

Kendal Lymphology Centre Limited

Kendal Lymphology Centre

Inspection report

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Date of inspection visit: 16,17 and 20 May 2022
Date of publication: 26/07/2022

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

Outstanding 

Are services safe?	Good 
Are services effective?	Outstanding 
Are services caring?	Outstanding 
Are services responsive to people's needs?	Good 
Are services well-led?	Good 


Summary of findings

Overall summary

- The service provided safe care. The premises where clients were seen were safe and clean. Staff assessed and managed risk well and understood good practice with respect to safeguarding.
- Staff developed holistic, recovery-focused care plans informed by a detailed assessment. They provided a range of treatments suitable to the needs of patients and in line with national guidance about best practice. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The teams included or had access to the full range of specialists required to meet the needs of patients in their care. The manager made sure the staff received training, supervision and appraisal. Staff worked well together as a therapy team and as a larger multidisciplinary team with relevant services outside the organisation.
- Staff treated patients with compassion, kindness and respect, and truly understood the individual needs of patients. There was a strong person-centered culture which was incorporated into all aspects of the service.
- Feedback from people who used the service was overwhelmingly positive and we were told that staff always went the extra mile to support patients. Staff actively involved patients in all decisions about their care. Staff identified groups of people with specific needs and developed pathways and guidance to provide tailored support and helped those patients overcome barriers that were stopping them from achieving their goals.
- The service was easy to access and staff made reasonable adjustments to enable patients to access the service in a way that met their needs and preferences.
- Staff planned and managed discharge well and had alternative pathways for people whose needs it could not meet.
- The service was well led, and the governance processes ensured that its procedures ran smoothly. Staff felt very well supported by the manager, who they felt was very approachable and knowledgeable.
- Collaborative work between the service and its partner organisations was highly effective and focused on meeting the needs of the patients. The service was innovative and ensured it was up to date with new ways of working.
- The service had effective systems in place for gathering feedback from patients which were used to improve the service. The service gathered and used data effectively and worked with national and international organisations to improve the treatment of lymphoedema and lipedema.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Community health services for adults	Outstanding 	

Summary of findings

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Summary of this inspection

Background to Kendal Lymphology Centre

Kendal Lymphology Centre provides specialist treatments and rehabilitation for patients across South Cumbria, Morecambe Bay. The service provides early intervention in the management of lymphoedema, consisting of lymphoedema management, advice, and information to prevent swelling, reduce progression/complications, and help patients to self-manage their condition. The service uses the four cornerstones of lymphoedema management used to reduce and control swelling:

- Compression: bandaging, compression garments and intermittent pneumatic compression devices
- Lymphatic drainage: manual lymphatic drainage (MLD) and simple lymphatic drainage (SLD)
- Exercise
- Skin care

In addition, the service offers advice and support on weight management and acute or chronic infection. Both the specialist and non-specialist workforce have a key role in caring for patients with lymphoedema. The knowledge and skills of the various professionals involved in lymphoedema care have been clearly outlined by the British Lymphology Society and adherence to National Institute for Clinical and Health (NICE) guidelines.

They deliver treatment to both cancer and non-cancer patients who are living with the lifelong condition of lymphoedema through three satellite clinics. Two clinics are based in hospices in Lancaster and Ulverston and one at Furness General Hospital in Barrow-in-Furness.

They are registered to provide the regulated activity of treatment of disease, disorder or injury. There is a registered manager in place.

Care Quality Commission (CQC) have previously inspected this location before. However, it has not previously been rated.

How we carried out this inspection

Before the inspection visit, we reviewed information that we held about the location and asked other organisations for information.

During the inspection visit, the inspection team:

- spoke with five patients and one carer face to face and eight patients by telephone
- spoke with three staff including the office manager, the service manager and specialist therapist
- observed care and treatment being delivered to one patient
- checked three treatment rooms and patient and staff rooms
- looked at five patient records
- looked at a range of policies, procedures and other documents relating to the running of the service.

Summary of this inspection







Outstanding practice

- The service had collaborated with companies and devised numerous ways to help patients. This included reaching out to a national paint company to provide small rollers to help patients with head and neck cancer use these rollers for facial massage to reduce swelling. This had resulted in funding being made available for a company to provide face and neck rollers for patients living with lymphoedema.
- The service had worked with a compression company who funded a bra guide that Kendal Lymphology Centre developed so breast cancer patients could more easily find bras to fit them should they have breast oedema following surgery.

Our findings






Overview of ratings

Our ratings for this location are:

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



Community health services for adults

Safe	Good 
Effective	Outstanding 
Caring	Outstanding 
Responsive	Good 
Well-led	Good 

Are Community health services for adults safe?

