

Coventry and Warwickshire Partnership NHS Trust

RYG

Community health services for adults

Quality Report

Coventry and Warwickshire Partnership NHS Trust
Trust Headquarters, Wayside House,
Wilsons Lane,
Coventry
West Midlands
CV6 6NY
Tel: 02476362100
Website: www.covwarkpt.nhs.uk

Date of inspection visit: 11 to 15 April 2016
Date of publication: 12/07/2016

Summary of findings

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
-------------	---------------------------------	---------------------------------------	--------------------------------------

RYGCR	Wayside House		
-------	---------------	--	--







This report describes our judgement of the quality of care provided within this core service by Coventry and Warwickshire Partnership NHS Trust. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by Coventry and Warwickshire Partnership NHS Trust and these are brought together to inform our overall judgement of Coventry and Warwickshire Partnership NHS Trust

Summary of findings

Ratings

Overall rating for the service		Good	
Are services safe?		Requires improvement	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive?		Good	
Are services well-led?		Good	

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	5
Background to the service	6
Our inspection team	6
Why we carried out this inspection	6
How we carried out this inspection	7
What people who use the provider say	7
Good practice	7
Areas for improvement	7

Detailed findings from this inspection

The five questions we ask about core services and what we found	9
Action we have told the provider to take	34

Summary of findings

Overall summary

Overall rating for this core service

Overall, we rated community health services for adults to be good because:

- All patients were seen within the 18 week referral to treatment time with the exception of podiatry. The trust confirmed they were in consultation with the commissioners to resolve the situation for these services.
- Staff across the service understood the importance of reporting incidents and did so appropriately. Lessons learnt from incidents were shared amongst teams.
- Whilst there were vacancies across the majority of teams, staff felt the current workload was manageable and teams supported each other when demand increased. Training levels on subjects such as manual handling and health and safety were consistent across the community services.
- Multi-disciplinary team working was apparent with services using referral pathways as required and there were good links with the local GP practices.
- Appraisals and peer to peer learning provided staff with time to develop and share knowledge. Staff felt well supported in their continuing professional development and were provided with clinical and caseload supervision at regular intervals.
- Patients said that staff were “absolutely fabulous” and showed compassionate and considerate care during their visits. Patients said that they could call staff with any problems and they would visit within a few hours. They said they felt that staff often went above and beyond the requirements of their role to ensure patients received high quality care.
- Staff were extremely passionate about their role in improving patient conditions not only clinically but also emotionally. Well-being was a strong focus in all contacts with patients and consistent positive feedback was given about services provided.
- The services provided a range of interventions to prevent admission to hospital and to facilitate discharges from acute settings.
- Therapy and nursing teams had good knowledge of how to improve care for those living with dementia/ complex needs. The patient’s needs were detailed in care plans and were person centred.
- There was a clear vision and strategy for the future of the service. Senior staff attended governance meetings and staff felt supported by their team, immediate managers and the trust.

However, we found that:

- Equipment was not always stored appropriately. For example, in the storage room which was shared by the podiatry and acupuncture clinic and wheelchair services, we found rooms being left unlocked and unattended with access to hazardous material and acupuncture needles. Staff within the wheelchair services did not use protective glasses when working in the workshop.
- Records within the clinical assessment service (CAS) and podiatry service had incomplete information. This meant that staff may not have the appropriate information to support the patient with their care and well-being. This was brought to the attention of senior staff who confirmed they would review all records based on our findings.
- There was poor understanding of the Mental Capacity Act 2005 (MCA) which was reflected in staff training records. Senior management confirmed they had an MCA lead coming to work alongside the teams to improve their knowledge and training.
- During our visits to the clinics and community services, we observed that most staff did not comply with best practice regarding infection prevention and control policies. Staff were seen not washing their hands or using hand sanitising gel between patients. Staff did not always wear personal protective clothing whilst providing care to patients.

Summary of findings

Background to the service

Information about the service

Coventry and Warwickshire Partnership Trust (CWPT) was formed in 2006 and integrated with community services from NHS Coventry in April 2011.

CWPT provides a range of community services for people in Coventry. They provide community and day clinics as well as specialist services to a population of around 850,000 living within Coventry and Warwickshire and also to a wider geographical area in some of the specialist services.

The trust's community services pathway incorporate integrated community matrons, nursing and therapy teams. These teams provide a fast response for urgent and unplanned care as well as on-going patient cases and care management for those with chronic disease and long term conditions.

The trust offers rehabilitation services and support in the community, enabling independence and integration. The service provides opportunities for patients to maintain physical, emotional and social wellbeing for those patients living with disability and discomfort.

