

The Lodge Clinic Mary Stevens Hospice

Quality Report

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Date of inspection visit: 5 October 2016

Date of publication: 10/02/2017

This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Overall summary

This report describes our judgement of the quality of care at this location. We based it on a combination of what we found when we inspected and from all information available to us, including information given to us from people who use the service, the public and other organisations.

Our findings were:

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations.

- Staff were clear on incident reporting and could describe feedback and learning that had been shared.
- Staff were aware of duty of candour, and the requirements of being open and honest to patients.
- Staff adhered to infection prevention practice and the environment was visibly clean.
- Electrical equipment was safe to use. Service date labels were clearly visible.

However;

- Record keeping for patients' notes was inconsistent and was not always easy to follow.
- Staff personal folders were not consistent. Information such as references, appraisal forms were missing and were not up to date.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations

- Staff worked well together as part of a multidisciplinary team to coordinate and deliver patient's care and treatment effectively.
- Staff were committed to working collaboratively with external organisations in order to deliver joined up care for lymphoedema patients.
- Staff were provided with support in the form of appraisals, supervision and role specific training to carry out their roles effectively and competently.
- Patients told us staff gained consent prior to treatment.

Are services caring?

Summary of findings

We found that this service was providing caring services in accordance with the relevant regulations

- The staff we spoke with were dedicated, compassionate and enthusiastic about the service they delivered.
- Patients told us that staff always maintained their privacy and dignity.
- Staff were polite, friendly and supportive.
- We saw episodes of patient care during our inspection where staff were courteous to patients.
- Staff spoke with patients in a kind and polite manner and introduced themselves by name prior to consultation.
- Patients were empowered with educational teaching sessions regarding their treatment choices.
- The service were in the process of planning a supportive peer groups called the “Living with Lymphoedema Group” to enable patients to feel empowered.

Are services responsive?

We found that this service was providing responsive care in accordance with the relevant regulations

- The service had a good understanding on how to handle complaints and the complaint rate was significantly low.

- Patients had access to translation services if English was not their first language.
- Clinic provided us with their targets for referral to treatment times for patients seen in less than 18 weeks.
- Patients were able to choose their clinic destination and timings, including home visit if patients had limited mobility.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations

- Staff were familiar with the vision and strategy for the service.
- Staff told us they felt comfortable in raising concerns.
- Staff were openly proud to work for the service and voiced how passionate they felt about providing good care for their patients.
- Staff felt the service provided an open and honest culture.
- Innovative practice was evident within this service.

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Summary of findings

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The Lodge Clinic Mary Stevens Hospice



Summary of this inspection

Background to The Lodge Clinic Mary Stevens Hospice

LymphCare UK is a community interest company and a social enterprise that provides comprehensive community lymphoedema services in Dudley and Sandwell.

The service runs from The Lodge clinic Mary Stevens Hospice. The service also provides a home visiting service for patients that are housebound. The Lodge clinic Mary Stevens Hospice is one of three clinic locations which operate under LymphCare UK.

Our inspection team

Our inspection team was led by a CQC inspector and a team of two including another CQC inspector and a chemotherapy and oncology specialist.

How we carried out this inspection

We carried out an announced inspection visit on 5 October 2016. We ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led. Throughout the inspection, we took into account what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

We gathered information from a number of sources, including data provided by the clinic prior to our

inspection. During our inspection, we visited all areas including the clinics and home visits; we spoke with healthcare assistants, nurses, the administration team and two registered managers for LymphCare UK. We also spoke with patients including relatives. In addition, we spoke with the patient booking team who managed the appointments system.

Information about The Lodge Clinic Mary Stevens Hospice

The service accepts referrals from any healthcare professional across Sandwell and Dudley. The service provides care to any patients with any type of lymphoedema, primary or secondary, from chronic oedemas to lipoedema. Lymphoedema is a condition of fluid retention and tissue swelling in limbs caused by a compromised lymphatic system.

LymphCare UK is a specialist nurse led lymphoedema service. It is a small organisation, open Monday to Friday 8:30am to 5pm. The leadership within the organisation runs from the specialist clinical team and interacts with both the operational and executive boards. Both joint managing directors are also clinical nurse specialist within the service.