Good



Mandatory Training

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

Nursing, therapy and office staff received and kept up to date with their mandatory training. The registered manager was also a nurse registered with the Nursing and Midwifery council and had completed her three-yearly revalidation.

The mandatory training was comprehensive and met the needs of patients and staff. Managers monitored mandatory training and alerted staff when they needed to update their training. Mandatory training included, infection control, fire safety, health and safety, basic life support, safeguarding children and adults and lone working as some examples.

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.

All staff received training specific for their role on how to recognise and report abuse. The registered manager was a safeguarding lead and policies and procedures were available to support staff if needed. The service provided information on the local authority and NHS acute trust safeguarding contact details to patients so they could contact these services independently.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. This included sharing information with other services and families.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and knew how to contact other agencies to protect them.



Community health services for adults

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Information and contact telephone numbers were clearly visible in the office area and staff knew where to access these. Staff followed the local area safeguarding policies regarding vulnerable adults and children.

Staff followed safe procedures for children visiting the centre.

Cleanliness, infection control and hygiene

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

The clinic treatment areas were clean and had suitable furnishings which were clean and well-maintained. Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly.

Hand washing facilities and personal protective equipment and hand sanitiser were readily available on entering the service for patients, staff and other visitors supporting patients. Staff wore face masks, gloves and aprons when treating patients. Hand sanitising gel was available for staff and people who used the service.

Staff followed infection control principles including the use of personal protective equipment (PPE). The service purchased their own PPE, and this was available for patients and their carers on entrance to the premises. Staff continued to take steps to reduce the risk of spreading COVID-19 by wearing face masks. When patients arrived for an appointment, they had to contact the office manager before entering the building to check current COVID -19 restrictions in place at that time. Patients told us the service followed government guidelines and re-opened when it was possible and delivered a COVID -19 safe environment.

Staff cleaned and sanitised equipment after patient contact. The centre employed a cleaner and staff told us that they took responsibility for ensuring that each treatment room was cleaned and sanitised before and after they delivered any care to people. The treatment rooms we saw were clean and ready for use.

Hygiene audits were completed monthly and hand washing competence checklists for staff were also completed.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well.

Staff followed the services' lone working policy when providing treatment. They did not wear personal alarms, if staff needed help, they would contact the receptionist or manager for assistance.

Staff carried out daily safety checks of the clinic environment, including the waiting area and clinic rooms each month to make sure the equipment and facilities were. All necessary electrical equipment had been tested and stickers were present on the equipment to identify when it had been checked. A certificate of portable appliance testing was also displayed in the reception.

Staff disposed of clinical waste safely. This was collected weekly by a specialist waste disposal company. There was a dedicated first aider and they had received recent revalidation training.



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.

Staff completed risk assessments for each patient prior to their first appointment. Information relating to risks was obtained from patients, their GP's and other services involved in their care and treatment, for example specialist cancer services. All patients received an initial assessment during their first appointment. This was updated by the clinical lead at each appointment. Information about risk included the most predicted cause of fluid retention and emergency contact numbers.

Staff knew about and dealt with any specific risk issues. For example, patients told us staff explained the risks from incorrect fitting of compression garments and how to monitor changes in skin colour and condition so they could contact the service for further advice.

The service had contact numbers to specialist mental health support should they have concerns about a patient's mental health.

Staff shared key information to keep patients safe when working with or handing over their care to others. They maintained close links with the referring agencies and other specialist services involved in their care. This ensured continuity of care and treatment was facilitated. A discharge process was in place and patients could access supportive care on discharge or self-refer into the service if needed.

At the beginning of each clinic day the staff team met to discuss all necessary key information to keep patients safe.

Staffing

Nurse staffing

The service had enough nursing and therapy staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.

The service had enough nursing and support staff to keep patients safe. The lymphology team had specialist skills in assessment, measurement of and advising on the right prescription, and application of all types of compression garments.

Staff had completed online training provided by NHS Health Education England and Public Health England.

The service had low turnover and sickness rates. The service used a bank nurse consultant who had worked for the service for 10 years but did not use agency staff.

The service manager could not adjust staffing levels daily as the funding they received determined the staffing levels, though could prioritise patients referred to the service. The service was not commissioned for urgent assessment and treatment.

Medical staffing



Community health services for adults

The service did not employ any medical staff but worked closely with patients GPs and would refer patients back to their doctor should they need medical input.

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. Patient information was electronically stored with accompanying essential paper notes stored securely, with access to the services own electronic patient records and commissioner patient records. We looked at five patient treatment records.