We carried out an announced inspection from 12 to 15 April 2016. We visited a number of community services and outpatient clinics including:

- City of Coventry Health Centre which included:
 - Clinical Assessment Services (CAS)
 - Visited various clinics which included dermatology, gynaecology, physiotherapy, and diabetes
 - Podiatry service
- Newfield House which included:
 - Community neurological rehabilitation teams (CNRT)
 - Early Supported Discharge team (ESD)
 - Wheelchair services
- Paybody building which included:
 - Central booking service
 - Integrated Neighbourhood Team (INT)
 - Healthy Lifestyle Service
 - Community nurses services at Swanswell Point and Willenhall Primary Care Centre

Our inspection team

Our inspection team was led by:

Chair: Paul Jenkins, Chief Executive, Tavistock and Portman NHS Foundation Trust

Team Leader: Julie Meikle, Head of Hospital Inspection (mental health) CQC

The team included one CQC inspector, one inspector assistant, four special advisers with knowledge of community services and an expert by experience.

The team would like to thank all those who met and spoke to the team during the inspection and were open and balanced with the sharing of their experiences and their perceptions of the quality of care and treatment at the trust.

Why we carried out this inspection

We inspected this core service as part of our planned comprehensive inspection programme.

Summary of findings

How we carried out this inspection

We visited five community sites, observing clinics including podiatry, physiotherapy and dermatology.

We spoke with 48 members of staff including nursing, allied health professionals, support staff, administrative staff, practitioners and managers.

During and after our inspection we spoke to 23 patients and/or their relative who have received care.

We looked at 56 sets of patient notes that included care plans, risk assessments and service specific documents. We looked at records and the trust's performance data.

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?

Before visiting, we reviewed a range of information we hold about the core service and asked other organisations to share what they knew. We carried out an announced visit on 12 to 15 April 2016. During the visit we held focus groups with a range of staff who worked within the service, such as nurses and therapists. We talked with people who used services. We observed how people were being cared for and talked with carers and/or family members and reviewed care or treatment records of people who used services. We met with people who used services and carers, who shared their views and experiences of the core service.

What people who use the provider say

During the inspection, we talked to 23 patients across adult community services. All of the responses we received were very positive about the services they had received with praise mainly relating to the level of care and compassion staff had shown them. Examples of comments included:

- "the service is absolutely fabulous"
- "staff talk to me like a friend, very professional"
- "staff provide advice on wellbeing, health, diet and exercise"
- "I always feel better after they have been"

Good practice

- Staff could nominate an individual or team for a "Q" award who had gone above and beyond their call of duty whilst showing resilience to the best outcomes for patients. The ESD team had been shortlisted in 2015 for the "seeking excellence" team award.
- Healthy lifestyles staff voluntarily attended events in the community out of hours which affected health promotions.
- The tissue viability services had been nominated for a Pride of Nursing Award (2016). The Pride of Nursing Awards gave patients the opportunity to recognise a nurse or nursing team who may have gone above and beyond the call of duty or who had demonstrated incredible compassion which made a difference to the patient and/or their family.

Areas for improvement

Action the provider MUST or SHOULD take to improve

Action the trust SHOULD take to improve:

- to ensure that equipment is stored appropriately within the community services.
- to ensure staff wear the appropriate equipment when working in the workshops.

Summary of findings

- to ensure all records are reviewed to ensure they have the correct patient care and treatment information contained within.
- to ensure that staff use the correct protective equipment when providing care to patients in the clinics and community.
- to ensure that all containers have the appropriate hand cleaning gel.
- to ensure all staff have received Mental Capacity Act training.
- to ensure that all complaints are reported to ensure themes are identified and lessons learnt are cascaded to staff.

Action the provider **COULD** take to improve

Coventry and Warwickshire Partnership NHS Trust

Community health services for adults

Detailed findings from this inspection

Requires improvement



Are services safe?

By safe, we mean that people are protected from abuse

Summary

We rated the safety of community health services for adults as requires improvement because:

- Equipment was not always stored appropriately. For example, in the storage room which had podiatry and acupuncture equipment and wheelchair services, we found rooms being left unlocked and unattended with access to hazardous material and acupuncture needles. Staff within the wheelchair services did not use protective glasses when working in the workshop.
- We found records within the clinical assessment service (CAS) and podiatry service had incomplete information such as: no follow-up outcomes for appointments or guidance as to the conclusion of the treatment received, incomplete personal and environmental risk assessments and duplicate records. This was brought to the attention of senior staff who confirmed they would, as a result of our findings, conduct a full review of all records.
- During our visits to the clinics and community services, we observed that most staff did not comply with best practice regarding infection prevention and control

policies. Staff were seen not washing their hands or using hand sanitising gel between patients. Staff did not always wear personal protective clothing whilst providing care to patients. There was no hand gel available in the containers provided in clinics at Newfield House which included the wheelchair services.

- There was no requirement for any clinic based service to collect safety thermometer data. Staff within the adult community nursing services said they did not routinely collect safety thermometer data unless there was an identified harm such as a fall. Managers were addressing this concern.