Community health services for adults

Safe	
Effective	
Caring	
Responsive	
Well-led	

Information about the service

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Community health services for adults

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Community health services for adults

Are community health services for adults safe?

Reporting, learning and improvement from incidents

- There had been no reported 'never events' in the last 12 months. Never events are serious incidents that are wholly preventable as guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers.
- The Lodge Clinic Mary Stevens Hospice had no reported incidents in the last 12 months. However, incidents at other LymphCare UK locations showed that staff were aware of how to report incidents.
- Lesson learned were made from other incidents at other LymphCare UK sites.
- Staff recorded all incidents using a paper system. Staff kept incident forms in an accident and incidents folder for management to review and action.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents
- Staff told us the service learned lessons from incidents and shared the learning with staff in their weekly meeting.
- Staff we spoke with were clear on the meaning of duty of candour. The duty of candour is a legal duty on hospital, community and mental health trusts to inform and apologise to patients if there have been mistakes in their care that have led to significant harm. Staff spoke about being open and honest with their patients.

Reliable safety systems and processes (including safeguarding)

- The provider protected people who used the service from the risk of abuse. They had systems in place to identify the possibility of abuse and prevent abuse from happening, including posters and leaflets.

- Five members of staff were aware of the local safeguarding procedures and whom to contact.
- There have been no safeguarding alerts reported for the Lodge Clinic Mary Stevens hospice in the last 12 months.
- Staff were clear on how to raise safeguarding concerns for adults and children, stating they had guidance within the service on how to do so. In addition, staff reported any concerns to their line manager who in turn would escalate to the local authority.
- Ninety per cent of staff had completed both level 1 and 2 in children and adults, next safeguarding training was booked for December 2016. They do not treat anyone under the age of 18.
- Patients' records demonstrated that staff informed the patients' GP of treatment plans.
- The service referred patients to other health professionals as required for example the district nurse, tissue viability nurse and breast care specialist nurses. This ensured patients received timely referrals to meet their current and ongoing individual needs, prior to this patients were asked if they were happy for their information to be shared with other health professionals.
- Record keeping was one of the main issues within the service. In June 2016, the service carried out a record keeping audit. The audit showed a number of non-compliant measures from the records reviewed. These were, 80% non-compliant for name and NHS number on each page, 100% non-compliant for timed entries, 77% were not signed (name printed) by staff, 60% of records were written in black ink only, 95% did not have a signature or initial next to alterations and 40% did not have a care plan.
- We looked at nine records and we found that records were inconsistent and disorganised, we fed this back to the management team, they told us that they have a planned date for December 2016 to repeat their patient record audit and will share their results with CQC.
- Managers informed us that an annual audit action plans were in place to ensure hand-washing, environmental and record keeping audits would be carried out and monitored regularly.

Community health services for adults

- We reviewed four staff personal folders and we saw these were not consistent for example appraisal forms; some were missing and not completed consistently.
- We saw documentation for recording clinical supervision was inconsistent; although staff informed us, they do have regular clinical supervision from their clinical manager.
- We saw one set out of four notes that included an induction checklist.

Staffing

- There were sufficient staffing levels to meet the needs of the patients at the clinic and to carry out home visits.
- Staff discussed their caseloads in their weekly team meeting and management shared the caseloads out to staff.
- The service did not use agency staff. They had one whole time equivalent band 8 nurse. There were nine members of substantive staff employed. The staff team consisted of two manager nurses, one receptionist, one secretary and a health care assistant.
- The service caseload is approximately 920 patients but this varied depending on the referrals and demand of service.
- A written procedure was in place for staff to follow when they required sick leave, this procedure included the action to take dependent on the role of the member of staff. Actions ranged from no action to closing the clinic.
- Staff turnover at The Lodge Clinic Mary Stevens Hospice in the last 12 months was 0%. They currently had no vacancies.
- The rate of sickness for nurses at The Lodge Clinic Mary Stevens Hospice was 1.8% out of 11 staff members based at this clinic.

Monitoring health & safety and responding to risks

- Staff we spoke with were aware of procedures to take in the event of an emergency and 100% of staff were trained in basic life support. This meant patient would receive appropriate treatment in the event of an emergency.