Individual records contained correspondence with GPs and stated the reasons for referral. We saw copies of the letters sent by the service to people's GPs regarding the treatment provided, prescriptions and recommendations for future care. For example, compression hosiery for a bariatric patient, which supported the patient's lymphatic system to drain fluid more efficiently. This request had been made in line with good practice guidance from the British Lymphoedema Society (BLS).

Medicines

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

The service did not prescribe, administer, record or store medicines.

They helped patients to order the right lymphoedema products and compression bandages and liaised with the patient's GP.

The service kept some compression products in stock, and these were stored securely. There was a system in place to check the stocks of creams and lotions used with equipment or for treatments. This was done monthly to make sure all items used were in date.

Incidents

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

All staff knew what incidents to report and how to report them. The service had no serious incident or never events. Any reported incidents and learning from incidents were discussed by the staff team at the clinical meetings and these were a standing agenda item. Staff understood the duty of candour process and how to adhere to this.



Community health services for adults

Are Community health services for adults effective?

Outstanding



Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Staff protected the rights of patients in their care.

The service standards were based on the Lymphoedema Framework Best Practice for the Management of Lymphoedema (2006) International Consensus.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The service provided a wide range of information and literature about Lymphoedema and related conditions, treatment and support which were available to people to take away with them after treatment. There was also supporting information for patients on how to contact the national lymphoedema support network and other services offering advice, support and guidance for example, on stopping smoking and weight loss.

The service followed guidelines from the British Lymphology Society (BLS) and British National Formulary (BNF) on the use of wound management products and elasticated garments. There were treatment pathways in place, which the service had developed dependent upon the support and treatment patients required. These pathways explained the treatment for cancer and non-cancer patients based on guidance from the British Lymphology Society.

Opportunities to participate in benchmarking and peer review were proactively pursued. The service participated in relevant national and international research, for example in 2020 the Lipoedema myths and fact's part 5, European Best Practice of Lipoedema, which addressed myths and facts about the Lipoedema and best practice and treatment. The research was used as guidance by health care professionals to promote best practice in the treatment of lymphoedema.

During the COVID-19 pandemic, the service worked with the Lymphoedema Support Network (LSN) to produce lymphoedema specific advice and guidance for patients and other lymphoedema services to use, including documentation such as risk assessments.

The service was also a regional ambassador for the British Lymphoedema Society. The role included increasing lymphoedema awareness, increasing partnership working and promoting lymphoedema awareness week.

There was a truly holistic approach to assessing, planning and delivering care and treatment to all people who used the service. The five care plans we saw were patient-centred and included patient's treatment goals and objectives which were clearly stated.

Nutrition and hydration

Staff regularly checked if patients were eating and drinking enough to stay healthy and help with their recovery.

Staff made sure patients had enough information regarding diet, including those with specialist nutrition and hydration needs.



Community health services for adults

Staff fully and accurately completed patients' fluid and nutrition information where needed. Where concerns were identified staff liaised with patients GP's regarding referral of individual patients to dietetic services.

Pain relief

Staff assessed patients' pain using a recognised tool at their first assessment reviews. Any medicines for pain relief were prescribed and monitored by patients GP's.

Staff monitored patients regularly to see if they were in pain, especially when advising on the type of compression garments to wear. Patients told us staff monitored their pain over time and with the use of compression garments and other treatments, their swelling and pain reduced. To support this the staff taught carers and relatives to use manual and simple lymphatic drainage to reduce swelling and alleviate pain. Patients told us how using compression therapy and massage had localised swelling and reduced pain, which also had a positive impact upon their mental health and mobility.

Patient outcomes

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

Outcomes for patients were positive, consistent, and met or exceeded expectations, such as national standards. The service produced three case studies for commissioners and patients to highlight the health benefits of being treated at the clinic. All three case studies showed improved patient outcomes over a shorted time period than previous treatment received elsewhere.

Staff were actively engaged in activities to monitor and improve quality and outcomes. The service used clinical audits to monitor patient outcomes, for example assessing treatment and prevention of cellulitis with outcome themes deemed important to patients and health care professionals from the University of Nottingham. One audit of 200 case notes showed that once the lymphoedema had been treated at the service, only one patient had a further episode of cellulitis 12 months later. In a follow up survey, 98% of patients reported they were more knowledgeable about cellulitis and how to recognise it, so could get early intervention to self-manage it.

The service sought feedback from patients on a regular basis throughout the patient journey. At assessment and after every review, patients completed an online questionnaire that provided a numerical score for comparison to previous reviews. This showed the patient and the staff the improvement made in their treatment. The service produced a monthly report which managers and staff used to monitor and improve patient outcomes. They recorded circumferential limb measurements, hosiery measurement forms, and took photographs to measure the patient's outcomes and improvements.