However, we found that:

- Incident reporting occurred regularly and appropriately throughout most areas and staff received feedback when they reported an incident. We saw evidence of lessons learnt from incidents being shared across community services.
- The service had robust systems in place for safeguarding adults and children.
- The service generally had robust systems in place to manage the handling of medicines.

Are services safe?

- The community services escalated any concerns appropriately and deterioration was managed in accordance to National Institute for Health and Clinical Excellence (NICE) guidance.
- Nurse staffing levels met patients' needs at the time of the inspection. Staffing shortages were acted upon appropriately with the use of temporary staff and an effective induction process was in place.
- Mandatory training had been completed by the majority of staff within community services.
- There were plans in place to ensure vulnerable people received priority care during adverse weather conditions.

Safety performance

- Staff within the adult community nursing services visited said they did not routinely collect safety thermometer data unless there was an identified harm such as a fall. However, during our visit we saw the safety dashboards on display within all the community services visited. The NHS Safety Thermometer is a monthly audit of avoidable harms which included new pressure ulcers, catheter urinary tract infections (UTIs) and falls. Staff also confirmed their performance were discussed during staff meetings which was shown in the minutes we read.
- There is no requirement for any clinic based service to collect safety thermometer data. Staff within the clinics visited said they did not routinely collect safety thermometer data unless there was an identified harm such as a fall. This meant that opportunities to review and learn from harm free care indicators were missed.
- We spoke with senior management within the clinical assessment service who confirmed they were aware the safety performance data was not collected. They confirmed they were reviewing this process with a view of how they would collect safety thermometer data relevant to the clinics.
- Safety thermometer scores remained low across the community services that collated this information. For every 100 patients, we saw that the average score was below 1% for newly developed pressure ulcers. The service had taken a series of actions to reduce the prevalence of pressure ulcers and we saw the trend had decreased each month from October 2015 when the prevalent of pressure ulcers was at 4%.
- The incidence of new UTIs had remained at 0% since November 2015.

- The performance outcomes report for February 2016 identified that 91% (10 out of 11 patients) had shown an improvement in the number of falls.

Incident reporting, learning and improvement

- Staff described how they would be open and transparent regarding any incidents. Staff demonstrated their understanding of how to raise concerns and report incidents and near misses. They said they were fully supported when they did so.
- All staff received a training manual on how to complete incidents electronically. The booklet provided a step by step guide on how to use the system and submit a report.
- We saw on display within the community services visited, a "learning alert" system. One example we saw was the need to ensure that any items staff could not obtain were reported as clinical incidents so appropriate management oversight could review the situation and take action to address the concern.
- Between February 2015 and February 2016, the community adult's services reported 62 serious incidents through the Strategic Executive Information System (STEIS). All of the serious incidents referred to pressure ulcers. None of the incidents reported were classified as a never event. Never events are defined as: "Wholly preventable incidents, where guidance or safety recommendations that provide strong systemic protective barriers are available at a national level, and should have been implemented by all healthcare providers."
- The service had implemented clear guidance to reduce the number of pressure ulcers acquired within the community services. The simple steps to prevent pressure ulcers (SSKIN) model provided guidance on how to prevent and treat pressure ulcers. Staff said they were aware and used the SSKIN bundle. This was shown in the records reviewed.
- The community services had links with the tissue viability nurses who responded to any signs of skin changes and supported staff to follow the "React to Red – Prevention of Pressure Ulcers" programme.
- We saw the management of constipation was identified in a serious case review action plan for November 2015. We saw training for the management of constipation

Are services safe?

had been reviewed by the lead nurse and had been incorporated within the safety and quality forum for oversight. We saw this action had been achieved in January 2016.

- We saw the results of three root cause analysis (RCA) investigation reports in relation to pressure ulcers. Senior staff confirmed staff were encouraged to present their findings which were shown in the RCAs seen. We saw the RCAs outlined any recommendations and areas of shared learning. Examples included; all pressure ulcers be reported on time and for arrangements for shared learning to be cascaded to staff.
- Staff were able to describe and provide an example of when procedures had changed after an incident. They referred to a patient hoist which had failed, and how all hoists were now checked by an engineer before being used.
- Within the central booking service, incidents were monitored regarding wrong information being recorded and appointments letters being incorrectly addressed. This was to ensure the service provided was efficient and effective.
- There was no formal feedback process to temporary staff regarding incidents. However, senior management informed us they would contact the agency to discuss any issues identified as required.
- The trust received notification of all new patient safety alerts. Patient safety alerts are crucial in alerting the healthcare system to risks and provide guidance on preventing potential incidents that may lead to harm or death. Senior staff confirmed the notifications were cascaded to the teams which they responded to as required. Staff had been made aware of these alerts.

Duty of Candour

- From November 2014, NHS providers were required to comply with the Duty of Candour Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of 'certain notifiable safety incidents' and provide reasonable support to that person.
- Staff understood their responsibilities with regard to the duty of candour legislation. Staff said the dissemination of information was through electronic communications and their attendance at staff meetings.