- Staff would escalate any medical/physical concerns to the GP. If a patient became acutely unwell, staff would contact the emergency service.
- We saw staff handing patients a wallet sized medical and caution alert card with recommendations for use of antibiotics for infection and emergencies.
- Staff told us that they can refer patients directly to Dudley community falls team for those patients who are high risk of falls.
- The service had policies and procedures on managing violence at work and lone working. Staff we spoke with said they were aware of these policies and knew where to access them.
- The lone working policy considered the risk involved for lone working and identified the need to ensure staff carried out site risk assessments. Management reviewed these risk assessments periodically. Mobile phones for lone workers were also available for those staff who was attending patients in their own homes.
- The service loaned patients a specialist piece of equipment called "lymphassist" which provided a type of lymphatic massage.
- Electrical equipment was safe to use. Service date labels were clearly visible.

Infection control

- Clinical treatment rooms, reception area and staff room were all visibly clean. We saw cleaners attended to all areas during our inspection. However, we did not see any cleaning rotas to evidence the areas were cleaned on regular basis.
- We saw evidence of infection and prevention and control quality assessment tool in use, this included a weekly water outlet check for two minutes and water temperature monitoring on a monthly basis to reduce the risk of legionella.
- We spoke with five patients who all said they had seen staff washing their hands and using hand gels before and after patient contact.
- We saw staff were adhering to 'arms bare below the elbow' guidelines.
- Staff were compliant with infection and prevention training.

Community health services for adults

- We saw examples of hand hygiene audits that took place, however the provider only provided us with the audits data from January to March 2016, which were 100%.

Safe and effective use of medicines

- Staff at The Lodge Clinic Mary Stevens Hospice did not administer medicines.
- The service required patients to bring their current medication list with them on their first visit and the patients GP would update any other changes before the visit by telephone, fax or email. We saw copies of patients' recent medical history sent by the GP in the patients' records.
- The patient's GP prescribed compression bandages and patients brought their own bandages with them to the clinic for the nurses to use.
- Staff told us the most common treatments for lymphedema are a combination of direct lymphatic massage, lymphatic exercise, daytime and night-time compression garments or compression bandaging and the use of intermittent sequential gradient pumps.
- Staff told us that each patient treatment is different; all patients' treatment is individual and unique depending on their condition. Compression garments are sometimes worn twenty four hours a day, every day to maintain oedema reduction and must be replaced on a regular basis. They can also be applied first thing in the morning and removed last thing at night.
- During the clinic intervention, staff explained to patients that it is very important that they obtain a correct fit for their compression garments. An inaccurate measurement or a poorly manufactured garment could cause severe pain and discomfort.
- All patients undergoing lower limb compression therapy undergo an in house vascular assessment of toe and brachial pressure which are recorded in patients notes to ensure safe practice.

Are community health services for adults effective?

(for example, treatment is effective)

Assessment and treatment

- The Lodge Clinic Mary Stevens Hospice and LymphCare UK based their clinical guidelines, policies, and procedures on national good practice recommendations and standards such as those provided by The National Institute for Clinical Excellence (NICE).
- In 2002, a UK national consensus statement on standards of practice for people at risk from or with lymphoedema, was developed with input from national patient groups, clinical experts and industry. The statement contains six standards of practice. We saw that LymphCare UK were meeting or achieving all standards for best practice. We saw evidence of this including recommendations to improve their work through regular engagement with key stakeholders.
- We saw staff were assessing patients thoroughly during their clinic consultations, following the British Lymphology Society advice and the NICE guidelines.
- Staff told us that an effective community services for lymphoedema improved patient outcomes by prevention of hospital admissions and support the delivery of holistic care.
- The service measured patient outcomes through volume reduction (swelling reduction) and we saw examples of positive outcomes. We reviewed 10 patient records with pre and post-volume measurements all of which had a 27-60% volume reduction.
- We saw a pain assessment tool in patients' records with a score of zero to 10 to assess patients 'pain level'. However, these were inconsistently completed, some were blank.

Staff training and experience

- The service required each member of staff to attend mandatory training which included fire safety training, manual handling, and safeguarding, basic life support and infection control. Training was online or face-to-face.
- Staff had completed 13 subjects, we saw the service had achieved 83%. The manager explained that fire training was overdue by three months and this was the main reason not achieving the overall target.

