

Dacorum Healthcare Providers Limited

# Dacorum Holistic Healthcare Team

## Inspection report

Woodhall Farm Medical Centre, Valley Green  
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

### Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Requires Improvement 

# Summary of findings

## Overall summary

Dacorum Holistic Healthcare Team was established by Dacorum GPs to deliver a fully integrated service to patients combining health, social care and mental health care. This is a local service for the population of Dacorum in Hertfordshire.

Following the inspection, CQC were advised that the provider is now operating solely under the parent name of Dacorum Healthcare Providers Limited from its offices at Unit 16, Sovereign Park, Cleveland Way, Hemel Hempstead HP2 7DA.

The Team focuses on the physical, social and mental health needs of patients over the age of 18 years, referred to the service by Dacorum GPs.

This was the first inspection of the service. We rated it as good because:

- Mandatory training compliance was at 91% at the time of the inspection. The mandatory training was comprehensive and met the needs of patients and staff. Staff were encouraged to access additional specialised training which was relevant to their role.
- We reviewed ten patient risk assessments during the inspection. Staff completed risk assessments for each patient on referral into the service using a recognised tool, and reviewed this regularly, including after any incident.
- Managers investigated incidents thoroughly. Patients and their families were involved in these investigations. We saw evidence of statements being taken as part of the investigation process.
- Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. We found that the service had the expected range of policies and followed guidance in several areas, including antipsychotic and analgesics overprescribing – reducing and monitoring.
- Managers and staff carried out a comprehensive programme of repeated clinical audits to check improvement over time. Pharmacists worked on stopping overmedication of patients with a learning disability, autism or both. There were audits to monitor and reduce the antipsychotic medication prescribing.
- We spoke with ten patients and three carers during the inspection. Overall, the feedback was positive, with the clinic staff thought of as caring, compassionate and interactive when dealing with service users and carers.
- Staff supported patients to make informed decisions about their care. We saw evidence of this in patient records which showed person centred goals which were a clear reflection of the patient's voice. Staff that we spoke with were committed to supporting patients to lead on their recovery.
- The service relieved pressure on the GP and other departments when they could treat patients in a day. A key focus for the service was to treat patients more quickly as the GP surgeries often lacked capacity to offer prompt appointments.
- Managers investigated complaints and identified themes. We carried out a review of the three complaints that had been received over the last twelve months. They had all been acknowledged, investigated and outcomes sent within policy timescales.
- There was compassionate, inclusive and effective leadership at all levels. Leaders had the skills knowledge and experience to consistently deliver high quality personalised care. Leadership development was embedded into the service and there was a strong culture of staff development across all levels of service.
- Staff that we spoke with were very proud of the service and spoke highly of colleagues and managers at all levels.


However:

# Summary of findings

- The supervision policy said that staff should receive supervision every three months, but data showed that they were not compliant with this and management oversight of this was not sufficiently robust. Compliance with supervision was at 68%.
- There were no clear key performance indicators for the service. It was therefore difficult to measure the success of the service. Managers needed to develop benchmarks and key performance indicators to monitor the service.
- There was a lack of formal strategy and no vision and values. Staff could not say anything about the vision and values across the organisation. There was a lack of monitoring of the service and managers could not monitor whether staff were working to the vision and values of the organisation.
- There were no leaflets or leaflets in different languages which would have been helpful for patients and carers. Management had a lack of oversight of this issue and this could impact on patients' accessibility to the service and the performance of the organisation
- Access to the interpreter service was not being utilised as it could have been. Patients should have always been given the option to have an interpreter to maintain independence and confidentiality.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
Community health services for adults	Good 	This was the first inspection of this service. We rated it as good because: See the overall summary above for details.

# Summary of findings

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# Summary of this inspection

## Background to Dacorum Holistic Healthcare Team

Dacorum Holistic Healthcare Team was established by Dacorum GPs to deliver a fully integrated service to patients combining health, social care and mental health care. We inspected this service because it had not previously been inspected since it registered.

The team focuses on the physical, social and mental health needs of patients over the age of 18 years, referred to the service by Dacorum GPs.

A key aim is to work closely and communicate better with other service providers and social care services to address the needs of vulnerable, complex patients.