- The community teams were able to describe a working environment whereby they would investigate and discuss any duty of candour issues with the patient and their family and/or representative and an apology given whether or not there had been any harm.
- The matrons said they reviewed all incidents and followed the duty of candour process for all incidents classified as moderate or above in accordance with the trust's procedures. We saw all incidents were reported and reviewed as part of the trust's safety and quality governance structure.
- Staff said they spoke with patients in an open and transparent way when an incident occurred. For incidents which met the trust's duty of candour criteria, a supporting letter was sent. All incidents were reviewed to establish whether a duty of candour letter was required to be sent.

Safeguarding

- The service had a clear safeguarding policy which complied with local authority guidance, locally agreed inter-agency and national expectations.
- The trust had a safeguarding intranet section, which all staff could access. Staff were able to explain and demonstrate they understood the policy and how they used this as part of their practice.
- Staff provided examples of when they would raise a safeguarding alert and told us they were able to discuss any concerns with their community leads, managers and/or social services.
- The trust had a safeguarding lead; most staff knew of the safeguarding lead and told us they could approach them for advice, if they needed to. The trust had both telephone and a face to face advice service available from the professionals in the safeguarding team.
- We saw safeguarding boards displayed in the community services we visited which provided information and relevant contact details for the trust's safeguarding team and external safeguarding bodies.
- The trust had a safeguarding training strategy which had been approved by the respective local safeguarding boards' training subgroups.
- Safeguarding level 1 training was included at induction for all new starters and was included within the trusts' annual statutory and mandatory training on a rolling three yearly basis to ensure all staff kept up-to-date.

Are services safe?

- The safeguarding team provided in-house training to staff at levels 1, 2 and 3. Most staff within the community services confirmed they had received level 2 safeguarding training, with senior staff receiving level 3.
- We reviewed the training records for the community services. For children's safeguarding training as of March 2016, 100% of staff had completed level 1 training, 90% of staff had completed level 2. For those staff requiring level 3 children's safeguarding training, 100% had completed this. With regard to adults safeguarding training, 100% of staff had completed level 1 and 3 and 90% of staff had completed level 2. This was slightly lower than the trust target of 95% for level 2 safeguarding children and adults training. We saw additional training had been addressed which was highlighted on the staff notice board.
- There was an annual training programme that had been developed for safeguarding that all staff could access via the training department.
- Patients with pressure ulcers in grades three or four as well as multiple grade twos were raised as safeguarding alerts, and the service carried out a root cause analysis to establish if they were avoidable and/or required reporting as a serious incident.
- There had been no safeguarding concerns reported about the community services from January 2015 to February 2016. The community services had made 25 safeguarding referrals between November 2014 and January 2016.
- The number of medicine error incidents attributable to the integrated community services was four for February 2016. The trend was variable with two reported in December 2015 and six in January 2016. We saw the number of medicine errors for January and February 2016 for the community nursing service was two (one for each month). There had been no medicine errors reported between September 2015 and December 2015. Senior management confirmed they reviewed and monitored all medicine incidents to establish any trends or themes. Staff confirmed they received feedback during their staff meetings.
- We saw guidance in place to ensure that all first assessments of patients discharged from hospital had a discharge letter with a list of current medicines. If there was no discharge letter staff told us they informed the team lead who advised the ward that a medicine summary must be obtained. The guidelines instructed staff not to administer medicines without the latest prescription and any queries identified were to be taken up with the GP, with the team lead being informed.
- All community nurses completed an annual medicine competency assessment to ensure they had the necessary skills to manage the safe administration of medicines. This process was confirmed by the practice development facilitator for the community services.
- Community medicine records were audited by community matrons. The trust wide safe and secure handling of medicines audit report in July 2015 included the community adult services. The injectable audit 2015 was across the trust and included the community adult services. We found no reference to any concerns or issues regarding community services in either of these two audits.
- Prescriptions were provided by community doctors who met and discussed with the patients their current medical history. This ensured the doctors identified and addressed their medicine regime in order to monitor the patient's progress towards their individual goals regarding medicines management and administration. The overview by doctors also provided guidance to staff regarding the medicines supplied to patients which was identified in the patient's records held within their home.
- The records we saw showed that 100% of all prescribing of continence products performed by the community health services conformed to the current continence preferred prescribing list.

Medicines

- The service generally had robust systems in place to manage the handling of medicines.
- National Institute for Health and Clinical Excellence (NICE) guidance was followed when prescribing medicines for individual patients. Staff within the community nursing teams regularly administered insulin to patients. We saw guidance in relation to the administration and management of insulin. Staff spoken with were aware of this guidance and were able to access the policy on the trust's intranet.
- Patients were encouraged to manage and access their own medicines where appropriate. If staff felt patients were struggling with self-medicating, they contacted the patient's GP to discuss options available, including pre-filled dosette boxes to simplify administration. This was identified in the medicine management policy which was available on the trust's intranet.

Are services safe?

