reviewed a range of information we held and asked other organisations to share what they knew about the trust and its services. These included local clinical commissioning groups (CCGs), NHS Trust Development Authority (TDA), NHS England, Health Education England (HEE), the General Medical Council (GMC), the Nursing and Midwifery Council (NMC) and the Royal colleges. Patients also shared information about their experiences of community services via comment cards that we left in various community locations across Liverpool and Sefton.

Since the last inspection, there had been a number of changes to senior staff at the organisation and there had been a concerted effort to improve the culture and support for staff, which was evident at the time of the inspection. The trust had developed a transformation programme that had led to services being delivered within a framework of localities across the trust's geographical footprint and staff reported that they felt engaged and included as part of this process.

It was evident that the trust had sought to address the findings of our last inspection and improvements had been made in the areas we identified. However, progress in making the necessary changes was often slow and some services required further improvement at the time of the inspection.

Our key findings were as follows:

- At both of our previous inspections we found that the culture in some services was very negative and on occasion intimidating. At this inspection we saw significant improvements in culture across the organisation.
- Staffing had improved in the community since the last inspection but there were still concerns in some areas of the community adults service. There were also concerns in the community children, young people and families service about the number of staff health visiting team leaders were responsible for as well as high levels of sickness in some teams.
- Performance against key metrics in the Healthy Child Programme had improved but progress had been very slow and performance was still below key national targets. The Trust told us that this would improve following the transfer of pre-school vaccination programmes from health visitors to Primary Care, in-line with practice elsewhere in England, from April 2016.
- Waiting times in the community adults and the children, young people and families' service had improved in some areas but in others, they had regressed and on some occasions, performance was worse than at the last inspection.
- The governance systems need to be improved in some key areas to ensure that the trust are using all available information to measure quality and drive improvement in services.

We saw several areas of outstanding practice including:

- The school nursing service had responded at short notice to a requirement to carry out a flu vaccination programme, which involved immunising 18,000 children in 200 schools over a 4 week period.

Summary of findings

However, there were also areas of poor practice where the provider needs to make improvements.

Importantly, the provider must:

- Ensure where duty of candour is required, evidence is available to show that the trust has discharged their responsibility;
- Ensure that robust governance systems are embedded in all services to assess, monitor and improve the quality of the services provided.

In community services for children, young people and families

- The number of health visitors reporting to one team leader was excessive and could lead to a lack of adequate support for the team leaders. The trust must address this to ensure that caseloads are manageable and staff have the appropriate support from their team leaders.

- There is a risk present as long as hybrid paper and electronic recording systems are being used. The provider must ensure that all record keeping risks are mitigated.
- The trust must ensure that policies and procedures relating to safeguarding take account of the latest statutory guidance.

In community services for adults

- The provider must ensure where duty of candour is required, evidence is available to show that the trust has discharged their responsibility.
- The provider must ensure that robust systems are embedded in all services to assess, monitor and improve the quality of the services provided.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

The five questions we ask about the services and what we found

We always ask the following five questions of services.

Are services safe?

It was disappointing to find that some of the issues from previous inspections were still challenges for the trust at the time of this inspection. For example, the trust was still an outlier for grade four pressure ulcers.

Data from the national reporting and learning system (NRLS) (published September 2015, covering incidents reported to the NRLS between 1 October 2014 and 31 March 2015) showed that the trust was an outlier for the delay in uploading incidents and the trust were the worst performer compared with other community trusts. The trust was a high reporter of incidents where no harm was caused, which indicates a positive reporting culture. However, the proportion of those categorised as severe harm was 2% higher than the community trust average.

Following the last inspection we told the trust they must ensure there were sufficient numbers of staff to provide care and treatment. At this inspection we found that there had been a significant improvement in the number of staff across the majority of community services. For example, there had been a net increase of 57 district nurses since our last inspection. However, improvements were still required in some areas.

At the last inspection, staff told us they did not always feel safe when performing home visits. As a result, we told the trust they should take measures to protect the safety of all staff, and in particular staff working alone, in a consistent way. At this inspection, we found that there had been a significant improvement in the number of people accessing and using lone worker safety devices. The trust was monitoring and encouraging staff to maintain usage of the devices.

The trust was unable to demonstrate that the duty of candour regulations were being met in full at the time of the inspection.

Are services effective?

At the last inspection we reported that the trust had performed poorly against the key performance metrics in the Healthy Child Programme and told the trust it should take steps to address the issue. At this inspection we found that whilst significant improvements had been made, progress had been very slow and performance was still below key national targets. Taking into account the health profile and demographics of the areas the trust serve, further improvements are still required.

Summary of findings

At the last inspection we identified that clinical supervision processes were informal and varied from team to team. At this inspection we found that there were still a range of clinical supervision models, which varied across the trust and across teams but the trust were now monitoring the position in relation to supervision and had taken steps to ensure it was available and used by staff. We were provided with a breakdown of the clinical supervision rates for all staff which showed generally a high take up of supervision, though the majority was informal.

National guidelines were used to treat patients and care pathways were followed to support and speed recovery. Policies, procedures, assessment tools and pathways followed recognisable and approved guidelines. Multidisciplinary teams worked well together.

At the inspection staff told us that they had a very positive response in supporting 2,500 patients in the community adults service through “telehealth”.

Are services caring?

Care and treatment was delivered by caring and compassionate staff. Staff at all grades treated patients with dignity and respect. Patients were positive about their interactions with staff.

Staff took steps to ensure that patients’ dignity and privacy were maintained. Patients and those close to them were involved in decisions about their care and treatment.

Patients were encouraged and supported to manage their own care to develop and maintain their independence. Patients felt supported both physically and emotionally.

Are services responsive to people's needs?

At the last inspection, we identified concerns in relation to waiting times in a number of areas for adults, children, young people and families. At this inspection, we found that wait times in some services, such as the wheelchair service, had improved but progress had been far too slow. In addition, some wait times, such as those in the paediatric speech and language therapy service, had actually regressed since the last inspection. The Trust told us they had experienced a 76% increase in demand for paediatric speech and language therapy, and had suspended the waiting list in October 2015 in the interests of patient safety, and were working with commissioners on a recovery plan.

Summary of findings

Despite the general underperformance against a range of targets, the school nursing service had responded at short notice to a requirement to carry out a flu vaccination programme, which involved immunising 18,000 children in 200 schools over a 4 week period.

At the last inspection we said that the trust should take steps to ensure patients admitted to intermediate care wards fulfilled the admission criteria. At this inspection, we found that improvements had been made but in some instances patients who were unsuitable for rehabilitation were still being admitted to the intermediate care wards controlled by the trust.

Are services well-led?

Since our last inspection, there had been a number of changes at a senior level within the organisation, including at board level. The whole of the non-executive team had changed since the last inspection, including the trust's Chairman and the executive team was predominantly employed on an interim basis.

Staff told us the senior team were more visible and accessible to staff. The majority of staff knew who the Chief Executive was and were positive about the executive team's role in the improvements at the organisation.

At both of our previous inspections we found that the culture in some services was very negative and on occasion intimidating. At this inspection we saw significant improvements in culture across the organisation. However, the results of the 2015 NHS staff survey showed that the percentage of staff who had experienced harassment, bullying or abuse from other staff in the previous 12 months was worse than the national average for community trusts.

The governance systems need to be improved in some key areas to ensure that the trust are using all available information to measure quality and drive improvement in services.

Summary of findings

Our inspection team

Our inspection team was led by:

Inspection Manager: Simon Regan, Care Quality Commission

The team of 16 included CQC inspectors and a variety of specialists: a district nurse, an occupational therapist, a physiotherapist, an intermediate care specialist, a health visitor, a team leader for health visiting and school nursing, and a governance specialist

Why we carried out this inspection

We previously inspected Liverpool Community Health NHS Trust in May 2014 and rated it as “Requires Improvement” overall. We judged the provider to be “Requires Improvement” for safe, effective, responsive, well-led and “Good” for caring.

Our main concerns centred on the community health services for adults, community health services for children, young people and families, and community

inpatient services as all three services were rated as “Requires Improvement” overall at the last inspection. The walk in service and community end of life service were both rated as “Good” overall at the last inspection.