Community health services for adults

- Management informed us online training was available for all staff to complete. The deadline for completion was 13 January 2017. The location management also stated the result will be shared with CQC after the set date.
- The registered manager maintained a training matrix, which we saw; it identified the training staff had attended and the date it was completed. All staff who had not attended fire training were booked onto the next available training session.
- Staff told us they felt supported to attend training and were encouraged to attend additional training to develop in their role.
- The provider had effective recruitment and selection processes in place. The provider recruiting staff to ensure they had the appropriate skills, qualifications and attributes to meet people's needs. The provider obtained two references, all Disclosure and Barring Service (DBS) checks and all Nursing and Midwifery Council (NMC) checks prior to staff commencing work.
- All staff had completed their appraisal in the current appraisal year from March 2016 to March 2017, however, staff personnel records required to be updated as this did not reflect the data we received.
- Two nurses we spoke with said they had regular one to one for reflective practices and this was shared within the team in their weekly meetings, this aimed to improve care and treatment for patients.
- Staff were encouraged to undertake self-directed continuous professional development (CDP) and individuals kept records, we saw examples of certificates.
- We spoke with one nurse who said she attended regular conferences and study days around the mentorship programme, which also helps towards their revalidation. The service had a lead nurse to support staff with the revalidation process. Revalidation is the method by which to renew a registration, and is built on Post registration education and practice (Prep). The purpose of revalidation is to improve public protection by making sure that staff remain fit to practice throughout their career.

Working with other service

- We looked at nine patient records all of which contained a referral from a GP and a follow up report back to the

patients' GP, which included findings and any recommendations. Macmillan nurses, district nurses or staff from the local hospices were also included if relevant for individual patients.

- Lymphoedema nurses and district nurses worked closely together and where needed carried out a joint home visit. Staff gave an example of a patient who had lymphoedema to both legs including leg ulcers. Both the lymphoedema nurse and district nurse worked alongside to ensure the patient had the best possible outcome.

Consent to care and treatment

- Prior to patients receiving any care or treatment, we saw staff asked patients for their consent and the service acted in accordance with their decisions.
- The clinical specialist nurses also obtained consent from the person's GP or consultant to ensure there were no contra-indications to treatment commencing.
- Staff explained they gave written and verbal information on the various treatment options available. This allowed patients to make informed decisions about their treatment. The service had a consent policy in place and staff knew how to access this.
- We saw an information folder on display for staff to read, which included information on lasting power of attorney, court appointed deputies, Deprivation of Liberties and the Mental Capacity Act. Staff were required to sign once information had been read, we saw all staff had signed to say they had read the information.

Are community health services for adults caring?

Respect, dignity, compassion & empathy

- We observed staff were kind, friendly and had a good rapport with people they were treating. "The staff make you feel comfortable, relaxed and at ease when I come for treatment." This meant that patients felt the service were meeting their individual needs.
- A patient told us, "Staff are very competent, they know their speciality."

Community health services for adults

- We saw episodes of patient care during our inspection where staff were courteous to patients. Staff spoke with patients in a kind and polite manner and introduced themselves by name prior to consultation
- The service encouraged all patients to complete a satisfaction survey to capture feedback. Patients have consistently scored professionalism, friendliness and helpfulness of all staff at 98%.
- We observed the receptionists being kind, courteous and helpful when talking to patients arriving at the clinic.
- We saw information on access to Yoga to improve their health. Patients gave very positive feedback about the service with one patient saying, "I can see a difference in my health, my confidence and I feel better in myself."
- We saw evidence of holistic care from assessments and patient feedback around body image. Patients were encouraged to talk and if they required further input, staff refer back to the patients' GP for a referral for counselling. One patient said, "The service has been a blessing, I would never be where I am now without these special nurses."

Involvement in decisions about care and treatment

- Patients we spoke with told us that staff discussed and explained their treatment to them in detail in a manner they were able to understand.
- The service welcomed relatives or carers to accompany patients in to consultation areas for support.
- Patients told us staff offered a choice of appointments to suit them.
- Patients we spoke with said staff involved them when making decisions regarding their treatment plan.
- The service were in the process of planning a supportive peer groups called the "Living with Lymphoedema Group" to enable patients to feel empowered.
- Patient forum group stated they would prefer more informal sessions like a coffee morning, where patients can share experiences. These coffee mornings also have a key speaker for charities such as 'knitted knockers' and Dudley Health Watch who had attended. This was also shared in their regular newsletter.