- Records also showed that 100% of all prescribing of dressings performed by the community health services conformed to the current dressings preferred prescribing list.
- The records showed that all medicines (100%) prescribed by the community health services conformed to the trust's current prescribing formulary.
- We observed staff using the guidelines for the safe use and disposal of sharps policy when using needles in the community.

Environment and equipment

- Most areas visited were well maintained and fit for purpose. Most equipment we saw had been checked regularly to ensure it was safe for use.
- However, during our visit to the podiatry and acupuncture clinics, we saw the door of a room next to the podiatry clinics which contained both podiatry and acupuncture equipment being propped open. Within the room we found an unlocked cupboard with acupuncture needles and corrosive materials. We also found corrosive material containers on the floor and a pair of scissors left unattended on the surface. This was brought to the attention of senior management to immediately address our concerns.
- Whilst visiting the wheelchair services we saw the storage cupboard, which had a code-lock door, had been left unlocked. We saw accessible tools on display which included a saw. This was raised with a member of staff from wheelchair services who immediately fixed the problem.
- We observed staff did not use protective glasses when working in the workshop within the wheelchair services.
- We observed the clinical areas visited were clean and tidy.
- Equipment was cleaned and marked as ready for use with "I am clean" labels.
- We found the ultrasound machine within the City of Coventry Health Centre had been checked which was in line with trust protocol.
- Community staff used the services of an external company for equipment. They told us they had an on-line ordering system and deliveries were usually made the same day. They were also able to order bariatric equipment but said these usually took a few days to be delivered. Staff confirmed that approval was needed to ensure the community services were being cost-effective.

- The community nursing team had recognised the need to review the equipment provision for patients. The aim of the review was to assess and prioritise the patient's need for equipment. This was completed every three months and we saw systems in place to implement this.
- All new staff received equipment competency training during their induction. This was recorded in their induction programme.
- We saw the resuscitation trolley within the CAS had been checked daily.
- The ultrasound machine used within the CAS had been regularly serviced by an external company. The nurses had received training on the equipment in October 2015.

Quality of records

- The trust used a combination of electronic and paper healthcare records. Staff attending to patients in the community completed paper records, which were held at the patient's home. This meant that when community staff visited they had an up-to-date record of the patient's care and treatment. All staff had received training on the trust's electronic system which was being introduced across the service. Staff said they recognised the benefit of moving to an electronic patient note recording system.
- Overall, we looked at 54 patient records within community services. Not all records had been maintained in accordance with trust policy.
- We looked at 28 records within the clinical assessment service (CAS) and found that 13 records were incomplete. Examples included incomplete recording of staff interventions following a referral, no follow up outcomes for appointments or guidance as to the conclusion of the treatment received and duplicate records. This was brought to the attention of senior staff who reviewed all these records and confirmed that all patients had been appropriately followed up. However, they confirmed the records did not provide suitable information to enable staff to manage the care and well-being of patients. As a result of our findings, a full review of all records was conducted with key issues documented in a Caseload Review. Action plans were put into place and these issues were to be in Safety and Quality meetings. The service had also scheduled further audits of patient care records.
- We saw the podiatry records audit for 2016 which was based on a review of 10 records. The overall compliance

Are services safe?

for record completion was 87%. Areas identified as a concern included the non-completion of any alerts within the clinic sheets, inconsistency in the recording of allergies, assessment of weight, the review time for the treatment plan and the latest HbA1c result. HbA1c is a term commonly used in relation to diabetes. By measuring glycated haemoglobin (HbA1c), clinicians are able to get an overall picture of what the average blood sugar levels have been over a period of weeks/months. Staff confirmed the areas identified within the audit were addressed during team meetings and safety and quality forums who monitored all outcomes. Staff confirmed they were aware of the need to record information appropriately within the records.

- The care plan records audit for the community nursing services for March 2016 showed a compliance of 83%. We looked at 20 records within community nursing services and found no issues or concerns with the documented records. There were clear documented care plans and risk assessments which had been regularly reviewed. The community services had introduced a new consent form as a result of the audit to ensure they captured all patients' consent; for example the taking of photographs.
- The community nursing records held in the patient's home were audited monthly. If concerns were identified regarding the recordings on three or more occasions, staff were mentored and received additional training in record management.
- There were clear procedures in place to ensure each clinician/practitioner had all the relevant records and equipment available before the clinics starting. The clinicians/practitioners were provided with a box which contained the clinic list, a dictaphone and the records. These were prepared two days in advance.

Cleanliness, infection control and hygiene

- There were not always robust systems in place in all areas of the service to minimise the spread of infectious diseases.
- Throughout the clinics visited during our inspection, we observed that most staff did not comply with best practice with regard to infection prevention and control policies. We observed staff did not always wash their hands or use hand sanitising gel between seeing patients. This was brought to the attention of senior staff during our visit.