This was a follow up inspection to the comprehensive inspection of May 2014. The inspection was focused and specifically considered the areas that required improvement.

How we carried out this inspection

To get to the heart of patients’ experiences of care, 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?

We carried out an announced follow-up inspection of this trust between 2 – 4 February 2016 and an unannounced inspection on 11 February 2016. At this inspection, we assessed the leadership and governance arrangements at the trust and inspected the core services that required improvement at the last inspection:

- Community health services for adults;
- Community services for children, young people and families;
- Community inpatient services.

Before visiting, we reviewed a range of information we held and asked other organisations to share what they

knew about the trust and its services. These included local clinical commissioning groups (CCGs), NHS Trust Development Authority (TDA), NHS England, Health Education England (HEE), the General Medical Council (GMC), the Nursing and Midwifery Council (NMC) and the Royal colleges.

We held focus groups and drop-in sessions with a range of staff, including district nurses, health visitors, school nurses and allied health professionals (AHPs). We also spoke with staff individually as requested.

We talked with patients and staff in ward areas, community clinics and in their homes. We observed how people were being cared for, talked with carers and/or family members, and reviewed patients’ records of personal care and treatment.

We would like to thank all staff, patients, carers and other stakeholders for sharing their balanced views and experiences of the quality of care and treatment at Liverpool Community Health NHS Trust.

Summary of findings

Information about the provider

Liverpool Community Health NHS Trust (the trust) provides NHS healthcare services within the communities of Liverpool and Sefton to approximately 750,000 people. In 2014/15 the trust had an income of about £135.7m.

Liverpool is currently ranked as the 4th most deprived Local Authority in the country and in Sefton, nearly one in five residents live in pockets of the borough that are amongst the 10% most deprived communities in the country.

The trust employs over 3,000 staff and approximately 80 percent of those are practising health professionals including Nurses, Community Matrons, Health Visitors, GPs, Dentists, Dieticians, Podiatrists, Physiotherapists, Occupational Therapists and Speech and Language Therapists.

The trust provides community health services to adults, children, young people and their families. Services are provided for patients in their own homes and in 94 locations including health centres and clinics, 5 Walk-in

Centres, Bed Based Intermediate Care on three wards across two hospitals sites (Ward 35 at Aintree Hospital and wards 9 and 11 at Broadgreen Hospital) and 2 GP practices. The trust also provides specialist Dental Health Care, Therapies, Medicines Management and Nutrition and Dietetic Service.

Following a transformation programme undertaken by the trust, services are now delivered within a framework of localities across the trust's geographical footprint. These localities are, North Liverpool, Central Liverpool, South Liverpool and Sefton with each locality led by an associate director and clinical lead.

Liverpool Community Health became an NHS Trust on 1st November 2010.

We previously inspected Liverpool Community Health NHS Trust in May 2014 and rated it as "Requires Improvement" overall. We judged the provider to be "Requires Improvement" for safe, effective, responsive, well-led and "Good" for caring.

What people who use the provider's services say

Overall, people were very positive about the care and treatment provided by Liverpool Community Health NHS Trust.

NHS Friends and family test results trust wide demonstrated that 99% of respondents in December 2015 would recommend the trust's services to their friends and families.

Good practice

The school nursing service had responded at short notice to a requirement to carry out a flu vaccination programme, which involved immunising 18,000 children in 200 schools over a 4 week period.

Summary of findings

Areas for improvement

Action the provider **MUST** or **SHOULD** take to improve

Action the provider **MUST** take to improve

- Ensure where duty of candour is required, evidence is available to show that the trust has discharged their responsibility;
- Ensure that robust governance systems are embedded in all services to assess, monitor and improve the quality of the services provided.

In community services for children, young people and families

- The number of health visitors reporting to one team leader was excessive and could lead to a lack of adequate support for the team leaders. The trust must address this to ensure that caseloads are manageable and staff have the appropriate support from their team leaders.
- There is a risk present as long as hybrid paper and electronic recording systems are being used. The provider must ensure that all record keeping risks are mitigated.
- The trust must ensure that policies and procedures relating to safeguarding take account of the latest statutory guidance.

In community services for adults

- The provider must ensure where duty of candour is required, evidence is available to show that the trust has discharged their responsibility.
- The provider must ensure that robust systems are embedded in all services to assess, monitor and improve the quality of the services provided.

Action the provider **SHOULD** take to improve

In community services for children, young people and families

- There are gaps in mandatory training and appraisals. The provider should improve performance so that all staff complete their respective mandatory training programmes and appraisals to maintain competencies
- The trust should improve performance so that all Healthy Child Programme targets are met and continue to be monitored.

- There are unacceptable waiting times from referral to assessment and treatment for some allied health and therapy specialisms. The trust should improve waiting times so that services are responsive to the needs of children and young people across the four localities.
- Some staff told us that they had inherited caseloads on day one of their employment despite still being in their preceptorship period. The trust should ensure new staff receive the time and support they require to be confident and competent before they are assigned a caseload.
- The trust should review the dietetics service to ensure that service provision is equitable and the nutrition and hydration needs of children, young people and families are met.
- There was no policy or procedures in place detailing the process for transition of young people to adult healthcare. The trust should ensure that policies and procedures are in place to support children and young people who transition to adult services.
- The trust should consider how it continues to engage with staff to ensure that they are kept suitably informed in respect of the on-going transformation of services.
- Numerous models of supervision are being used both formal and informal. The provider should ensure that all staff have access to supervision and that they are assured of the appropriateness of that supervision model.
- There was variability in the understanding and application of Duty of Candour. The provider should ensure that all staff receive appropriate training on the principles of Duty of Candour and understand their responsibilities in its application.
- Access to the x-ray facilities at the Vauxhall Dental Clinic is through the staff changing room. The provider should consider alternative arrangements to allow for the privacy and dignity of both staff and patients.
- Cleanliness audit data was regularly missing for some clinics. The provider should ensure that all clinics submit cleanliness data so that a clearer picture of clinic cleanliness compliance can be reported.

In community services for adults

Summary of findings

- The provider should ensure that there is a robust capacity and demand tool in place that takes the acuity of patients into account, to monitor and manage staffing.
- The provider must ensure that there is a clear strategic and operational plan to address the issues of duplicating the collection of patient information.
- The provider should ensure that the clinical lead roles are clarified and consistently applied across the localities.
- The provider should ensure that waiting time targets are met.
- The provider should work with commissioners to address inequalities in service delivery across the geographical area.
- The provider should continue to ensure that there is a systematic approach to learning from events which is shared across the localities.
- The provider should continue to engage with all groups of staff.

- The provider should ensure that a range of information leaflets in clinical areas on topics such as tests and screening is available in languages other than English.
- The provider should proactively seek different forms of feedback from their patients about the quality of the service.

In community inpatient services

- The provider should continue to ensure that there is a systematic approach to learning from events which is shared across intermediate care services.
- The provider should review the acuity of patients regularly to ensure they meet the admission criteria for the wards where the trust provides services. Where patients' needs are not best suited to the type of wards operated by the trust, they should be transferred to a more suitable environment at the earliest opportunity.
- The provider should continue to engage with all groups of staff.

Liverpool Community Health NHS Trust

Detailed findings

Are services safe?

By safe, we mean that people are protected from abuse * and avoidable harm

* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

Summary of findings

It was disappointing to find that some of the issues from previous inspections were still challenges for the trust at the time of this inspection. For example, the trust was still an outlier for grade four pressure ulcers.

Data from the national reporting and learning system (NRLS) (published September 2015, covering incidents reported to the NRLS between 1 October 2014 and 31 March 2015) showed that the trust was an outlier for the delay in uploading incidents and the trust were the worst performer compared with other community trusts. The trust was a high reporter of incidents where no harm was caused, which indicates a positive reporting culture. However, the proportion of those categorised as severe harm was 2% higher than the community trust average.

Following the last inspection we told the trust they must ensure there were sufficient numbers of staff to provide care and treatment. At this inspection we found that there had been a significant improvement in the

number of staff across the majority of community services. For example, there had been a net increase of 57 district nurses since our last inspection. However, improvements were still required in some areas.

At the last inspection, staff told us they did not always feel safe when performing home visits. As a result, we told the trust they should take measures to protect the safety of all staff, and in particular staff working alone, in a consistent way. At this inspection, we found that there had been a significant improvement in the number of people accessing and using lone worker safety devices. The trust was monitoring and encouraging staff to maintain usage of the devices.