Evidence based techniques and technologies were used to support the delivery of high-quality care. The service had seen some positive outcomes for patients using photo biomodulation (PBM therapy or low- level laser therapy). This was the application of red and near infra-red light over injuries or lesions to improve wound and soft tissue healing, reduce inflammation and give relief for both acute and chronic pain. The low-level laser device was approved by the National Institute for Health and Care Excellence. We saw the reviews of two patients being treated with PBM for swelling in the facial area. Over a three to four-week period the facial swelling of these patients significantly reduced, with improved function in breathing and eating.



Community health services for adults

Between 01 February 2022 and 30 April 2022, the service discharged 24 patients. Feedback from patients was either good, very good or excellent. Patients reported they had less pain, improved mobility, clothes/shoes fitted better, improved mental health and reduced cellulitis infections. In addition, patients reported improved skin care knowledge, improved exercise knowledge, improved cellulitis knowledge and improved compression garment and healthy eating knowledge. Other positive outcomes included improved work, life and recreational improvements and improved lymphoedema size/shape.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. These audits included fire risk assessments, patients' files, hygiene, donning and doffing, dressings, and creams. Managers used information from the audits to improve care and treatment. Managers shared and made sure staff understood information from the audits and information was cascaded through the team meetings.

Competent staff

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

The continuing development of the staff's skills, competence and knowledge was recognised as being integral to ensuring high quality care. All staff had completed an induction which was comprehensive and equipped staff with the necessary training. Staff were provided with a lymphology specific induction, which included the service care pathway, referral to discharge focused on patient self-management, consent to treatment, completion of patient records and care plans and use of measurement of hosiery products and use of a moisture meter.

Staff demonstrated their knowledge around high compression products used to provide the high compression needed for the management of conditions such as venous leg ulcers, and gross oedema in average-sized limbs. They used their expert knowledge of the elastic properties of the products and experience in the technique of providing careful graduated compression to help patients understand and manage their condition.

Staff completed a vascular assessment to ensure compression garments were safe and followed the British Lymphoedema Society guidelines before recommending compression garments. If staff had concerns around vascular capability, they would refer patients to the local acute trust vascular teams before using a compression garment. Patients had been shown how to fit their garments correctly and understood that using the incorrect application of a garment could lead to uneven and inadequate pressures or to hazardous levels of pressure.

Between January 2021 to April 2022, the service received 149 returned questionnaires from patients on their experience of their first visit to the service. One hundred percent of patients reported that staff were knowledgeable about their condition, patients were treated with dignity and respect, staff listened to their concerns/questions, were involved in treatment options, given advice/guidance about treatment options and given time to discuss their needs.

Managers supported staff to develop through yearly, constructive appraisals of their work. There was an appraisal schedule in place. Supervision for staff had been scheduled regularly with an external clinician, but some supervisions had been cancelled and rearranged due to staff choice. However, staff told us that should they need to discuss any issues there was always support available from the team and the manager. Staff surveys were completed anonymously, and positive feedback was received from all the staff.



Community health services for adults

The manager supported the learning and development needs of staff. Staff were encouraged to attend national training as well as providing learning and development within the clinic. They had a morning meeting where staff could discuss any needs or problems. Staff had an hour a month of protected study time and additional clinic time for agreed training courses.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. They had a formal clinical meeting approximately every four to six weeks. Staff received an annual personal development review.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. The manager made sure staff received any specialist training for their role.

Staff attended regional and national Lymphoedema conferences.

Multidisciplinary working

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

Staff, teams and services were committed to working collaboratively and had found innovative and efficient ways to deliver more joined-up care to people who use services. The service introduced an improved electronic prescription pathway between patient's GP's, pharmacies, and suppliers. This made sure patients received their compression garments quickly, saving patients having to cancel appointments at the clinic for their hosiery garment fitting. Feedback from a GP practice praised the service for introducing an email prescription request, which meant a prescription for a compression garment or product was issued to the pharmacy and then onto the supplier. This had saved the surgery up to five working days and prescriptions were then issued within 24 hours.

The service worked with other professionals and regularly made referrals into community district nurses, practice nurses, tissue viability nurses and clinical nurse specialists. They also made referrals to social care services and psychiatric teams as required. They held clinics in two local hospices and within a general hospital. This enabled the service to work alongside other healthcare professionals to benefit patients. GPs and other healthcare professionals received correspondence from the service after every review of the patient.

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. There was liaison with district nurses, specialist cancer care nurses, hospices at home services for patients that received palliative care. Staff contacted patients' multidisciplinary team as and when they needed to update them on their treatment.