- During our visit to clinic rooms 2 and 3 at Newfield House and the wheelchair service, we observed there was no hand gel available, and the gel containers provided were empty. This was brought to the attention of staff during our visit.
- During our visit into the community with nursing staff, we observed that not all staff followed the standard infection control precautions policy by wearing personal protective clothing and using hand decontamination gels when providing care to patients.
- As of February 2016 94% of staff within the community services had up to date training in infection control. This was just below the trust target of 95%.
- The infection control and hand decontamination audits which were carried out in February and March 2016 for the community services showed a compliance of 100%. Areas covered included; dispenser nozzles are visibly clean, alcohol hand rub/or suitable alternative is directly accessible at point of care and no wrist watches/jewellery or stoned rings are worn by healthcare workers carrying out patient care.
- We observed the correct disposal of waste within the appropriate containers. We saw posters on the walls to prompt staff.
- Information about infection control was displayed on staff notice boards in community based settings and included guidance about correct waste disposal and hand hygiene techniques.

Mandatory training

- The training records showed that 94% of staff had completed their mandatory training. This was just below the trust target of 95%. Areas covered included; resuscitation (94%) and health and safety (94%).
- Staff had achieved 95% for their manual handling and equality and diversity training.
- The CAS had subcontractors (40%) who oversaw various clinics for example dermatology and ENT. The subcontractors often saw children within these clinics and the trust informed us that all subcontractors offering assessments and treatments of children would be trained within their substantive employment. However, we did not see any evidence to confirm this had been checked by the service. We raised this at the time of the inspection and the senior manager informed us of their plans to action this issue.
- The community services had protected learning time of up to two hours per month. We saw the data from April

Are services safe?

2015 to March 2016 for the community neurological rehabilitation team (CNRT) and the early supported discharge (ESD) teams. Areas covered included; infection control, sepsis training, dealing with difficult patients and tissue viability. Staff said they preferred on-line training as it was often difficult to attend face to face training.

- New staff members covered mandatory training within their induction programme. During induction staff also received training on conflict resolution which was delivered in conjunction with the main areas of the lone working policy.
- The trust did not deliver generic training for medical devices. However, they had incorporated specific medical devices training such as; bladder scanner, blood glucose monitoring machine and defibrillator as well as the use of hoists in patients' homes. The trust had identified the need for the development of a trust-wide medical devices training programme. The medical devices group were developing a training needs analysis which would map the specific training required by each staff group. This was led by the medical devices officer.
- We saw the tissue viability training programme for 2016. The sessions included leg ulcer assessments, compression therapy for venous ulcers, wound assessments and wound management products, the prevention and management of pressure ulcers and continence awareness.

Assessing and responding to patient risk

- Community staff completed an early warning system. This was based on the National Early Warning Score (NEWS), which recorded routine physiological observations such as blood pressure, temperature, weight and pulse rate/rhythm. These were carried out as needed. Concerns were escalated appropriately and deterioration was managed in according to NICE guidance.
- The community services were introducing a lone worker device designed as an identity (ID) card which was easy to wear and discreet to use. The ID card contained mobile-phone technology which enabled a 24/7 link to a receiving centre in the event a staff member required assistance. The staff member could push a button on the ID card which would be relayed to the call handler who could listen to any abusive or violent situation and audio record the information for future use if necessary. The call handler would escalate the situation in line with

trust policy. This was being rolled out to all staff once they had completed their training on the device. Senior staff said the ID card would support and manage the safety of staff who were lone working in the community

- We found inconsistencies in the recording of both personal and environmental risk assessments within the podiatry domiciliary records. Of the six records reviewed we found three had incomplete environmental risk assessments. This was brought to the attention of staff who confirmed the procedure was to conduct an environmental risk assessment on the first visit to new domiciliary patients. This meant that staff members were entering patient's homes without any awareness of potential environmental hazards.
- Staff however, were able to describe the procedures followed when lone working and were aware of the escalation processes in place. The podiatry audit for 2016 did not identify any issues or concerns regarding risk assessments. The podiatry service provided a biomechanical service of the lower limb and foot. This service provided an assessment and treatment of pathologies (a term used for the way a disease works) and problems relating to abnormal foot structure and function. Treatments included prescription orthotics (surgical appliances, such as braces or splints), exercise and rehabilitation advice.
- The podiatry service in August 2015 reviewed all patients' paper records in order to assess and categorise the risk and primary diagnosis. All the information was transferred onto the electronic record system. This meant the service had reviewed and prioritised the patients' risk factor to ensure they were prioritised appropriately.
- First assessment appointments were arranged in accordance to patient needs and risk factors.
- Patients within the community nursing services had individual risk assessments which were comprehensive, reviewed regularly and shared between any team working with the same patient.
- The community neurological/stroke rehabilitation team completed an assessment which was agreed with patients and their families. The initial assessment was for a six week period. This was followed by goal focused rehabilitation blocks of six weeks. This service could also be extended, as required, for patients who required longer rehabilitation and complex integration.
- We observed a team meeting within the ESD. We saw staff discussed the following: patient discharge plans,

Are services safe?

updates on patients especially those with specific needs, any identified issues and scheduled appointments. Staff said the daily meetings were informative and provided them with all the necessary evidence required to provide the appropriate care.