The trust was unable to demonstrate that the duty of candour regulations were being met in full at the time of the inspection.

Our findings

Incident reporting, learning and improvement

- It was disappointing to find that some of the issues from previous inspections were still challenges for the trust at the time of this inspection. For example, pressure ulcers

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had been a problem area for the trust prior to our last inspection. As a result, the trust had participated in an aggregated root cause analysis, which was undertaken in conjunction with commissioners to support improvement work. Despite this work, progress in reducing the volume of pressure ulcers has been particularly slow since our last inspection and the trust were still an outlier for grade four pressure ulcers. At this inspection we were told that the trust had recently undertaken a similar aggregated review with the CCG and other partners. There was an agreed Pressure Ulcer Reduction Plan in place, which was launched in January 2016. However, we were unable to really access the impact of this work as our inspection was carried out in February 2016 .

- The trust did not report any never events during 2015/16 (never events are serious, wholly preventable patient safety incidents that should not occur if the available preventative measures have been implemented). However, a review instigated by a previous never event in dental surgery identified three never events dating back to 2012 that had not been reported as incidents. These all related to wrong tooth extractions in dental services. In response, the trust carried out an aggregated review of all four incidents using a root case analysis approach. An action plan was developed to implement changes in practice and prevent recurrence. This included the use of an adapted surgical checklist in dental services. We were told that the main reason that these were not reported as incidents was lack of awareness/understanding amongst the clinicians in this team.
- The National Reporting and Learning System (NRLS) is a national patient safety system that collects incident data from the NHS and produces reports to allow organisations to benchmark and improve their performance. At our last inspection we identified that the trust submitted data to the NRLS for 5 out of the possible 6 months; the latest data for this inspection highlighted that incidents were only uploaded for 3 out of the possible 6 months. This meant that the trust may not be able to accurately benchmark the information against other providers.
- The latest NRLS data (published September 2015, covering incidents reported to the NRLS between 1 October 2014 and 31 March 2015) stated that the trust takes a median of 86 days to upload an incident to the

NRLS and reported 2,025 patient safety incidents during this period. This was the highest delay for all community trusts and meant that the trust was an outlier for the delay in uploading incidents.

- The proportion of incidents reported to NRLS where no harm was caused was higher than other community trusts, which is positive. However, the proportion of those categorised as severe harm was higher at 2.8% compared to 0.8% for the community trust average. We were told that this is likely to be due to the trust being an outlier for grade 4 pressure ulcers. The NRLS information was not known at the trust and there was no process in place for reviewing or responding to these publicly available reports when published.
- The delays in reporting incidents through NRLS were also seen in routine incident management monitoring in addition to the Serious Incident investigation files we reviewed. In December 2015, there were 164 incidents across the trust that had not been reported within 72 hours, as per the trust's policy. The same data set showed that 229 incidents reported had not been reviewed within 14 days in line with the trust's policy. December was not an outlier month for this as previously reported months highlighted similar issues.
- At the last inspection, we found that the reporting of incidents was inconsistent and there was limited evidence of learning being shared across teams. This position had improved and at this inspection we found a much more consistent approach to incident reporting.
- The trust had introduced a lessons learned newsletter, which was issued to localities and available via the trust's intranet. At the time of the inspection there had been six editions of this. Staff were aware of the newsletter and its content. However, some staff told us that feedback was ad-hoc and that communication was not always received in a structured or timely way.
- There were weekly 'harm free' meetings at all localities to discuss incidents, clinical safety priorities and share learning. This is in addition to the trust-wide weekly 'meeting of harm' and a new SIGN meeting, which had been introduced with the sole purpose of reviewing completed root cause analysis investigations.

Duty of candour

- The trust were unable to demonstrate that the duty of candour regulations were being met in full at the time of the inspection. Whilst some staff were aware of the need to offer apologies and explanations to patients, the

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evidence to support that this was happening was limited. The risk manager acknowledged that this became apparent when we requested a sample of files to check this regulatory requirement as part of the inspection.

- We reviewed a sample of nine incidents where duty of candour was required and could find evidence in only three that the trust had discharged their responsibility. In all cases, there was evidence that the trust had asked the locality teams to initiate duty of candour with the patient or relative but there was limited evidence in the form of letters or in patients' notes to show that the trust had met with patients and apologised. In response to our concerns, the trust reviewed an additional 10 cases and found that duty of candour had only been evidenced in four of those.
- In the majority of cases, we could not find recorded evidence of verbal discussions or meetings with patients and/or their families following an incident causing harm in either the samples provided or those reviewed by the inspection teams in the localities. The trust's process states that this should be recorded in the patient's records.
- As part of a review of the trust's internal mechanisms for monitoring the duty of candour compliance, we found clear evidence of consistent non-compliance. A paper provided to the private part of the trust board in January 2016 showed that the trust was unable to demonstrate that duty of candour was applied according to the trust's processes. The accompanying information to the board did not explicitly state this and the board were asked to note the progress in implementing the duty of candour.
- We did see some examples of letters being sent to patients. The Trust confirmed that the Chief Executive had not personally signed these letters, despite her signature being present on them when issued.
- In terms of the timeliness of the trust's actions, one incident involving a Grade 3 pressure ulcer had the initial letter sent to the patient in June 2015, yet the follow up letter (on completion of the investigation) was not sent until December 2015.

Safeguarding

- There were trust wide safeguarding policies and procedures in place and there was an internal safeguarding team who could provide guidance and

support to staff in all areas. However, the policies and procedures in place at the time of the inspection did not reflect the most up to date statutory guidance such as the 'working together 2015' guidance.

- There was a clear pathway for reporting and dealing with safeguarding and child protection concerns. Staff across all service we inspected were aware of them and understood their responsibilities to protect adults and children from suspected abuse.
- Every child health caseload holder across the organisation was allocated a named safeguarding children's specialist nurse who provided direct advice and support in relation to ongoing safeguarding cases and safeguarding supervision.
- Staff told us they received feedback from safeguarding concerns and referrals they raised. This was cascaded from the trust safeguarding team to frontline staff through their line managers.
- We saw examples of incidents recorded by staff where abuse was suspected which also included details of actions taken to support the individual. This demonstrated that staff followed the trusts policy correctly and that the provider had appropriate systems in place for reporting.
- Training data for January 2016 showed that the completion of safeguarding training was generally good across the three services we inspected. Compliance was generally similar to, or above, the trust's target with the exception of child safeguarding level 2 training in the community children, young people and families' service which had a completion rate of 66.7% against a trust target of 95%. However, it is important to note that the compliance rate was based on 2 out of 3 staff having completed training.

Medicines management

- Policies for the safe storage, handling and administration of medicines were in place.
- Medicines were stored, administered and recorded in line with best practice guidelines.
- There were suitable arrangements in place in the inpatient services, to store and administer controlled drugs.
- There were appropriate systems in place to protect patients against the risks associated with the unsafe use and management of medicines.
- We saw safe storage of vaccinations in six different locations as part of the inspection. Whilst the Liverpool

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and Sefton school health teams ordered their vaccines from different suppliers, the safe storage and preservation of the 'cold chain' was consistently and uniformly managed.

- Patients told us they had all their medicines explained to them by nursing staff and any changes to treatment were clearly explained.

Safety of equipment and facilities

- The environment in the community clinics was appropriate to deliver care and treatment. Some clinic premises were old and tired. However, regular maintenance was carried out.
- In the inpatient services, records indicated that resuscitation trolleys on each ward had been checked and signed daily.
- The premises we visited had procedures in place for the management, storage and disposal of clinical waste.
- Equipment for use by patients and staff was found to be in date, appropriately packaged and ready for use.

Records management

- At our last inspection we said that the trust should take steps to improve the quality of assessment and record keeping on inpatient wards. As part of this inspection we looked at 20 paper based patient care records across three wards and saw records were well maintained and updated at timely intervals. Each professional had recorded their entries appropriately; documentation was accurate, complete, legible and up to date. There was a plan of care for each patient.
- In the community, patient records were being managed across the trust in different ways. Some records were paper based and others were managed using an electronic system. This presented a risk to effective communication. For example, we heard that the trust's electronic system was unable to connect to the GP's electronic system.
- There were problems reported in accessing records for 5-11 year olds. Sometimes children were 'missing' on the electronic system and there were delays in getting them added.
- Community nurses maintained a full paper case file which was stored in patients' homes and also completed an electronic record using the trust's online system.