Patients had their care pathway reviewed by relevant consultants overseeing their care. For example, a patient was supported by the service to access specialist cancer surgery, which would require treatment for lymphoedema. The patient told us how the service supported them to attend appointments with the surgeon, so the staff would understand the surgery after care. This included the patient attending the service daily for several weeks for compression, massage and other treatments while several kilograms of fluid were drained. The patient told us their consultant was very complimentary in how the service engaged in their care pathway.

Health promotion

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



Community health services for adults

Staff were consistent in supporting people to live healthier lives. In 2022 the Lymphoedema Support Network, British Lymphology Society, Lipoedema UK and several manufacturers wrote to the provider to feedback on the registered manager's and service contribution to promoting the recognition and treatment of lymphoedema and lipoedema. The feedback highlighted that the registered manager was a trustee of one organisation, had contributed to guidance and gave clinical advice to scientific, medical and clinical staff. The service had also set up processes for patients to receive compression garments in a timely way and used their knowledge of chronic diseases to help influence the design of compression garments based on individual patients who attended the service. The registered manager was also a founder member of the International Lymphology Association and member of the Children's Lymphoedema Specialist Interest Group in educating parents.

The service had relevant information promoting healthy lifestyles and support agencies locally and nationally. Information and leaflets were available in the patient waiting areas.

Specific information was given to patients according to their condition and packs were available to patients who had been referred into the service with neck and throat cancers.

Information in various formats and advice, leaflets, literature and equipment were on display along with appropriate displays and educational material. Information was also on the service website and Facebook page, with links to the British Lymphoedema Society.

Staff assessed each patient's health when referred to the service and provided support for any individual needs to live a healthier lifestyle. Staff discussed general health promotion with patients which included mobility, weight management and smoking cessation.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff gained consent from patients for their care and treatment in line with legislation and guidance.

Staff could describe and knew how to access policy and get accurate advice on Mental Capacity Act. Managers monitored how well the service followed the Mental Capacity Act and made changes to practice when necessary.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 and the Children Acts 1989 and 2004 and they knew who to contact for advice.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff made sure patients consented to treatment based on all the information available and clearly recorded consent in the patients' records. During the initial assessment, the patient and the service completed a consent form. We saw that these had been completed in the five records we looked at.

Are Community health services for adults caring?



Community health services for adults



Compassionate care

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

Patients were truly respected and valued as individuals and were empowered as partners in their care, practically and emotionally, by an exceptional and distinctive service. Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. We observed staff speaking with patients in a kind and compassionate manner. During the treatment session we observed, we saw staff covered the patient's body, so they were not exposed, and privacy curtains were drawn throughout treatment. All 12 patients and one carer we spoke with said staff were compassionate, caring, and provided a service which exceeded their expectations. Patients told us, they or their spouses or carer's views, were always considered when discussing their care and treatment.

Patients said staff treated them well and with kindness and their questions around treatment were always answered with dignity, especially when related to cancer care. Patients were continually positive about the way staff treated them and said staff went above and beyond what they expected the service to provide for them. For example, staff delivering hosiery items to patient's homes and ensuring they had enough food items during the COVID-19 pandemic. Patients were supported to attend bandaging courses so they could manage their own care. Patients said they could contact the service for advice and guidance, and if necessary were offered an appointment to see a therapist if they had a concern.

Staff followed policy to keep patient care and treatment confidential. All 12 patients told us information about their care and treatment was always discussed in the privacy of the treatment room, including updating their care plans.

Staff understood and respected the personal, cultural, social, and religious needs of patients and how they may relate to care needs.

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 told us staff motivated them and they were inspired to improve their wellbeing by staff who were caring and promoted their dignity.

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 highlighted the psychological support they received from staff who had also a lived experience of lymphoedema and who understood the impact this had upon their lives. Patients told us staff encouraged them to speak about the challenges they faced related to their lymphoedema, for examples the psychological impact of



Community health services for adults

recurrent leg ulcers and cellulitis infections, and the impact this had on their work life balance. Two patients identified how within weeks of receiving treatment at the service their conditions, which had been treated by their GP for several years, improved because staff understood their experience. This had supported these patients to improve and maintain their jobs, which in turn improved their mental health.

Staff undertook training on breaking bad news and demonstrated empathy when having difficult conversations. An example given, was a patient changing their therapist because of the anxiety they had about their diagnosis and the experience of the therapist. A more experienced therapist was offered, which helped the patient's anxiety to reduce and talk about their diagnosis and treatment.