There is a leg ulcer service which provides clinics at Dacorum GP surgeries; a team of clinical pharmacists who work to resolve routine medicine issues, long-term health conditions, polypharmacy and better access to health checks and other staff including nurses and physiotherapists.

When the team receive a referral, they undertake a holistic assessment of the patients' needs and communicate with the GP to ensure they are aware of the actions being taken on behalf of their patient.

They also contact health, social care and voluntary agencies to organise additional input, aimed at enhancing patient wellbeing.

The service provides the regulated activity of; treatment of disease, disorder or injury. The service has a registered manager.

## How we carried out this inspection

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

To get to the heart of people who use services' experience 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?

# Summary of this inspection

Before visiting, we reviewed a range of information we hold about the provider and asked other organisations to share what they knew. We used this information to determine which locations would be visited to ensure we gained an accurate reflection of the overall quality of service provision.

During the inspection visit, the inspection team:

- visited the site for this service, looked at the quality of the service delivery and observed how staff were caring for patients;
- spoke with the registered manager, general manager and other managers;
- spoke with other members of staff including one physician associate, five clinical pharmacists and five nurses;
- spoke with ten patients who were using the service;
- spoke with three carers;
- looked at twenty care and treatment records of patients;
- looked at a range of policies, procedures and other documents relating to the running of the service;
- conducted a specific review of incidents;

conducted a specific review of complaints.

## Areas for improvement

### Action the service **MUST** take to improve:

- The service must ensure that managers provide regular supervision to staff in line with policy. Leaders must ensure that they have robust oversight of this. Regulation 18 (2)
- Managers must ensure that there is a formal strategy and a clear set of vision and values. Managers must ensure that these are conveyed to staff and that the service is appropriately monitored to ensure that all staff work to the vision and values. Regulation 17 (1) (2)
- Managers must ensure that outcomes and key performance indicators are formally measured across the service. Managers must set benchmarks and goals across an organisational audit programme. Regulation 17 (1) (2)
- Managers must ensure that leaflets in different languages are produced for patients, carers and stakeholders to promote accessibility to the service. Regulation 17 (1) (2)
- Managers must ensure that patients are always given the option to have an interpreter to ensure that independence and confidentiality are maintained. Regulation 10 (1) (2)

### Action the service **SHOULD** take to improve:

The provider should regularly collect and review patient feedback and identify themes that may lead to service improvement.

# Our findings






## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good	Good	Good	Good	Requires Improvement	Good
Overall	Good	Good	Good	Good	Requires Improvement	Good



# Community health services for adults

Safe	Good 
Effective	Good 
Caring	Good 
Responsive	Good 
Well-led	Requires Improvement 

## Are Community health services for adults safe?

Good 

This was the first inspection of the service. We rated it as good.

### Mandatory Training

**The service provided mandatory training in key skills to all staff.**

Staff received and kept up to date with their mandatory training. Mandatory training compliance was at 91% at the time of the inspection.

The mandatory training was comprehensive and met the needs of patients and staff. Staff were encouraged to access additional specialised training which was relevant to their role.

Clinical staff completed training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia.

Managers held data electronically, monitored mandatory training and received alerts when staff needed to update their training.

### Safeguarding

**Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.**

Nursing staff received training specific for their role on how to recognise and report abuse. Safeguarding adults and children levels one, two and three were at 100% at the time of the inspection. The organisation had a robust safeguarding policy in place which included contact details for the safeguarding lead and signposting for social services.

Medical staff received training specific for their role on how to recognise and report abuse.

# Community health services for adults

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. There was an equality and diversity policy and all staff were up to date with equality and diversity training. Staff gave examples of access to a private room for breastfeeding, prayer room and offering downstairs appointment rooms if required for patients with a physical disability.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff that we spoke with gave examples of possible safeguarding concerns and described a process of internal escalation and liaison with the local authority if required. Staff gave the example of a patient with a rapidly deteriorating leg ulcer and how this was escalated to a senior nurse within the team.

Staff showed awareness of following safe procedures for the children of patients who were accessing the service, should any concerns arise.