Cleanliness and infection control

- Patients received care and treatment in visibly clean environments. Records indicated that inpatient areas, clinics and equipment were cleaned regularly. Cleaning schedules were in place and accurate records maintained.
- Staff followed good practice guidance in relation to the control and prevention of infection. We observed good hand washing and infection control practices throughout. This included the use of personal protective equipment where appropriate, e.g. disposable gloves and aprons.
- There had been no cases of methicillin resistant staphylococcus aureus (MRSA) infections across the trust in the 12 months prior to the inspection. However, there had been four cases of clostridium difficile infections in the inpatient services during the same period.
- There were trust-wide policies in place for infection control and hand hygiene which were seen to be in date at the time of the inspection. Staff were aware of them and showed us how they accessed trust policies from the intranet.

Mandatory training

- Mandatory training provided by the trust included modules such as fire safety, basic life support, moving and handling, safeguarding adults, health record keeping, infection control, consent, equality and diversity, bullying and harassment awareness, health and safety, information governance and medicines management. Mandatory training was delivered through a combination of face to face sessions and e-learning.
- The trust's target was for 95% of staff to have completed their mandatory training and at the time of the inspection, the trust did not meet this target overall across any of the three core service areas with the lowest (84%) in the community inpatient service and the highest (89.1%) in the community children, young people and families service.
- There were some pockets of poor performance in individual modules of the training. For example, Immediate Life Support (ILS), Resuscitation, moving and

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handling, and Prevent training for clinicians was low across all three core service areas. Similarly, in community inpatient services, completion of Venous Thromboembolism training was low at 62.5%.

Assessing and responding to patient risk

- There were processes in place to maintain the safety of patients. Staff could articulate what to do if a patient deteriorated and were aware of the escalation processes for senior manager support and what they would do in an emergency.
- We saw an example of how staff recognised and responded appropriately and safely to the unexpected deterioration of a young person. This occurred during an immunisation clinic when a young person experienced an adverse reaction to a vaccine.
- There was evidence that risk assessments were completed for things such as pressure ulcers, nutrition and hydration, moving and handling, falls and venous thromboembolism (VTE). We found staff in the community and inpatient service were aware of key risks such as falls and pressure care.
- The trust monitored the proportion of patients who had been risk assessed for VTE and the results showed that cumulatively, from April 2015 to the end of December 2015, 99.8% of patients had been risk assessed, which was above the trust's target of 90%.
- There were some concerns with the levels of falls risk assessments undertaken. Data provided by the trust showed that for district nursing overall, up to the end of December 2015, the total compliance for completing the falls risk assessment tool was 37% compared with the trust target of 95%. The lack of adherence to good practice assessments may impact on the ability of the provider to ensure the best clinical outcomes for patients.

Staffing levels and caseload

- Following the last inspection we told the trust they must ensure there were sufficient numbers of staff to provide care and treatment. A compliance action against regulation 22 in relation to staffing was still in force at the time of the inspection.
- At this inspection we found that there had been a significant improvement in the number of staff across the majority of community services. Data provided by the trust showed that 123 district nurses had been

recruited since our last inspection, with a net increase of 57. One staff member told us "I now have enough staff to have a team and provide the level of care I need to my patients".

- However, despite these developments, we were unable to get a clear understanding of how the adult community service identified the staffing levels required to meet the needs of its population. The service used its own tool to determine nursing caseloads but this did not take into account the acuity (the level of severity of illness or level of need) and complexity of patients.
- In the services for children, young people and families, staff told us that the health visitor staffing establishment had been increased but that it had only been increased to the level it should have been previously. When staff were off sick, we were told this had an impact on productivity and that staff were only able to focus on their core work such as safeguarding and new born visits. Data from the trust showed that at the end of November 2015, there were some teams with high sickness rates.
- A health visiting team leader raised some concerns about the number of staff that they were responsible for and highlighted that some team leaders have over 30 staff that directly report to them which can be challenging. The risks associated with this, including stress of team leaders had been identified as a risk by the trust but actions hadn't been taken to address them at the time of the inspection. The plan was to develop a core offer and put it to commissioners for consideration but there were no practical measures in place at the time of our visit.
- Some staff told us that they had inherited caseloads on day one of their employment despite still being in their preceptorship period.
- In the inpatient services, we reviewed medical staffing rotas, for the six weeks prior to our inspection, which confirmed that there were adequate staffing levels of doctors and consultants across all three wards.

Managing anticipated risks

- At the last inspection, staff told us they did not always feel safe when performing home visits. As a result, we told the trust they should take measures to protect the safety of all staff, and in particular lone working staff, in a consistent way.
- At this inspection we found that there were systems in place to promote the safety of staff when working alone.

Are services safe?

By safe, we mean that people are protected from abuse * and avoidable harm

The trust had introduced a revised lone worker policy (March 2015) and invested in devices and training to improve the safety of their staff. For example, staff working alone in the community were issued with an identification badge that also enabled two way communication and GPS tracking.

- There had been a significant improvement in the number of people accessing and using the lone worker devices with identified champions to encourage other staff to use the devices. However, there were still some staff not using the devices. As of February 2016 the trust reported that 74% of the 1,700 staff that should be using the devices, were using them.
- Risk assessments were carried out for staff before they visited potentially risky areas. For example where there was known drug misuse or previous evidence of firearms use. This was particularly important if staff were taking on additional hours with unfamiliar caseloads.

- Services had plans in place to manage and mitigate anticipated risks including changes in demand and disruptions owing to bad weather or traffic for example.

Major incident awareness and training

- At our last inspection we told the trust it should develop major incident plans for all services. At this inspection we found that local plans were in place and staff were aware of the emergency plans within their teams.
- The trust provided health and safety training, and fire safety training as part of its' mandatory training programme. Data supplied by the trust showed good compliance with health and safety training and fire safety training with all services generally above or similar to the trust's target of 95%.

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 of findings

At the last inspection we reported poor that the trust had performed poorly against the key performance metrics in the Healthy Child Programme and told the trust it should take steps to address the issue. At this inspection we found that whilst significant improvements had been made, progress had been very slow and performance was still below key national targets. Taking into account the health profile and demographics of the areas the trust serve, further improvements are still required.

At the last inspection we identified that clinical supervision processes were informal and varied from team to team. At this inspection we found that there were still a range of clinical supervision models, which varied across the trust and across teams but the trust were now monitoring the position in relation to supervision and had taken steps to ensure it was available and used by staff. We were provided with a breakdown of the clinical supervision rates for all staff which showed generally a high take up of supervision, though the majority was informal.

National guidelines were used to treat patients and care pathways were followed to support and speed recovery. Policies, procedures, assessment tools and pathways followed recognisable and approved guidelines. Multidisciplinary teams worked well together.

At the inspection staff told us that they had a very positive response in supporting 2,500 patients in the community adults service through "telehealth".

with and the appropriate clinical audits undertaken. Responsibility for completing clinical audits was undertaken through the locality structures with support the audit team.

- Staff in the health visiting and school nursing teams aimed to work in accordance with the Healthy Child Programme. The Healthy Child Programme is an early intervention and prevention public health programme that offers every family a programme of screening tests, immunisations, developmental reviews, information and guidance to support parenting and healthy choices. The Healthy Child Programme identifies key opportunities for undertaking developmental reviews that services should aim to perform.

Pain relief

- Pain relief was reviewed regularly for efficacy and changes were made as appropriate to meet the needs of individual patients.
- The vaccination and immunisation team offered advice to young people following injections on safe use of paracetamol in case of pain or fever during the day of vaccination.