Understanding and involvement of patients and those close to them

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

Friends and family tests were completed with patients and their families and collated figures showed that 100% stated they would be 'extremely likely' to recommend the service to friends and family if they needed similar care. Some comments received stated "The care given here is outstanding and really works. You are heard, respected, and given dignity." "Friendly and welcoming staff, smiles as you walk in. A lovely calm, attractive and relaxing environment. They explained everything very clearly and took time to really talk and listen and offer solutions."

Staff made sure patients and those close to them understood their care and treatment. Patients referred into the service had access to one to one time. This provided the patient with an understanding of their care and treatment as well as education about their conditions. This was to ensure the patients were confident to continue their treatment at home or in the community. The spouse of a patient we spoke with told us they received guidance and training on simple lymphatic drainage and fitting compression stocking correctly, so they could support the patient at home by continuing this treatment. This had helped the patient's appointments to move to 6 monthly, and appointments were made to suit the travelling distance and time it took to attend the service.

Staff talked with patients, families, and carers in a way they could understand, using communication aids where necessary. Patients said the service had an accessible website and any clinical or medical terms were explained to them in plain English, so they understood their care and treatment.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Feedback from patients was collated into a monthly report. This captured where the information had come from. An example of this was when any thankyou cards had been received, emails or letters as well as capturing the number of questionnaires received in a month. The report outlined the total number of feedbacks from patients and since April 2021 to March 2022 there had been 821 recorded feedbacks from patients and family and friends.

Staff supported patients to make informed decisions about their care and patients told us they were involved in setting their own treatment goals, which were include in their individual care plans.

Patients gave positive feedback about the service. All 12 patients and one carer we spoke with said they could provide feedback direct to the registered manager, receptionist and therapists. Patients said therapists offered and completed feedback questionnaires at the end of each treatment session with them, as they valued feedback to improve the service.



Community health services for adults

Are Community health services for adults responsive?

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 the service, so it met the changing needs of the local and wider population. They worked with the local commissioners, the local acute hospital trust, hospices and patients from outside of the North of England to continually deliver services and to address any diverse ways of working within the population they provided a service to. For example, offering services to children and adults outside of the North West of England.

Facilities and premises were appropriate for the services being delivered. They had recently identified that some of the population accessing the service required bariatric equipment to allow safe access to the clinic and receive treatment. The equipment was purchased, and this has allowed the clinic to provide treatment to these patients. Feedback from two bariatric patients we spoke with told us this equipment was not available in other services, or in services in other areas, so attended the service because it had this equipment and experienced staff. Patients also commented upon how comfortable and relaxing the service was, offering ground floor facilities, with comfortable seating, including bariatric chairs.

Staff could access support for patients with mental health needs, learning disabilities and dementia. Information was readily available to staff with local team's contact numbers.

Managers monitored and took action to minimise missed appointments. Managers ensured that patients who did not attend appointments were contacted by the receptionist to rearrange their appointment. Letters were sent to the patients GPs when they had missed two appointments and their care was discharged back to the GPs. All the patients we spoke with said they could contact the service for advice and guidance and were offered an appointment if needed.

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. Specific information was available for the treatment of Lymphoedema for dementia patients. In 2019, a practitioner at the service also had an abstract article published in the journal of prescribing practice for practitioners, who supported a patient living with dementia who had lymphoedema. The abstract made good practice recommendations to support patients comply with their treatment, with the aim of achieving positive outcomes.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss.



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The service had information leaflets available in languages spoken by the patients and local community.

Managers made sure staff, patients, loved ones and carers could get help from interpreters or signers when needed.

The design of the environment followed the Equality Act 2010 and made reasonable adjustments to the environment, for example a ramp was available on entering the building. Doorways had been widened to allow access for patients who used a wheelchair, and a disabled toilet was available with the necessary aids and adaptations.

Staff carried out daily safety checks of the clinic environment, including the waiting area and clinic rooms each month to make sure the equipment and facilities were. All necessary electrical equipment had been tested and stickers were present on the equipment to identify when it had been checked. A certificate of portable appliance testing was also displayed in the reception.

The service had suitable facilities to meet the needs of patients' families. The service had two waiting areas and had access to three treatment rooms.

The service had enough suitable equipment to help them to safely care for patients. Bariatric chairs were in clinics and waiting areas and bariatric treatment beds were available in treatment rooms. Bariatric equipment was height adjustable to meet individual patient needs. All staff that used the specialist equipment had been trained in the use of it.

Access and flow

People could access the service when they needed it and received the right care in a timely way.

The service had an accessible website where people could find information about, and directions to, the service.