## Cleanliness, infection control and hygiene

**The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.**

Patient areas were clean and had suitable furnishings which were clean and well-maintained.

The service generally performed well for cleanliness. We saw that all areas were equipped with appropriate cleaning signage and there were relevant cleaning materials to ensure desktops and equipment were regularly maintained.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly.

Staff followed infection control principles including the use of personal protective equipment (PPE). During the inspection we saw that all staff followed COVID-19 guidance and wore masks and infection control training compliance was at 100%.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned.

## Environment and equipment

**The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.**

The design of the environment followed national guidance. Almost all patients were seen at the GP surgery. The surgery staff carried out daily safety checks of specialist equipment.

The service had suitable facilities to meet the needs of patients' families. Patients were seen in private rooms at the GP surgery.

The service had enough suitable equipment to help them to safely care for patients.

Staff disposed of clinical waste safely following national guidelines.

# Community health services for adults

## Assessing and responding to patient risk

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

We reviewed ten patient risk assessments during the inspection. Staff completed risk assessments for each patient on referral into the service using a recognised tool, and reviewed this regularly, including after any incident.

Staff knew about and dealt with any specific risk issues including sepsis, falls and pressure ulcers.

The service had 24-hour access to mental health liaison and specialist mental health support, if staff were concerned about a patient's mental health.

Staff completed psychosocial assessments and risk assessments for patients thought to be at risk of self-harm or suicide. Staff made referrals to the community mental health team and liaised with the GP where risks were identified to be escalating or high.

Staff shared key information to keep patients safe when handing over their care to others.

Shift changes and handovers included all necessary key information to keep patients safe.

## Staffing

### **Nurse staffing**

### **The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.**

The service had enough nursing and support staff to keep patients safe.

Managers accurately calculated and reviewed the number and grade of nurses and allied health professionals needed for each shift in accordance with national guidance.

Managers could adjust staffing levels daily according to the needs of patients.

The number of nurses and allied health professionals matched the planned numbers.

The service had no vacancies at the time of inspection.

The service had reducing turnover rates.

The service had reducing sickness rates.

The service had reducing rates of bank and agency nurses in line with a decrease in the impact of COVID-19.

# Community health services for adults

Managers limited their use of bank and agency staff and requested staff familiar with the service.

Managers made sure all bank and agency staff had a full induction, appropriate training and understood the service. Staff confirmed this when we spoke to them.

## Medical staffing

**The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave locum staff a full induction.**

The service had enough medical staff to keep patients safe.

The medical staff matched the planned number. The service had no vacancies for medical staff.

The service had low turnover rates for medical staff and sickness rates for medical staff were low.

The service had low rates of bank and locum staff.

Managers could access locums when they needed additional medical staff.

Managers made sure locums had a full induction to the service before they started work.

The service had a good skill mix of medical staff on each shift and reviewed this regularly.

The service always had a consultant on call during evenings and weekends.

## Records

**Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.**

Patient notes were comprehensive, and all staff could access them easily on the electronic recording system. We reviewed 20 patient records during the inspection.

When patients transferred to a new team, there were no delays in staff accessing their records. Most staff had laptops and log in details.

Records were stored securely on the electronic recording system.

## Medicines

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

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines.

# Community health services for adults

Staff reviewed patients' medicines regularly and provided specific advice to patients and carers about their medicines.

Staff stored and managed medicines and prescribing documents in line with the provider's policy.

Staff followed current national practice to check patients had the correct medicines.

The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely.

Decision making processes were in place to ensure people's behaviour was not controlled by excessive and inappropriate use of medicines.

## Incidents

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

The service had a datix incident policy and staff were familiar with this. All staff knew what concerns and incidents to report and how to report them. They gave examples of incidents including a patient fall. Staff filled in a paper incident form which was then emailed to the manager and reviewed with the clinical team.

There had not been any never events at the service. Managers shared learning with their staff about never events that happened elsewhere.

The service had a policy and process in place on reporting serious incidents. There had not been any serious incidents within the service.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if things went wrong. We saw evidence of this in responses to complaints.

Staff received feedback from investigation of incidents, both internal and external to the service. Feedback was received via email and was discussed at team meetings.