Nutrition and hydration

- District nurses and staff in the inpatient service used the malnutrition universal screening tool (MUST) to complete an assessment of patient nutrition and hydration needs. Staff referred patients to a GP and/or dietician where required.
- Patients who were at risk of developing pressure ulcers had their nutrition and hydration status incorporated into their risk assessment and appropriate actions were included in their care plan.
- Patients in the community inpatient service who had difficulty eating/swallowing were clearly identified during staff handover; this was further supported by information held in patient files kept at the end of the individual patient's bed.
- The trust provided dietetic services for adults and children in two localities; Sefton and Liverpool. Where patients were at risk of malnutrition, referrals were made to the dieticians.
- The paediatric dieticians were both passionate about the service they provided despite their clear frustrations at the limitations of what they were single-handedly

Our findings

Evidence-based care and treatment

- Staff provided care and treatment that was evidence-based. Policies, procedures, assessment tools and pathways followed recognisable and approved guidelines such as those from National Institute for Health and Care Excellence (NICE).
- The trust had a register of all NICE guidance to ensure that any of the relevant guidance was being complied

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able to offer. For example, the commissioned service for Sefton only covered the 0.8 whole time equivalent (WTE) dietician and didn't include any administrative support or consumables costs.

- The paediatric speech and language therapy teams were involved closely in the care and management of children who had additional feeding and drinking needs.
- There was also an infant feeding co-ordinator for both Liverpool and Sefton localities. As a joint initiative Sefton Health Visitor teams, Children's Centres and Healthy Living Centres (including Breast-Start, the Sefton peer support organisation) achieved full Unicef Baby Friendly Initiative Accreditation (stage three) in April 2014. Liverpool Health Visitors, Children's Centres and their peer support organisation achieved stage two accreditation in November 2013.

Use of technology and telemedicine

- Staff used handheld computer devices to access the trust's intranet and current NICE guidance.
- Test results and trust policies were accessible in a patient's home.
- The trust had developed telehealth which used electronic information and communication to provide long-distance healthcare and health related education to patients in their home rather than having to go to hospital unnecessarily. At the inspection staff told us that they had a very positive response in supporting 2,500 patients in the community adults service through "telehealth". The team felt they would like to develop further opportunities for supporting patients in the community.
- The paediatric speech and language therapy (SALT) team had been involved in the 'KIT' (Keeping in Touch) project in 2013, which evaluated the use of remote video consultations in speech and language therapy sessions although this hadn't been progressed any further at the time of the inspection.

Approach to monitoring quality and people's outcomes

- At the last inspection we reported poor performance against the key performance metrics in the Healthy Child Programme told the trust it should take steps to address the issue. At this inspection we found that whilst significant improvements had been made,

progress had been slow and performance was still below key national targets. Taking into account the health profile and demographics of the areas the trust serve, further improvements are still required.

- Performance against national new birth visit targets within 14 days were below the 90% national target for every month from the last inspection to date and the trust were reporting 84.8% performance at the end of December 2015.
- Performance against the 12 month development review by age 1 criteria (83.5%) was slightly below the national target of 85% at the end of December 2015, although progress had been slow in achieving these levels. However, performance against the age 2 – 2.5 year reviews was better and had improved from 81% in 2014/2015 at financial year end to a position of 86.7% at the end of December 2015, which was above the national target of 85%.
- The trust were working towards a target count for antenatal contacts, which should include a first face to face antenatal contact with a Health Visitor at 28 weeks gestation. However, as at the end of January 2016, the trust had only seen 15.6% of the mothers in Liverpool and 23.8% in Sefton within the required timescales.
- Performance in vaccination and immunisations was generally good and similar to or above the national target at the time of the inspection.
- Breast-feeding prevalence rates were generally good with the trust reporting figures of 32.2% in Liverpool and 28.9% in Sefton, against a national target of 30% at the end of December 2015.
- In the community health service for adults, the treatment room service had carried out an audit of healing rates for leg ulcers in December 2015. This showed that 81% had healed within 10 weeks which compared well against the NICE guidance 147 target of 12 weeks.
- The trust monitored the quality, performance and outcomes for patients through locality quality dashboards and key performance indicator reports.

Competent staff

- At the last inspection we identified that clinical supervision processes were informal and varied from team to team.
- At this inspection we found that there were still a range of clinical supervision models, which varied across the trust and across teams but the trust were now

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monitoring the position in relation to supervision. We were provided with a breakdown of the clinical supervision rates for all staff which showed generally a high take up of supervision, though the majority was informal.

- Information provided by the trust showed that the numbers of staff who had received an appraisal were below the trust's target across all three core services. Only 77% of staff across services for children and young people, 74% for community adults and 78% for community inpatients had received their annual appraisal against the trust's target of 95%.
- All newly qualified staff were offered a preceptorship although some staff in the community children, young people and families service told us that they had been given a caseload, including safeguarding cases, from day one. This meant that on occasions it was unclear how the trust assessed the clinician's readiness and competence to receive a working caseload.

Multi-disciplinary working and co-ordination of care pathways

- Multidisciplinary team work was well established and focused on the best outcomes for patients and their families. Staff across all disciplines worked well together for the benefit of patients.
- In the community children, young people and families service, the health visiting and school nursing teams worked closely together to support children as they developed through their early years and into primary and secondary education. Health visitors were linked to GP practices for the purpose of continuity.
- In the community inpatient service, staff demonstrated good internal multidisciplinary working across all three wards and demonstrated a wider team knowledge, which enabled them to refer patients in a timely manner to other specialist areas such as the wheelchair service.
- In the community adults service, staff reported good access to other services and worked collectively to discuss and meet the needs of service users. Staff liaised closely with each other and we saw discussions of patient information, progress and care planning.

Referral, transfer, discharge and transition

- The trust had a single point of contact service that predominantly managed referrals and access to services. Staff said the referral process was easy to use and effective.

- Teams worked well together to plan transfers and discharges.
- Referrals into intermediate care wards came from local acute Hospitals and GPs.
- Referrals to clinical nurse specialists such as tissue viability nurse, speech and language therapist, falls lead and dietician were available and provided an in-reach service to the inpatient service on request.
- In the community children, young people and families service, transition processes were in place but the trust did not have a policy detailing the process for children transitioning either internally across their own children's services or into adult health services. However, the children's Community Matrons were members of a transition group with the neighbouring children's hospital which was looking at the development of an overarching transition policy for children with complex needs.

Availability of information

- At our last inspection the trust was told it should continue to develop integrated IT systems to enable full integration and connectivity across the trust to ensure clear communication with, and involvement of staff.
- We found a mixed picture in regards to the roll out of the electronic record system which was being introduced across the trust. In some teams staff told us they may need to input into three different systems. Safeguarding records were paper based and then attached to the electronic record.
- In the community children, young people and families service, some of the school nursing teams were using a tablet and a customised application or 'app' to calculate and record growth percentiles.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff had the appropriate skills and knowledge to seek consent from patients. Staff were able to tell us clearly about how they sought informed verbal and written consent before providing care or treatment.
- If a patient lacked the capacity to make their own decisions, staff made decisions about care and treatment in the best interests of the patient and involved the patient's representatives and other healthcare professionals appropriately. Patient records showed evidence that staff carried out mental capacity assessments for patients who lacked capacity.

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- The trust's safeguarding team provided support and guidance for staff in relation to mental capacity assessments and Deprivation of Liberty Safeguards (DoLS) where required.
- Prior to inspection we were made aware that the trust had failed to notify us of some inpatients who were subject to DoLS. This was identified by the trust as part of its own pre-inspection preparation. This was confirmed as a system failure during a period of staff absence. We have received assurance that the trust

DoLS process was in fact, being followed in respect of the individuals concerned. Information received from the trust provided assurance that steps have now been taken to address this system issue.

- In the children, young people and families service, we saw that where required, parents' written consent was obtained prior to immunisation. In cases where the child or young person presented for immunisation without appropriate consent then the clinician involved contacted the parent without delay to explain the situation.

Are services caring?

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

Summary of findings

Care and treatment was delivered by caring and compassionate staff. Staff at all grades treated patients with dignity and respect. Patients were positive about their interactions with staff.

Staff took steps to ensure that patients' dignity and privacy were maintained. Patients and those close to them were involved in decisions about their care and treatment.

Patients were encouraged and supported to manage their own care to develop and maintain their independence. Patients felt supported both physically and emotionally.