Managers monitored waiting times and made sure patients could access services when needed. There was no national benchmarking data available for referral to treatment times. The Commissioning Guidance for Lymphoedema Services for Adults in the United Kingdom 2019 states "A robust referral pathway and triage system to ensure timely access to treatment based on the urgency of need e.g., urgent/palliative and routine cases to be seen 2 and 6-10 weeks respectively".

Waiting time from receipt of referral to initial appointment for palliative patients for assessment was one to two weeks and treatment would start immediately. Non-palliative, urgent patients, would receive an assessment within two to three weeks and commence treatment within one to two weeks after assessment. Patients who were non-urgent/no cancer would receive an assessment within eight to twelve weeks and treatment within two weeks after assessment.

The service offered a holistic assessment appointment of one and a half hours, and then sent an assessment report sent to the referrer commissioner and patient to confirm which care pathway the patient was being treated on. The service offered one of the five care pathways:

- pathway one, patients at risk of developing lymphoedema (one appointment only and all information given to reduce the risk of lymphoedema occurring).
- pathway two, patients with mild/moderate lymphoedema, self-management programme and follow up appointments.



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- pathway three, complex oedema involving decongestive lymphatic therapy, self-management and further appointments
- pathway four, cancer related lymphoedema involving decongestive lymphatic therapy over 6 weeks and follow up by the acute hospital.
- pathway five, complicated/complex lymphoedema with a lengthier, often-monthly pathway, which needs authorisation by commissioners before implementation.

Between January 2012 to April 2022 the service received 100 returned questionnaires about a pre-assessment upon referral to the service. Sixty percent of referrals were received from GP's and the other 40% from district/practice nurses, word of mouth or the internet. One hundred percent of patients waited less than two weeks for a pre assessment at the service, with 80% of patients experiencing lymphoedema for six months or more.

Managers and staff worked to make sure patients did not stay in the service longer than they needed to. There was a discharge pathway in place to ensure patients were safely discharged. Patients who had been discharged more than one year ago would require a re-referral to the service if it was felt there was a need for re-assessment. If discharge was due to non-compliance, or the inability of community services to provide treatment, then prior agreements from the patient to comply with treatment and community team to facilitate ongoing treatment were needed.

The service offered a specialist outpatient service for patients with lymphoedema. This service educated patients to self-manage their long-term condition. A well-controlled lymphoedema or chronic oedema, was maintained by the patient with the support of primary care once discharged. An advisory clinic was held for all patients who had been discharged from the service, offering further reassurance, support, and a re-measure of compression garments if necessary.

Managers worked to keep the number of cancelled appointments/treatments to a minimum. The patients were provided with an appointment card and letter and were contacted by the service the day before their appointment. This resulted in minimal appointments being cancelled. When patients had their appointments/treatments cancelled at the last minute, managers made sure they were re-arranged as soon as possible.

Where a patient was discharged from the service, a letter was sent to the patients GP requesting that any on-going hosiery requirements would be made available on repeat prescription. A discharge card/letter was given to the patient containing this information. Patients were made aware of potential complications of their conditions and advised what to do and who to contact if a problem should occur.

Staff supported patients when they were referred or transferred between services. Any referral into community services was made prior to the discharge to ensure patient care continued and maintained in the community. Lymphoedema is a long-term condition and patients were encouraged and supported to self-care. All patients were discharged back to the GP when they were stable and able to self-manage, usually within 12-24 months. 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.



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Patients, relatives, and carers knew how to complain or raise concerns. Leaflets and comments sheets were available in the waiting room. The service clearly displayed information about how to raise a concern in patient areas. Information was displayed advising of local patient advice and liaison services as well as the Parliamentary and Health Service Ombudsman and the local clinical commissioning group. There had been no recent complaints.

Staff understood the policy on complaints and knew how to handle them. Managers investigated complaints and there had only been one complaint in the last 12 months.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint.

Managers shared feedback from complaints with staff and learning was used to improve the service. Any learning from complaints or concerns was discussed in the clinical meetings held every four to six weeks and was a standing agenda item.

Staff could give examples of how they used patient feedback to improve daily practice, for example the purchase of bariatric equipment.

Are Community health services for adults well-led?

Good



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.

The registered manager was a clinical nurse specialist in lymphoedema for over 30 years. In 2019, the registered manager won the British Journal of Nursing Chronic Oedema and Lipoedema nurse of the year. The manager was highly visible in the service as this was their main work base. Staff told us how approachable the manager was and told us they wouldn't hesitate to speak with the manager if they had problems or concerns. Staff told us they felt the manager and wider team listened to them and gave examples of changes being made when they raised issues or made suggestions for improvements to the service, with the focus on improving the service for the benefit of patients. Staff surveys were completed, and positive feedback was received from all the staff.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy.