Staff met to discuss the feedback and look at improvements to patient care. Managers told us that they promoted a safe learning environment in which to nurture improvement.

There was evidence that changes had been made as a result of feedback. Improvements in the service included changing the process of administering more than one injection at a time to ensure that no mistakes were made.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations. We saw evidence of statements being taken as part of the investigation process.

Managers debriefed and supported staff after any serious incident. The registered manager told us that learning from other services was passed on to staff, in order to maintain an up to date and safe service.

# Community health services for adults

## Safety Thermometer

**The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.**

The service continually monitored safety performance.

## Are Community health services for adults effective?

Good 

This was the first inspection of the service. We rated it as good.

## Evidence-based care and treatment

**The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.**

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. We found that the service had the expected range of policies and followed guidance in several areas, including antipsychotic and analgesics overprescribing – reducing and monitoring. They followed the national institute for health and care excellence guidelines (NICE).

Staff protected the rights of patients subject to the Mental Health Act and followed the Code of Practice. The service was compliant with Mental Health Act training and staff had a working knowledge of the Code of Practice.

At handover meetings, staff routinely referred to the psychological and emotional needs of patients, their relatives and carers.

## Nutrition and hydration

**Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs.**

We saw in patient records that nutrition and hydration was considered within the care plan and where risks applied, they documented whether the patient could eat and drink independently.

Staff used a nationally recognised screening tool to monitor patients at risk of malnutrition.

Specialist support from staff such as dietitians and speech and language therapists was available for patients who needed it.

## Pain relief

# Community health services for adults

**Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.**

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. We carried out a specific review of pain management whilst inspecting patient records. We found this was thorough and all the expected actions, referrals and follow up had been made.

Patients received pain relief soon after requesting it. Staff also assessed whether patients were competent to swallow medication and sought support from the pharmacist if required.

Staff prescribed, administered and recorded pain relief accurately. We saw this during the review of patients records and medication charts.

## Patient outcomes

**Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.**

The service participated in relevant national clinical audits, including prescribing and medication audits and structured medication reviews.

Outcomes for patients were positive, consistent and met expectations, such as national standards. Managers reviewed how many patients were seen, how many had been reviewed and how many were discharged from service. Clinical teams reviewed patients monthly to establish treatment progress.

Managers and staff used the results to improve patients' outcomes.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. Pharmacists worked on stopping overmedication of patients with a learning disability, autism or both. There were audits to monitor and reduce the antipsychotic medication prescribing. Primary care staff focussed on antibiotics prescribing reduction in patients by completing a prescribing audit on broad spectrum antibiotics. Key points were then reviewed with the GP's and reduced inappropriate prescribing. The service worked closely with the working CCGs and attended regular meetings to discuss practice.

Staff used a nationally recognised tool to identify deteriorating patients and escalated them appropriately. We saw in risk assessments that risk management tools were used to measure Chronic Obstructive Pulmonary Disease (COPD) and the Asthma Control Measure to assess how well asthma was being managed.

Managers used information from the audits to improve care and treatment. There was learning in place to reduce inappropriate prescribing.

Managers shared audit outcomes and made sure staff understood the information from the audits. The pharmacists used dashboards and shared the learning to reduce inappropriate prescribing.

## Competent staff

# Community health services for adults

**The service made sure staff were competent for their roles. Managers appraised the work performance of staff and held some supervision meetings with them to provide support and development.**

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients.

Managers gave all new staff a full induction tailored to their role before they started work. The induction included mandatory training, shadowing other staff and familiarisation around the case recording systems and organisational policies.

Managers supported staff to develop through yearly, constructive appraisals of their work. Appraisal compliance was at 100% at the time of inspection.

The service had a policy on supervision. However, supervision compliance was not in line with policy at 68% at the time of inspection.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. We reviewed the team meeting minutes during the inspection and saw that they were regular, documented and shared.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Staff were encouraged to develop and were given study days to support training.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. The service had supported some of the staff through the completion of apprenticeship roles or enabled staff to complete the ILM management course.

Managers made sure staff received any specialist training for their role. Staff described an open door policy where they could discuss training needs at any time as well as identifying during the appraisal process.