Our findings

Dignity, respect and compassionate care

- We observed staff providing care and treatment in a range of settings, such as community clinics, wards, schools and in patients' own homes. Care and treatment was delivered by caring, committed, and compassionate staff.
- Staff at all grades treated people with dignity and respect.
- The NHS Friends and Family Test (FFT) is a satisfaction survey that measures patient's satisfaction with the healthcare they have received. For the 12 month period prior to our inspection, 97% of patients were extremely likely or likely to recommend the trust.
- A survey carried out by the single point of contact team showed that in December 2015 96-98% would recommend the service.

- As part of the inspection process, we sent comment card boxes for patients to give us feedback. We received a number of comment cards; the majority of which were positive about the care, treatment and support they had received from staff.

Patient understanding and involvement

- Staff respected patients' rights to make choices about their care and treatment.
- Patients and those close to them received information about their care and treatment in a manner they understood. As a result, patients and those close to them understood their treatment and the choices available to them and were actively involved in all aspects of their care and treatment.
- Staff took the time to interact with patients and those close to them in a respectful and considerate manner.

Emotional support

- Meeting people's emotional needs was recognised as important by staff of all grades and disciplines.
- Staff were sensitive and compassionate in supporting patients and those close to them.
- Staff demonstrated that they understood the importance of providing patients and their families with emotional support. We observed staff providing reassurance and comfort to patients and their relatives.
- Patients told us that staff supported them with their emotional needs.

Promotion of self-care

- The promotion of self-care was of particular relevance to the care of patients and we observed patients' independence was promoted during visits from the service.
- Inpatients were encouraged to be as independent as possible and we saw staff give patients support and time when mobilising to and from the bathroom, self-dressing and engaging in therapeutic activities.

Are services responsive to people's needs?

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

Summary of findings

At the last inspection, we identified concerns in relation to waiting times in a number of areas for adults, children, young people and families. At this inspection, we found that wait times in some services, such as the wheelchair service, had improved but progress had been far too slow. In addition, some wait times, such as those in the paediatric speech and language therapy service, had actually regressed since the last inspection.

Despite the general underperformance against a range of targets, the school nursing service had responded at short notice to a requirement to carry out a flu vaccination programme, which involved immunising 18,000 children in 200 schools over a 4 week period.

At the last inspection we said that the trust should take steps to ensure patients admitted to intermediate care wards fulfilled the admission criteria. At this inspection, we found that improvements had been made but in some instances patients who were unsuitable for rehabilitation were still being admitted to the intermediate care wards controlled by the trust.

Our findings

Planning and delivering services which meet people's needs

- Across the trust's footprint there were many challenges in meeting the needs of the diverse population. At the time of the inspection, Liverpool was ranked as the 4th most deprived Local Authority in the country using the overall index of multiple deprivations. Liverpool was also ranked 8th on the income deprivation affecting children index in 2015.
- The trust was working with multiple key partners as it negotiated its transformational journey to "pursue a different future for our services to sustain and take forward the improvements our staff are making". For example, local clinical commissioning groups, local NHS trusts and local authority bodies.
- Following our last inspection we said that the trust should take steps to ensure appropriate patients were admitted to the inpatient service that fulfil the admission criteria and therefore benefit from

rehabilitation. At this inspection, we found that although improvements had been made, in some instances patients who were unsuitable for rehabilitation were admitted to the wards and this may not be best suited to their needs.

- Staff in the services for children, young people and families told us that safeguarding cases were taking up more and more of their time and a greater proportion of their workload. This meant that they were not always able to deliver on all aspects of their role. For example, the opportunities for school nurses to deliver planned and targeted health promotion sessions were limited.
- Patients with complex needs were discussed between services and a co-ordinated multi-disciplinary plan of care was agreed. Service users could access district nursing services directly and request visits and appointments.

Equality and diversity

- Staff received training for equality and diversity on corporate induction and every three years as part of mandatory training. Compliance with the training was good with only the community adults service (93.4%) falling slightly below the trust's target of 95%.
- The trust provided services to people whose first language was not English. The trust had an external contract with a company that provided face to face interpreter services along with access to a telephone interpreting service, 365 days a year in over 120 languages. Staff were positive about its use and we were told of one primary school class where there were 28 out of 30 children whose first language was not English. Staff said it helped them to understand the patient's care needs and helped them gain consent before providing any support.
- Any identified cultural needs were recorded in the clinical record as part of the care and treatment plan.
- There was a range of information leaflets in clinical areas on topics such as tests and screening, breastfeeding and other sources of support. However, this information was not available in languages other than English.

Meeting the needs of people in vulnerable circumstances

- Nursing assessments identified patients living with dementia or learning disabilities and care in the

Are services responsive to people's needs?

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

community or inpatient settings was provided to meet their needs. Staff could give examples of how they had supported patients living with dementia or learning difficulties.

- There was an out of school nursing team who dealt with school non-attenders of which there were around 400 children in Liverpool. There was also another specialist team that looked after the children of Romany families and asylum seekers.

Access to the right care at the right time

- At our last inspection the trust was told to ensure the call centre for single point of contact (SPC) enabled patients to access the service out of hours and at weekends, and avoid delays in patients being seen. We also identified that there were concerns in some areas relating to waiting times and noted that waiting times for some services had increased. For example, the wait time for access to paediatric speech and language therapy (SALT) was 26 weeks and there were delays in accessing equipment in the community, such as wheelchairs.
- At this inspection we found that the SPC service had undergone a major service transformation project and staff were very positive about the changes. Systems were in place to identify patients who needed to be fast-tracked to other services such as those who required palliative/end of life care. A decision making tree had been introduced for the call handlers in SPC to ensure the patient's journey was correct and that they had access to the right care at the right time.
- In relation to waiting times, we found that although there had been improvements in some services, there hadn't in others and where progress had been made, the time taken to improve wait times had been too long.
- For example, waiting times for access to wheelchairs had not met the 4 and 12 week targets from the last inspection until January 2016 and progress in reducing the delays had been very slow.
- The waiting times for adult speech and language therapy, physiotherapy, and occupational therapy did not meet the commissioner target for 92% of patients to be seen within 8 weeks (Liverpool) and 18 weeks (Sefton). The waiting times across localities ranged from 24 to 43 weeks in January 2016. However, therapy

services had a triage system in place to identify urgent and non-urgent appointments. This was reviewed on a regular basis and if a patient's condition changed, then they would be reassessed.

- In the children, young people and families service, we looked at performance against a range of targets up until the end of December 2015, which showed that there were some waiting times that were worse (longer) than at the last inspection. For example, the paediatric SALT team aimed to see 92% of children within 18 weeks from referral. However, the service did not meet this target across all four localities. The worst performing locality was North Liverpool where 92% of children and young people were waiting 35 weeks and the best performing locality was South Sefton where 92% of children were waiting 22 weeks.
- We also looked at the longest wait time for children in the paediatric SALT service and the best performing locality was Central Liverpool where the longest wait was 47 weeks. The worst was South Liverpool where some children and young people had been waiting 51 weeks. The trust told us they had experienced a 76% increase in demand for paediatric speech and language therapy, and had suspended the waiting list in October 2015 in the interests of patient safety, and were working with commissioners on a recovery plan.
- Despite the general underperformance against a range of targets, the school nursing service had responded at short notice to a requirement to carry out a flu vaccination programme, which involved immunising 18,000 children in 200 schools over a 4 week period. The school health team had been nominated for a trust award for completing this work.
- Following our last inspection we said that the trust should take steps to ensure appropriate patients that fulfil the admission criteria, and therefore benefit from rehabilitation, are admitted to the intermediate care and rehabilitation wards. During this inspection we found that although improvements had been made, in some instances patients who were unsuitable for rehabilitation were admitted to the service.

Complaints handling and learning from feedback

- The Trust did not routinely report on complaints themes, performance and actions taken. The data was recorded quantitatively in the Quality Governance Dashboard each month and an annual report was produced.

Are services responsive to people's needs?

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

- We were told that complaints were discussed at the Patient Experience Committee, which is a subcommittee of the Quality Committee. We reviewed the minutes for this committee, which were extremely brief and did not demonstrate any discussion of themes or actions taken in response to complaints.
- The trust had re-introduced patient stories at the trust board meeting. However, we saw limited examples of actions taken in response patient stories paper presented to the trust board in January 2016.
- We were provided with the Complaints Annual Report for 2014/15. This report was not presented to the Board until October 2015. For 2014/15 the trust's average response time was 31 days for the 139 complaints received over the year. This has deteriorated since our inspection in 2014 when response rates were around 17 days against the trust's target of 25 days.
- Staff understood the process for receiving and handling complaints and were able to give examples of how they would deal with a complaint effectively. Managers discussed information about complaints during staff meetings to facilitate learning.
- Information was displayed across clinics and ward areas about how patients and their representatives could complain.