Are community health services for adults responsive to people's needs? (for example, to feedback?)

Responding to and meeting patients' needs

- Patients do have the option to use the "lymphassist" machine as a trial to see whether this reduces the swelling, patients have the choice to decline if they wish to.
- Patients could use this equipment in their own homes whilst they were waiting for other treatments.
- We saw staff delivered an educational teaching clinic with a patient who wished to take this machine home on loan.
- The service was aware that not all documents are available in different languages but they were currently working towards developing a website with Google translate options.
- Staff told us that they are working towards easy read information leaflets to include pictures for public friendly read.
- The service gained funding from Public Health Dudley to provide bespoke Lymph Yoga classes for certain patient groups. The yoga classes were open for patients with lipoedema and, or, chronic oedema. The sessions incorporated seated classes and evening classes to improve inclusion.
- The service had information leaflets and a website available for all patients to read.

Tackling inequity and promoting equality

- Staff had access to a policy and procedure that set out key principles for promoting equal opportunities and valuing diversity across the service.
- Staff had access to a language line, which provided a telephone interpretation service.
- Staff told us that they are working towards easy read information leaflets to include pictures for public friendly read.
- The staff we spoke with were dedicated, compassionate and enthusiastic about the service they delivered.

Community health services for adults

- We spoke with staff about how they ensured they obtained appropriate consent from people with specific needs, such as patients who did not speak English or patients living with a learning disability. Staff told us they have access to language line where they can obtain interpreters if required and would seek advice from a senior person if required.

Access to the service

- Referral to waiting times for Lymphoedema service for urgent palliative care is one week, the service reached their target of 100%. Referral waiting times for 12 weeks the service reached its target of 100%.
- We saw information leaflets were available for patients to explain their treatment, we saw staff reading these leaflets to patients to explain the details of the treatment.
- Reception staff answered the telephone calls to the clinic for booking appointments or queries. If the reception staff were busy, the telephone diverted to answer phone and would make contact as soon as next available.
- Patients told us staff offers a choice of appointments to suit them, including the location from three clinics or home visit. One patient said, "I'm hoping I'll be able to get out of the house soon, I've not been out of the house in two years." Another patient said, "I've not been able to buy shoes or a skirt in such a long time, lymphoedema service has given me hope."
- All patients we spoke to said they were satisfied with the waiting times for the clinic.
- Four per cent of patients out of 239 attendees did not attend appointment in the month of September 2016.
- On the day of our inspections, the department saw all patients in a timely manner.
- There were information leaflets titled "healthy legs" that promoted healthy eating to help heal wounds.
- Patients attending the clinic had access to cold water in the waiting area.
- The clinic saw bariatric patients and these patients were able to access "Best Programme" for weight management. If a patient required food and drink, they were able to bring their own if needed into clinic.

- The clinic layout enabled wheel chair users' access to the clinical room and toilet facilities. This meant the environment supported people with a physical disability whilst they received treatment.
- Patients and relatives had access to a small waiting area and comfortable seating, however this was very small and both staff and patients expressed this was an issue.

Concerns & complaints

- There were leaflets available for patients in the waiting room and corridors on how to make a complaint. The service recently changed the design to make them more colourful and noticeable for all to see.
- The Lodge Clinic Mary Stevens Hospice reported zero complaints in the last 12 months.
- When speaking with staff, they were able to demonstrate how they would deal with a complaint if one should arise. Staff were able to access their complaint policy via the intranet.
- Patients raised no concerns to us about the waiting times within the clinics held during our inspection.

Are community health services for adults well-led?

Governance arrangements

- The service held a provider level risk register dated August 2016, which covered all three LymphCare UK locations, there were no local risk register related to this service. The register contained 21 risks, five rated 'red', 13 rated 'amber' and three rated 'green'. The risk register did not have a specific location risk register that applied to The Lodge Clinic Mary Stevens Hospice.
- Main issues on the risk register were changes in national or local health policy that may oppose or conflict with organisational strategy. Contracts not appropriately priced by CCGs and the lack of marketing programme to make sure that all nearby CCGs and GPs are fully aware of how LymphCare can help. We did not see any patient related risks or around record keeping despite this being their main concern and issue.