Managers identified poor staff performance promptly and supported staff to improve. We saw evidence of performance management during the inspection.

## **Multidisciplinary working**

**Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.**

Staff held monthly effective multidisciplinary meetings to discuss patients and improve their care. These were attended by the GP and Dacorum Holistic healthcare team staff and other professionals involved in the patients' care.

Staff worked across health care disciplines and with other agencies when required to care for patients. This included liaison with GP's, housing and district nurses.

Staff referred patients for mental health assessments when they showed signs of mental ill health, depression. They worked closely with the patient's own GP and the community mental health teams.

Patients had their care pathway reviewed by relevant consultants and key members of the Dacorum staff team.



# Community health services for adults

## Seven-day services

### **Key services were available seven days a week to support timely patient care.**

Staff from different disciplines met weekly to review patient care, treatment and progress and plan the next steps. Patients were reviewed by the GP and other staff depending on the care pathway. Pharmacists met weekly to conduct case reviews of each patient.

Staff could call for support from doctors and other disciplines, including mental health services and diagnostic tests, 24 hours a day, seven days a week. There was an extended access team who worked until 8.30pm on weekdays and until 1pm on the weekends. Managers were on call during the evenings and at weekends.

## Health promotion

### **Staff gave patients practical support and advice to lead healthier lives.**

The service promoted healthy lifestyles and supported patients to work towards this. Staff offered support with food, nutrition, weight management, smoking cessation and diabetes management.

Staff assessed each patient's physical health when admitted and provided support for any individual needs to live a healthier lifestyle. This included a robust physical health check and ongoing reviews of physical health and referrals to a dietician who could assist with healthier eating.

## Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

### **Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used measures that limit patients' liberty appropriately.**

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff were aware of the five principles but had not had to conduct capacity checks this far. Staff completed formal training in the Mental Capacity Act as part of the mandatory training and were compliant with this. The service had a mental capacity assessment and guidance checklist, as well as a consent policy. If staff felt that the capacity of a patient had changed, they would pass on this information to the GP.

Staff gained consent from patients for their care and treatment in line with policy, legislation and guidance. Staff made sure patients consented to treatment based on all the information available.

When patients could not give consent, staff made decisions in their best interest, considering patients' wishes, culture and traditions.

Staff understood kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. This was included in the Mental Health Act mandatory training. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act and Mental Capacity Act and they knew who to contact for advice.

# Community health services for adults

Staff had not had to use Deprivation of Liberty Safeguards. Staff could describe and knew how to access policy and get accurate advice on Mental Capacity Act and Deprivation of Liberty Safeguards.

Managers monitored how well the service followed the Mental Capacity Act and made changes to practice when necessary. We saw capacity test forms in all the patient records that we reviewed, although these had not been required to be filled in.

All staff we spoke with explained the importance of gaining a patient consent prior to any treatment or interventions given. Patient consent was also sought upon referral to the service by their GP or healthcare professional, which was recorded. Nursing staff explained to patients that they could withdraw their consent at any time.

The service had a policy around consent and the Mental Capacity Act. This offered staff clear guidance around the Mental Capacity Act and included capacity to make decisions, different types of consent, withholding of consent and the refusal of treatment. Nurses we spoke with knew who to contact if they felt that the capacity of a patient had changed. They would contact the GP or relevant healthcare professional.

Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.

## Are Community health services for adults caring?

Good 

This was the first inspection of the service. We rated it as good.

### Compassionate care

#### **Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.**

We spoke with ten patients and three carers during the inspection. Overall, the feedback was positive, with the clinic staff thought of as caring, compassionate and interactive when dealing with service users and carers. Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful, considerate and encouraging way. Many appreciated being cared for by specialist nurses who for the most part were getting good results with regards to healing and treating leg ulcers. According to two patients, the clinics sometimes ran late.

One patient said that staff were very good at keeping them up to date and that they phoned afterwards to do a well-being check.

Patients confirmed that staff made referrals to other agencies, and one said that they had been supported to apply for a blue badge.

Patients said staff treated them well and were kind and caring in their interactions. All ten patients reported that staff were knowledgeable, supportive and kind in delivering care. They said that staff always maintained their privacy and dignity and were mindful of the pain that they may be in.