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 of findings

Since our last inspection, there had been a number of changes at a senior level within the organisation, including at board level. The whole of the non-executive team had changed since the last inspection, including the trust's Chairman and the executive team was predominantly employed on an interim basis.

Staff told us the senior team were more visible and accessible to staff. The majority of staff knew who the Chief Executive was and were positive about the executive team's role in the improvements at the organisation.

At both of our previous inspections we found that the culture in some services was very negative and on occasion intimidating. At this inspection we saw significant improvements in culture across the organisation. However, the results of the 2015 NHS staff survey showed that the percentage of staff who had experienced harassment, bullying or abuse from other staff in the previous 12 months was worse than the national average for community trusts.

The governance systems need to be improved in some key areas to ensure that the trust are using all available information to measure quality and drive improvement in services.

were to: Fix critical operation delivery; Match clinical services to commissioning intentions and Service transformation to a new organisation. Phase three (Service transformation to a new organisation), ultimately led to the board's decision to withdraw from the Foundation Trust pipeline in January 2015.

- These decisions led to major transformational change, which involved the re-design of community services into a framework of localities across the trust's geographical footprint, with clinical leaders in each locality.
- We reviewed the quality priorities in the 2014/15 Quality Accounts produced by the trust which set out the priorities for the forthcoming financial year and found them to be vague with no real key performance indicators or outcome measures to be able to measure the trust's performance or success. The Interim Director of Nursing told us that this had been identified and rectified for the 2015/16 Quality Accounts that were being drafted at the time of the inspection.

Governance, risk management and quality measurement

- Liverpool Community Health commissioned an external review of its quality, safety and management assurance arrangements from Capsticks Solicitors LLP Governance Consultancy Service. The review was established in April 2015 with the support of the NHS Trust Development Authority. The final draft report was presented to the Trust on 26 January 2016. It was shared with us on 11 February 2016 and has subsequently been published openly on the trust's website.
- The report was presented in two distinct parts; Part one of the review was a 'look back' in to the governance issues within the trust since 2010 and then onwards to the departure of a number of Executive Directors in Early 2014. Part two focused on the governance issues within the trust at time of the review and also explored whether any of the findings in part 1 still applied.
- Part one of the report set out what was described as a series of events that began in 2011 with a sustained drive towards achieving foundation trust status by the board. This continued until early 2014 which resulted in significant pressures on many front line services resulting in examples of poor quality and sub-optimal care to some patients coupled with a culture of bullying and harassment. The report was highly critical of the former Executive Directors and Non-Executive Directors.

Our findings

Vision and strategy

- The trust's vision was 'to provide high quality services that deliver care for the people and communities we serve as close to their home as possible'. This was supported by the trust's values of 'Care, Community, Collaboration, Courage and Commitment' and their objectives, which were 'Better care, Better health, Better life'.
- Staff were aware of the trust's vision and underpinning values and objectives, which were on display in the areas that we visited.
- Following the last inspection, the new leadership team at the trust had devised an improvement plan which was approved at the September 2014 board meeting. The improvement plan had three key phases, which

Are services well-led?

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There were particular criticisms of the board not providing sufficient scrutiny and challenge to the Executive Team and for failing to take opportunities to intervene.

- Part two of the report was more positive and highlighted the improvements made by the Trust since January 2014 and our comprehensive inspection report published in August 2014.
- The review team made 36 recommendations mostly directed at the trust board. The reviewers suggested that an action plan was developed to take the recommendations forward clearly outlining how the recommendations would be implemented and how the board would monitor progress.
- The Trust had responded positively to the report and we will be monitoring the implementation of the recommendations as part of our ongoing engagement with the trust.
- In our last inspection report, we highlighted areas of positive new practice in relation to governance and risk management, such as the amendments to the board assurance framework to provide an overview of the risk journey. However, the improvements identified have not been sustained and in some cases the processes have been changed without taking into consideration the findings of our last report.
- At the last inspection, we identified concerns with the size and scope of the agenda for the Integrated Governance and Quality Committee which had responsibility for quality, risk, patient safety and all workforce issues.
- At this inspection, we saw that the trust had reviewed the committee structure which resulted in the introduction of a Quality Committee with the responsibility of seeking assurance on all risk management and quality governance issues on behalf of the board. Despite the reduced levels of responsibility for this committee, we were told it would be undergoing a review as its agenda was too large and that focus needed to be given to the subcommittees to ensure that robust assurance was available.
- The National Reporting and Learning System (NRLS) is a national patient safety system that collects incident data from the NHS and produces reports to allow organisations to benchmark and improve their performance. We discussed the September 2015 report with key staff at the trust and found that the latest NRLS information was not known and there was no process in place for reviewing and responding to these publicly available reports when published.
- Data provided by the trust showed delays in reporting and reviewing incidents that needs to be addressed. The information highlighting the delays was available to the trust and escalated through the governance committee via the Quality Governance Dashboard. However, we did not see any proposed or actual actions taken to improve the situation in meeting minutes we reviewed.
- Overall the minutes of the subcommittees tended to capture data as opposed to discussion and challenge. We discussed this with the Chairman of the trust and were told that the minutes of committee meetings did not capture the level of discussion and challenge that occurred during meetings.
- We also found that issues could drop off the agenda. An example of this was the Central Alerting System (CAS) Policy. This was raised as an area that a locality team required clarity on in October 2015. At the same meeting of the Healthcare Governance Committee, a draft CAS policy was circulated with the request that comments were submitted to the Medical Director. At the next meeting on the 3 November 2015, it was stated that only 2 comments were received and additional comments were requested with the aim of approving the policy at the next meeting. The policy was not on the agenda at the 8th December meeting, nor was it followed up in the matters arising. We requested the policy during the inspection and received a policy with the date of January 2016 with no approving body or committee recorded. Management of safety alerts was a concern at the last inspection.
- The Chairman also told us that the trust needed to strengthen their arrangements for the allocation of actions to lead individuals, with agreed timeframes that are monitored for completion. Information we reviewed supported that view. For example, a paper was presented to the Quality Committee in December 2015 highlighted that the trust were unable to evidence compliance with the duty of candour regulation. The paper acknowledged that there were risks but attributed these to training of staff as opposed to the system and process. It simply concluded that 'The Board will be kept updated on progress with Duty of Candour' rather than acknowledging, escalating and addressing the failures.