- All healthy lifestyle assessments were for 20-30 minutes in duration. This involved a blood test, lifestyle questionnaire and the taking of weight, height and body mass index (BMI). Any identified concerns were referred to the patient's local GP.
- All new patients within the leg ulcer clinic received a full Doppler assessment. A Doppler assessment helps to decide the safe level of compression bandaging.

Staffing levels and caseload

- Nurse staffing levels met patients' needs at the time of the inspection. Staffing shortages were acted upon appropriately with the use of temporary staff and an effective induction process was in place.
- There is no national acuity tool for community adult services. The adult community nursing teams had developed and utilised standard operating procedures in relation to T cards, timed visits and the co-ordinator role to oversee the required staffing figures. The T card system was used to plan, allocate, execute and monitor work. The trust was undertaking work with the regional capacity management team to develop the use of escalation management system (EMS) community triggers to report escalation levels across community services.
- The trust was developing a community dashboard that would allow them to manage and monitor the adult community nursing services' staffing capacity and demand. However, the information seen did not identify the timescale for implementation/development of the community dashboard.
- We saw staffing figures for community nursing teams were based on the number of units allocated to patients. Each unit was 15 minutes long, with this time being agreed on completion of each patient's consultation. The trust guidance was not to allocate more than 22 units per staff member per day.
- We saw the agreed time slots were recorded on the patient's T card and utilised to create the allocation of work to staff. Staff said this worked well and we found no issues or concerns within the staff rotas regarding the allocation of planned work levels.
- The CAS included 60% contracted staff and 40% sub contracted staff which included local GP's with an interest in specialist services and doctors/consultants from an acute provider trust. However, there was no service level agreement (SLA) for these staff. We were informed by senior management this was currently being developed. This meant that the trust had not defined the expectation and level of service delivery required to support the patients who used the services.
- The community nursing team at Willenhall Primary Care Centre had an average agency usage of 13% between December 2015 and February 2016. The high usage was attributed to staff sickness. However, the rotas seen showed all shifts had been covered by staff either working additional hours, or the use of bank and agency staff.
- All bank and agency staff completed a local induction. These were reviewed by either the manager/nominated member of staff to ensure they were signed and completed. Areas covered included; basic life support training, infection control and needle stick injuries.
- We saw the vacancy figures for September 2015 to February 2016 across the integrated community services. For example the whole time equivalent (WTE) figures for community nursing which included district nurses, phlebotomy and matrons was at 16.81 WTE. We saw this had decreased steadily from December 2015 which was at 22.17 WTE.
- The performance scorecard report (which provided data from July 2015 to February 2016) for the integrated practice unit (IPU) rehabilitation and reablement services showed that bank and agency usage for February 2016 was at 32%. This was higher than the trust target of less than 4%. The records for July 2015 to February 2016 showed the service was consistently just above 30% for agency usage.
- Staffing shortages had been recognised by the trust as an area of concern and was identified on the risk register. The trust had recognised the high usage of bank/agency staff and was undertaking a recruitment campaign to encourage new staff to work within the community teams. This included the making of a video which was attached to the recruitment advertisement. Staff believed this innovation would highlight their work and encourage recruitment.
- The adult community nursing service had reviewed the skill mix of staff within their teams and how they could work differently. As a result they had identified some

Are services safe?

patients could be seen by band 4 staff instead of qualified nurses for tasks such as giving insulin to patients who were stable and the application of compression bandages. We saw guidance was being completed regarding these skills to ensure staff had the relevant competency to support patient's needs.

- The review also identified the opportunity to “up skill” the band 3 roles to include simple dressings and equipment checks.
- During our visit, the managers confirmed they were constantly reviewing their staffing levels and had recently appointed five new staff who were undertaking induction and mentoring. The community services had a rolling programme to actively recruit new staff which included student nurses. We saw risk assessments in place regarding the shortages of staff.
- The community nursing services provided a 24 hour service seven days a week. There was also a community matron on call in the urgent care team every day between 8am and 4pm.
- We saw the gynaecology service was a consultant led service which also operated a weekly gynaecology ultrasound provision.
- We saw the whole service sickness rate for the community service was 7%. This was higher than the trust target of 5%. The sickness rate for the community services was variable with November and December 2015 being below the trust target at 4%. We saw the sickness rate for the district nurses had decreased from 7% in December 2015 to 4% in February 2016.
- The ESD was piloted from December 2014 and had a caseload of 28 patients. Staff confirmed this was manageable.
- We reviewed the caseloads within the integrated community services as of February 2016. For example, we saw the three community nursing teams had a caseload of 10,871 patients, the CAS had 2,995, the musculoskeletal services had 6,003 and the podiatry service had 3,412. All staff spoken with said their caseload was manageable and the managers confirmed they constantly reviewed all caseloads with a view of “cleansing” patients who no longer needed their service.
- There was a T card system for organising caseloads. All cases were active and allocated in accordance to need. These were identified as weekly, monthly, three monthly and annually dependent on care requirement. We saw that any patient who may have deteriorated was quickly identified and moved within the system. We saw this