# Community health services for adults

Staff followed policy to keep patient care and treatment confidential. All patients were seen in a private area and records were stored electronically.

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients with mental health needs.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. Staff offered a regular day and time slot to patients, or they were flexible depending on the needs of the patient and commitments of carers.

## Emotional support

**Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.**

Staff gave patients and those close to them help, emotional support and advice when they needed it. Patients said that staff worked hard to develop a caring relationship and that they were good listeners.

Staff supported patients who became distressed in an open environment and helped them maintain their privacy and dignity. Patients said that staff recognised that leg ulcers could be painful, and they were sympathetic and thoughtful. There were always private rooms available.

Staff undertook training on breaking bad news and demonstrated empathy when having difficult conversations.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. Patients confirmed that staff made referrals to other agencies, and one said that they had been supported to apply for a blue badge.

## Understanding and involvement of patients and those close to them

**Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.**

Staff made sure patients and those close to them understood their care and treatment. They explained treatment, progress and changes to patients and carers. All three carers said that they had been involved and kept up to date with patient care. All three carers felt that the service made a positive difference to their relative.

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. Staff told us that they used resources from clinical commissioning groups to communicate with people who had language and communication needs. Staff working with patients with learning disabilities supported them by giving extra time to explain treatment and care and understand the decisions made. They gave the example of working closely with a patient to understand why they needed their COVID-19 vaccine. A learning disabilities care co-ordinator had been employed to ensure that patients were getting the care that they needed.

# Community health services for adults

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. This was done by contacting the service and speaking with staff or sending emails, rather than using a formal feedback questionnaire. Managers followed up on individual feedback but needed a more robust system for the routine review of themes and trends.

Staff supported patients to make advanced decisions about their care.

Staff supported patients to make informed decisions about their care. We saw evidence of this in patient records which showed person centred goals which were a clear reflection of the patient's voice. Staff that we spoke with were committed to supporting patients to lead on their recovery.

We saw many complimentary emails and cards from patients and carers during the inspection.

## Are Community health services for adults responsive?

Good 

This was the first inspection of the service. We rated it as good.

### Service planning and delivery to meet the needs of the local people

**The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.**

Managers planned and organised services, so they met the changing needs of the local population. The registered manager was a member of the health and care partnership board. The board held bi monthly meetings and these meetings had presentations on what was being done differently. This enabled the service to stay involved in what was going on in the wider healthcare community. The registered manager also attended the transformation board alongside the clinical commissioning groups and cascaded down the learning from the partnerships. The service was very integrated into the healthcare network nationally and locally and looked at the whole wider system.

Facilities and premises were appropriate for the services being delivered. Services were delivered in GP surgeries.

Staff could access emergency mental health support 24 hours a day seven days a week for patients with mental health problems, learning disabilities and dementia.

The service had systems to help care for patients in need of additional support or specialist intervention. There was a smooth referral process in place for mental health patients, continence services, social services and for communication such as speech and language therapy.

Managers monitored and took action to minimise missed appointments. Staff were flexible with appointment times and proactively discussed this with patients who were newly referred to the service.

Managers ensured that patients who did not attend appointments were contacted. Staff telephoned patients if appointments were missed and offered an alternative date.

# Community health services for adults

The service relieved pressure on the GP and other departments when they could treat patients in a day. A key focus for the service was to treat patients more quickly as the GP surgeries often lacked capacity to offer prompt appointments.

## Meeting people's individual needs

**The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.**

Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs. There was a learning disabilities care co ordinator and staff could refer to the older adults and community mental health team to support patients.

Staff supported patients living with dementia and learning disabilities by using 'This is me' documents and patient passports.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. They used physical and sensory aids to assist with supporting patients.

The service did not have information leaflets available although there was a plan in place to develop this.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. However, staff sometimes relied upon carers and the GP interpreting for patients.

Staff had access to communication aids to help patients become partners in their care and treatment.

## Access and flow

**People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.**

There was no waiting list and no waiting times. Patients could access services when needed and received treatment within agreed timeframes and national targets.