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- Another of the issues at our last inspection was attendance and functioning of the subcommittees. We were told that attendance was much improved following the appointment of the latest Interim Director of Nursing. However, we did still see examples in the minutes between October to December 2015 of services not being represented, particularly in the Clinical Effectiveness and Patient Experience committees. The Clinical Effectiveness Committee highlighted that there had been no representative from Intermediate Care in meetings held on 4 November 2015 and 5 January 2016. The meeting on 30 November was cancelled as the meeting was not quorate due to a clash with the Clinical Summit. There were examples of areas not being represented in the other committees although these were not formally escalated.
- We also found that the trust had reduced the level of monitoring with regards to serious incidents and the information provided to the Board. There were no longer monitoring arrangements for the timeframes involved with reporting Serious Incidents and the completion of investigations.
- The completion of actions was monitored at locality level. An internal audit was undertaken for the 2014/15 period, which concluded that there was 'significant assurance' that actions were being monitored. We were also provided with the action plan following this audit with an update on actions taken. No audits were undertaken for the 2015/16 period in relation to serious incidents.
- At our last inspection in May 2014 we acknowledged the progress that the trust had made with its risk register and board assurance framework. Areas of improvement that we highlighted in the report included improved risk descriptions, controls, adequacy of controls, consistency of risk ratings and planned actions in terms of the risk register. This progress did not appear to continue to be embedded or sustained.
- The Trust has had three interim trust secretaries in the year leading up to the inspection alone, which appears to have impacted on risk management. The interim trust secretary in place at the time of the inspection had implemented a 'strategic risk register' in addition to the Board Assurance Framework (BAF). Whilst links can be seen between this document and the BAF, there were no links between this document and the operational risk registers. It was not clear how operational risks would be escalated and included in this document. This is likely to be because of the very early stages that these processes were at but improvements are needed.
- We discussed some of our concerns about the BAF, the strategic risk register and the operational risk registers with the trust secretary and risk manager. These included; risk descriptions not clearly describing the condition, cause and consequence of the risk, some risks having no actions, the controls and progress column being merged so that it was not easy to ascertain which were controls and which were actions, the lack of a target risk rating and the limited identification of gaps in control. It was clear that many of these issues were due to the infancy of the work in progress but disappointing that the previous inspection findings had not been considered to inform the development of the new strategic risk register template. The trust secretary and risk manager acknowledged this and were positive about continuing to improve the process further.
- We also raised concerns at the recent process that had been undertaken to reduce the previous risks rated 15 and above. The minutes of the Healthcare Governance Committee demonstrated effective challenge by the Medical Director in this area but caused us the same concerns. For example, risks had been reduced from a 16 to a 3 with no additional actions taken or explanation to how both the severity and likelihood had been reduced. There were numerous examples of this. The Medical Director also raised this issue at Quality Committee but because these were during recent committees we could not see what actions, if any, had been taken in response to this challenge and escalation.
- Similar issues were identified with the new Board Assurance Framework. This again was a brand new template from October 2015. The 'at a glance' table that we highlighted as good practice in the May 2014 inspection was no longer in use. In addition, target risks have been removed, which means the board had not agreed what level of risk it would be willing to accept, the controls were a combination of controls, sources of assurance and actions, the gaps in controls and assurances were often confused, the sources of assurance did not include any external sources or use of internal or clinical audits, the risk descriptions did not include the cause of the risk or clarity in the risk condition for all cases, and actions were not aligned to

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individuals with agreed timescales. It was clear to see that this was very much a work in progress and needs to be improved. However, the risks were aligned to the strategic direction, the board had agreed the risks and believed that all the key strategic risks had now been identified and the board was positive about the direction and progress that had been made since October 2015.

- Following the discovery of previously unidentified never events (never events are serious, wholly preventable patient safety incidents that should not occur if the available preventative measures have been implemented) in dental services, the trust introduced a process called 'Daily Datix'. This is a review of all incidents reported each day to identify any potential serious incidents or never events in a timely way. Staff told us about this process and were familiar with it.

Leadership

- Since our last inspection, there had been a number of changes at a senior level within the organisation, including at board level. The executive team consisted of an interim chief executive, interim director of nursing, interim director of operations, a new substantive director of finance and an acting director of human resources and organisational development. In addition, the whole of the non-executive team had changed since the last inspection, including the trust's Chairman.
- Staff told us the senior team were more visible and accessible to staff. The majority of staff knew who the Chief Executive was and were positive about the executive team's role in the improvements at the organisation.
- At the last inspection, we found that staff locally felt well supported, but were critical of the recent (previous) leadership of the organisation. We were told of a variety of punitive policies that had been in place. Senior managers told us of a culture of bullying that they had been subject to and how there was a focus on financial cost savings, and a lack of engagement and involvement.
- Since the last inspection, the move to a locality structure has meant a new way of working and leadership within the localities was apparent. There were some strong and positive role models for staff in all of the services we inspected.
- Generally, staff told us that they felt clinical staff were now being listened to by the senior managers in the

organisation and described the benefits of a 'flatter' managerial hierarchy. However, it was evident that the clinical lead role was still developing as some staff did not know the clinical lead for their locality and were unclear about this role.

- Staff were positive about their line managers and felt they were supportive and knowledgeable.
- However, some staff providing community health services for adults felt that Band 7s taking on more managerial roles had been new and in some cases, they were still developing into the leadership roles.
- The NHS staff survey results for 2015 showed that the trust performed worse than the national average for community trust's in areas such as recognition and value of staff by managers and the organisation, quality of staff appraisals, the percentage of staff reporting good communication between senior management and staff, and staff confidence and security in reporting unsafe clinical practice. However, the results were in line with the national average for questions related to support from immediate managers and organisation and management interest in, and action on health / wellbeing.

Culture across the provider

- At both of our previous inspections we found that the culture in some services was very negative and in some areas intimidating. At this inspection we saw a significant improvement in culture across the organisation.
- The trust, led by the executive team, had undertaken a number of staff roadshows and 'Listening into action' events aimed at improving the culture.
- The Chief Executive was open and honest with us in detailing how some clinical areas had been made a priority for support, engagement and improvement work and that there was still cultural work to do in other areas, such as corporate services and dental. Our findings supported this with areas, such as children's services and adult inpatient areas, telling us how much better the culture was, that they felt supported and know who their leaders were. These areas were very positive about the Executive Team and improvements made in their departments. However, we found that whilst some areas had been the focus of clear service transformation projects, others felt that their service was still under pressure and had not been supported.

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- NHS staff survey results for 2015 showed that 25% of staff had experienced harassment, bullying or abuse from other staff in the previous 12 months. This is a slight improvement from 26% in 2014 but worse than the national average of 21% for community trusts.
- We received two anonymous comment cards as part of the inspection which suggested bullying and harassment was still prevalent in the organisation within the corporate services team. We raised this with the trust at the time of the inspection. However, we did not find any evidence to support this as part of our inspection.
- More positively, the NHS staff survey for 2015 showed the percentage of staff feeling pressure to attend work when feeling unwell in the previous 3 months had dropped from 67% in 2014 to 58% in 2015, which is positive.

Fit and proper person requirement

- There was a process in place to determine the trust's compliance with the regulation for fit and proper persons in relation to board members. The necessary checks were found to be in place at the time of the inspection.

- We looked at the records for all board members and saw that the relevant information had been obtained. For example, references, Disclosure and Barring Services (DBS) checks.

Public and staff engagement

- The NHS Staff survey results for 2015 showed an improvement from the 2014 results for the percentage of staff who would recommend the trust as a place to work or receive treatment and the results were within the national average for community trusts. Similarly, the questions related to staff motivation at work had improved since 2014. However, the results were below the national average for community trusts.

Innovation, improvement and sustainability

- The trust board withdrew from the NHS Foundation Trust pipeline in January 2015 and had made a decision that they will “pursue a different future for our services to sustain and take forward the improvements our staff are making”. It was planned that the organisation would cease to exist in its current state beyond April 2017 and a formal transaction process, led by NHS Improvement Agency, was planned to formally move services to other organisations.

This section is primarily information for the provider

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
Diagnostic and screening procedures Family planning services Nursing care Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>Systems and processes were not always operated effectively to ensure that the risks relating to the health, safety and welfare of service users and others were assessed, monitored and mitigated in a timely way.</p> <p>This is because:</p> <p>Governance and risk management systems and processes needed further work to ensure that the trust used all available information to improve the quality of services provided and reduce the level of risk;</p> <p>Information that highlighted concerns, such as that from the NRLS, was not reviewed and escalated with appropriate action to address the concerns in a timely way.</p> <p>All components of the healthy child programme were not being met in a timely way;</p> <p>There were unacceptable waiting times in some allied health and therapy specialisms;</p> <p>The number of health visitors reporting to one team leader was excessive and although this was recorded as a risk, steps had not been taken to mitigate this risk in a timely way;</p> <p>The risks in the management of records had not been mitigated in a timely way.</p> <p>HSCA 2008 (Regulated Activities) Regulations 2014, Regulation 17(2)(a)(b)</p>

Regulated activity	Regulation
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Requirement notices

Diagnostic and screening procedures

Family planning services

Nursing care

Surgical procedures

Treatment of disease, disorder or injury

Regulation 20 HSCA (RA) Regulations 2014 Duty of candour

How the regulation was not being met:

A secure written record was not always kept by the provider to show that they had discharged their responsibilities in relation to the duty of candour.

This is because we reviewed a sample of nine incidents where duty of candour was required and could find evidence in only three that the trust had discharged their responsibility. In response to our concerns, the trust reviewed an additional 10 cases and found that duty of candour had only been evidenced in four of those.

HSCA 2008 (Regulated Activities) Regulations 2014, Regulation 20 (3)(e)