Community health services for adults

- The local senior team within the service were fully aware of the risks and challenges of the organisation and knew when they would add items on the risk register.
- The risk register was an item on the senior team meeting agenda and the team discussed risks at the clinical governance meetings.
- Both managers were responsible for infection prevention and coordinating audits, reviewing incidents and providing training to staff.

Leadership, openness and transparency

- Staff spoke highly of the support given by managers. The managers worked to continually improve the service.
- Staff felt that senior management in the department acted on information and provided feedback and support to staff.
- One of the questions asked on the staff satisfaction survey in March 2016 was, “Are employees recognised as individuals by their manager.” We saw 89% out of nine staff strongly agreed with this question.
- Staff were motivated and enjoyed working at the clinic.
- Staff were supportive of one another.
- Staff morale was good and we observed staff from all specialties working well together. The team were visibly enthusiastic about the service they provided.
- We saw that the service had developed a stress in the workplace policy. Staff told us that staff well-being is important to the provider. Staff had access to complimentary therapy such as yoga and Pilates sessions as part of the stress in the workplace policy.

Learning and improvement

- The clinical lead provided education and training to other health care professionals to increase awareness and enable effective delivery of lymphoedema treatment.
- The service provided care in both a clinic and domiciliary setting to meet patients’ needs
- The clinic is ongoing with exploring new technologies to support the early diagnosis and early intervention and prevention of lymphoedema. One example being within LymphCare UK patients have access to laser treatment, this is not yet used in The Lodge Clinic Mary Stevens Hospice.

- LymphCare UK won two awards, one in 2016 for innovation to practice and service, and in 2012, they won the lymphoedema nurses award.
- The service invested into the ‘Best Programme’ for weight management for patients who require support with weight loss.
 - A bra fitting service was in the early development stages to provide a service for women who required a suitable fitting bra post-breast surgery.
- Staff told us they were working with local Learning Disability (LD) services and patients living with LD, to implement an easy read leaflet and information to help raise awareness.
- Two members of the team were nominated for Support worker of the year – Skills for Health. One member of the team went on to win West Midlands Support Worker of the Year.
- LymphCare UK have started to have pre-registration students for nine to 12 week on Community placements.

Provider seeks and acts on feedback from its patients, the public and staff

- The Lodge Clinic Mary Stevens Hospice carried out satisfaction survey during February/March 2016. The aim of the survey was to evaluate the service provision for Dudley patients.
- The survey gave an opportunity to gain and share information regarding quality issues. The surveys included a random sample of 250 patients. In total 60 (24%) of questionnaires were returned. We saw 98% of respondents felt that they had enough time to discuss their concerns with their nurse.
- We saw staff increased public awareness and widen access to services through innovation, education and training sessions.
- Patients were able to leave feedback and comments via comment cards. We saw 98% of patients were satisfied with the service, which was above the service target of 85%. 97% would recommend to Friends and Family.
- Staff told us that LymphCare UK advertises on social media. They attend and raise charity events and run

Community health services for adults

lymphodema awareness stalls in public places such as supermarkets GP practices during the lymphoedema awareness week of March. Staff felt word of mouth is their best way to raise awareness.

- LymphCare UK has developed its own patient forum group that meets every two months and is a chance for patients to share experiences and access local information.

- Patient forum has been involved with the design of the questionnaire and the forum has resulted in changes in improving the service for patients, example given was improvement in access to a car park at a different Lymph Care UK location.
- Purpose of these patient forums is to ensure patients give feedback on the services to shape and influence future developments in collaboration with the team.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider 'MUST' ensure that staff maintains an accurate, completed contemporaneous record in respect of each patient and this information to be kept up to date.

Action the provider **SHOULD** take to improve

- The provider 'should' improve staff personnel folders. These were not consistent throughout our checks.
- The provider 'should' Improve on the data capturing for mandatory training to ensure all staff training is recorded and kept up to date

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
Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Good Governance - Regulation 17 1 2 (c)</p> <p>The Provider did not ensure that clinical staff maintained an accurate, completed contemporaneous record in respect of each patient.</p>

This section is primarily information for the provider

Enforcement actions

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.