The service vision was to facilitate equitable access to the service and to lead on increasing public awareness, through innovation, research, education, and training on a local and national basis. The service wanted to continue to deliver a lymphoedema service in the local area to provide a local service and reduce health inequalities of patients having to travel out of area to access services several hours away.



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Since the service opened in 2005 patients were treated for non-cancer related lymphoedema patients and later patients were treated for cancer related lymphoedema through a service level agreement with the local acute NHS trust. Funds to treat NHS patients covered the patient assessment and therapy appointments only. Any additional funds for equipment and treatment were provided by the service so the strategy to maintain a service has been through fundraising and working with other stakeholders, so the service continued to develop through strategic partnerships, support the development of lymphoedema related products and be involved in research.

The manager had completed a business case to support the contract renewal, this described the positive impact the service had on patients receiving care and treatment from the service. It set out how the service could be delivered locally for the future based on the service's achievements and the local demographic need.

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 told us they loved their jobs and felt valued and well supported. The manager provided positive feedback to staff and arranged monthly personal study time for therapy staff.

The service had a whistleblowing policy which staff were aware of. Staff told us they would not hesitate to raise concerns if they had them.

The staff actively sought to challenge and reduce inequalities and improve public awareness of lymphoedema related to diversity. Staff were truly invested in the service and regularly engaged in fundraising and awareness raising for the service, for example being named team of the year by the local gazette for a social and community development award, raising money to buy equipment and hosting meetings of the lymphoedema support network. The manager was also awarded the journal of community star award in 2021, an award that individuals were nominated for achievements in wound care over the last twelve months. The manager was nominated by a national wound dressings provider and had a star named after them.

Governance

Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

The provider had a governance system which made sure the manager could assess, monitor and improve the safety and quality of the service. There was an annual governance cycle completed over a 12-month period, this consisted of clinical, health, safety and infection prevention and control audits. The audit cycle also included staff supervision, training and appraisal, storage of dressings and creams uses in therapy. Patients feedback and treatment outcomes formed part of the audit process.

The audit process included clinical supervision and staff meetings. Information from these meetings was shared with staff through team meetings which were recorded for staff who could not attend



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The service regularly reviewed its policies and procedures, which were clear and up to date. There was a strong focus on improving practice. Meetings were used effectively to review practice and identify issues and solutions. The manager supported and encouraged innovation amongst staff and staff were encouraged and supported to adopt new practices and use technology to treat patients.

There was a strong focus on working together with patients, whose feedback was actively sought and resulted in changes being made based on that feedback. This included reporting to commissioners of the service and working with external organisations to carry out research about lymphoedema.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

There was a risk register in place with weightings and actions to take to mitigate the risks. The risk register included information on operational, financial and environmental risks, for example the service contract being renewed with commissioners and interruption to utilities, which meant the service could not operate. Risks were regularly reviewed and updated and there were mitigating actions related to each risk. Staff could raise concerns they felt needed to be included on the risk register.

Managers monitored staff performance and supported staff when they were not performing as required. The service had a business continuity plan in place should the business be interrupted by utility supplies or accident to the building.

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

Staff collected detailed information about client outcomes including measurements of lymphoedema at the beginning, throughout and completion of treatment and analysed this with focus on which areas of the treatment pathways or service could be improved.

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.

In 2021-2022 the service received 120 responses from the friends and family test. There was a 100% response rate from patients being extremely likely to recommend friends or family in needing similar care at the service.



Community health services for adults

Collaborative work between the service and its partner organisations and commissioners was highly effective and focused on meeting the needs of the patients and improving patient outcomes.

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.

Staff had access to national training in Lymphedema care and were encouraged to attend. The service participated in relevant national and international research. The research was used as guidance by health care professionals to promote best practice in the treatment of lymphoedema.

The service had systems to help care for patients in need of additional support or specialist intervention. They worked with companies and devised numerous ways to help patients have access to equipment to help patients treat their own health needs. This included reaching out to a national paint company to provide small rollers to help patients with head and neck cancer use these rollers for facial massage to reduce swelling. This has resulted in funding being made available for a company to provide face and neck rollers for patients living with lymphoedema.

The service had worked with a compression company who funded a bra guide that Kendal Lymphology Centre developed so breast cancer patients can more easily find bras to fit them should they have breast oedema following surgery.

They had also invested in a low-level laser device that had National Institute for Health and Care Excellence approval for oral mucositis and lymphoedema that many head and neck cancer patients have lived experience of. Support and liaison with other charitable partners meant they had been successful in getting this device.