Managers monitored waiting times and made sure patients could access emergency services when needed and received treatment within agreed timeframes and national targets. There was no waiting list at the time of inspection.

Managers and staff worked to make sure patients did not stay within the service longer than they needed to. Staff worked hard to provide prompt intervention in patients physical health to promote effective improvements and then withdrew when this was achieved.

Managers worked to keep the number of cancelled appointments to a minimum. When patients had their appointments cancelled at the last minute, managers made sure they were rearranged as soon as possible and within national targets and guidance. This happened rarely as other staff would cover for a colleague's absence. The service had access to GP records and could check if the patient had moved or been admitted to hospital

# Community health services for adults

Managers and staff worked to make sure that they started discharge planning as early as possible. We saw this in the ten patient records that we reviewed during the inspection.

Staff planned patients' discharge carefully, particularly for those with complex mental health and social care needs. Referrals were made to other specialists or agencies and information was given to patients to assist with this.

The number of patients leaving the service before being seen for treatments was low.

Staff supported patients when they were referred or transferred between services.

Managers monitored patient transfers and followed national standards.

## Learning from complaints and concerns

**It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.**

Patients, relatives and carers knew how to complain or raise concerns. Patients told us that this was explained to them on entry into the service. Complaints could be made by telephone, email, letter or verbally.

We did not see information displayed about how to raise a complaint.

The service had a complaints policy in place which staff adhered to. The policy was to respond within 40 days and keep the complainant up to date every 10 days. There was information about advocacy within the policy. Staff understood the policy and knew how to handle complaints.

Managers investigated complaints and identified themes. We carried out a review of the three complaints that had been received over the last twelve months. They had all been acknowledged, investigated and outcomes sent within policy timescales.

Managers shared feedback from complaints with staff and learning was used to improve the service. Lessons learned were discussed at team meetings, huddles and supervision.

Staff could give examples of how they used patient feedback to improve daily practice. Staff gave the example of a new process on giving vaccines to patients. Each new process was followed up and reviewed after two weeks to ensure that the process was being followed.

The service routinely received compliments from patients. Compliments, and the recording of compliments, was outlined in the complaints and compliments policy.

Staff were aware of the compliments; we saw communications between management and staff ensuring that compliments were related to staff and recorded in relevant locations.

## Are Community health services for adults well-led?

# Community health services for adults

Requires Improvement 

This was the first inspection of the service. We rated it as requires improvement.

## Leadership

**Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.**

There was compassionate, inclusive and effective leadership at all levels.

Leaders had the skills knowledge and experience to deliver high quality personalised care. Leadership development was embedded into the service and there was a strong culture of staff development across all levels of service. Staff were encouraged to request specialist or management training and were supported with any challenges that may arise.

Leaders had some knowledge of the priorities, risks and challenges in their service; however they had not used this to fully develop and improve service delivery and staffing.

## Vision and strategy

**The service had an informal vision for what it wanted to achieve but no formal strategy to turn it into action. The vision and strategy were not clearly focused on sustainability of services and aligned to local plans within the wider health economy. Staff did not know how to apply them, and leaders could not monitor progress.**

Managers were confident and knowledgeable about the wider health economy. The service planned to expand and wanted to draw in the directors of hospital trusts whilst continuing to bring in the allied health professions. Leaders were working towards a more preventative role by moving towards health promotion. There was a plan to create an app and have a website which helped people find healthy activities and targeting patients who could be encouraged to engage in a healthier lifestyle.

However, there was no formal documented strategy and no vision and values. Staff could not say anything about the vision and values across the organisation and were therefore unaware of whether they were using these in their everyday work. Managers lacked oversight and could not monitor this within their service.

## Culture

**Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.**

Staff that we spoke with were very proud of the service and spoke highly of colleagues and managers at all levels. Teams were collaborative and cohesive and shared a determination to deliver high quality sustainable care. There was a strong organisational commitment and some effective systems and processes in place to ensure that equality and inclusion underpinned the service.

# Community health services for adults

## Governance

**Leaders operated some effective governance processes, within the service and with partner organisations. Staff were not clear at all levels about their roles and accountabilities and had some opportunities to meet, discuss and learn from the performance of the service.**

There were some governance processes in place which were embedded into the service and enabled leaders to effectively manage the service. We saw in the minutes of the staff meetings and staff huddles that some governance processes generally worked effectively. The senior leadership team met weekly, were very visible within the service and communicated promptly with teams on planned changes.

Leaders had not set organisational performance benchmarks for key performance indicators or had devised an organisational audit calendar. This meant they were not able to effectively measure the success of the service. For example, the supervision policy said that staff should receive supervision every three months, but data showed that they were not compliant with this at 68%. Leaders did not take action around supervision compliance as they had not set their benchmark of compliance of what should be achieved. Management oversight of organisational performance was not sufficiently robust.

There was a plan to create information leaflets for patients, carers and stakeholders but at the time of inspection this had not been achieved. The absence of leaflets, including some in different languages impacted on accessibility to the service. This could impact on the overall performance of the organisation.

## Management of risk issues and performance

**Leaders and teams did not have robust systems to manage performance effectively. They could not always identify and escalate relevant risks and issues and identify actions to reduce their impact. However, they had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.**

The organisation had some systems and processes in place to manage current and future performance. Outcomes and key performance indicators were not being formally measured across the service and it was therefore difficult to measure the success of the service. The provider hadn't set goals and targets of acceptable achievement. There was no benchmark or goals for the audit programme, which meant risks were not effectively identified.

Where challenges arose, leaders dealt with them quickly and effectively. The staff team was well supported by the wellbeing program and we saw examples of challenges being dealt with promptly by managers.

## Information management

**The service collected some reliable data and analysed it. Staff could not always find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. Notifications were consistently submitted to external organisations as required.**

The information used in reporting, performance management and delivering quality care was not sufficient. There was not a demonstrated commitment at all levels to sharing data and information proactively to drive and support internal decision making as well as system-wide working and improvement.



# Community health services for adults

## Engagement

**Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.**

The service worked closely with partners to ensure that the commissioned health care was meeting the needs of the population.

There were forums and locality meetings and managers engaged with staff, patients and the public through these. The registered manager and senior managers worked closely with GP practices. Primary Care directors met monthly and then locally met with staff and patients from the locality twice per month. There was a forum with practice managers and GP's from each practice once a month.

Senior managers took part in weekly meetings with the managing director and finance director, as well as taking part in monthly board meetings. Managers felt that they could give feedback leading to service development, and that senior management was always open to suggestions on how to improve the service.

However, there was an over reliance on family members or the patients' GP instead of accessing the interpreter service. Patients should have always been given the option to have an interpreter to ensure that there was an independent flow of accurate information. Leaders had not recognised that this may create a lack of independence and confidentiality.

## Learning, continuous improvement and innovation

**All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.**

There was a focus on continuous learning and improvement at all levels of the organisation, including through appropriate use of external accreditation and participation in research. There was knowledge of improvement methods and the skills to use them at all levels of the organisation. There was a training hub in west Hertfordshire which all localities could access. Staff had access to a training supervisor one day per month to learn about topics they had chosen. Staff were encouraged to use the information and align their performance with any changes required. This was discussed at team meetings and supervision.

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

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The service must ensure that managers provide regular supervision to staff in line with policy. Leaders must ensure that they have robust oversight of this. Regulation 18 (2)

#### Regulated activity

#### Regulation

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

- Managers must ensure that there is a formal strategy and a clear set of vision and values. Managers must ensure that these are conveyed to staff and that the service is appropriately monitored to ensure that all staff work to the vision and values. Regulation 17 (1) (2)
- Managers must ensure that outcomes and key performance indicators are formally measured across the service. Managers must set benchmarks and goals across an organisational audit programme. Regulation 17 (1) (2)
- Managers must ensure that leaflets in different languages are produced for patients, carers and stakeholders to promote accessibility to the service. Regulation 17 (1) (2)

#### Regulated activity

#### Regulation

Treatment of disease, disorder or injury

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

This section is primarily information for the provider

## Requirement notices

- Managers must ensure that patients are always given the option to have an interpreter to ensure that independence and confidentiality are maintained. Regulation 10 (1) (2)