system in use during our visit to the adult community nursing services. However, some staff said the system could be very time consuming. Patients who had multiple needs were allocated a separate card for each need. For example; a patient with diabetes was allocated a red card, but could also receive a white card if they were provided with manual equipment. The nurses had to duplicate all the details and add to the T card system which they felt could lead to errors and missing cards. Some staff confirmed that T cards had, on occasions, gone missing.

- The healthy lifestyles team had reduced their workforce from 30 to 10. This was due to the healthy lifestyles service not retaining the health trainers contract which led to a service redesign. Staff said the reduction had been managed well. There was good interchanging of roles within the three sub team to enable holiday sickness and training cover.
- There were two vacancies within the podiatry service. The service was overseen by two locum doctors that had worked within the clinics since January 2016. Senior managers informed us that one of the vacancy posts has recently been filled and they were waiting for all the relevant documentation before starting the role.

Managing anticipated risks

- A local risk register was in place for community services. Risk areas identified included; lone working and staffing levels.
- In order to maintain the care and wellbeing of the evening nursing service, the services had arranged for the team to be re-located to the City of Coventry Health Centre for their evening shift. This ensured the safety of the team due to the presence of the security team which they could use if required.
- Staff visiting patients known to present behaviour that challenges were paired up. Staff said this system worked and there had not been any issues or concerns regarding their welfare. There was also a key word in place which staff could use if they needed help. This word was known to all staff spoken with.
- There was a system in place to identify vulnerable and high risk patients which ensured they were prioritised for visits.
- Staff were able to describe the appropriate actions to be taken should a patient not answer the door or not be at home when they arrived for a visit.

Are services safe?

- Community services had good systems in place for winter planning and for other weather variables. All community staff said they were aware of the procedures which included, where appropriate, the re-allocation of patients' appointments.
- Due to the vulnerable nature of lone working in the community, the service operated a risk assessment culture and staff were encouraged to identify hazards and risks to ensure the safety of both staff and patients. Staff told us they were encouraged and supported to raise concerns. We saw copies of community nursing risk assessments which identified the risk, the impact and the control measures for example, patients with behaviour that challenges.
- There were procedures in place for all patients who may deteriorate during an acupuncture procedure. Staff said they would initially administer first aid, but if there was no improvement they would carry out immediate life support (ILS). We saw that all staff who were able to inject patients had ILS training. Staff would also escalate to a 999 emergency call if no improvement was seen.



Are services effective?

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Summary

Overall, we rated the effectiveness of community health services for adults as good because:

- The service had effective evidence-based care and treatment policies based on national guidance.
- We saw evidence of effective multidisciplinary working with staff, teams and services working together to deliver effective care and treatment.
- Patient outcomes were measured regularly and feedback on outcomes used to improve services.
- Patients' pain was assessed and pain relief provided appropriately.
- Patients' nutrition and hydration status were assessed and recorded.
- Staff had the necessary qualifications and skills they needed to carry out their roles effectively. Staff were supported to maintain and further develop their professional skills and experience.
- Records were stored at community bases and patients' homes. However, the loss of records had been recognised and there were systems in place to retrieve the records once a patient had been discharged from a service.

However we found that:

- Generally, there was a poor understanding of the Mental Capacity Act 2005 (MCA) which was reflected in a review of staff training records. For example, CAS showed training compliance at 27% and adult SLT at 43%. Senior management confirmed they had an MCA lead coming to work with the teams to improve their knowledge and provide additional training.

Evidence based care and treatment

- Community teams followed national guidance and delivered evidence-based care. Staff could give examples of up-to-date guidance such as diabetes management. We saw evidence of National Institute for Health and Clinical Excellence (NICE) guidance being followed in relation to the prevention of pressure ulcers.
- Within the podiatry clinics, we saw NICE guidelines being followed for diabetic and rheumatoid arthritis foot care.
- We saw staff within the acupuncture clinic complied with the Acupuncture Council's Code of Professional Conduct by ensuring they took full account of the patient's known medical history and potential allergic reactions.
- The ESD team had recognised the need to assess and respond to patient risk. This resulted in the creation of a development programme which was implemented in the last quarter of 2015. Senior staff confirmed they had begun to implement the programme. Areas to be covered included:
 - the capture of a Barthel score for each patient on admission and discharge from the service. The Barthel scale is used to measure performance in activities of daily living (ADL) such as eating, bathing and dressing. Each performance is rated on this scale using ten variables describing ADL and mobility. We saw this in use within the records seen.
 - to register and share information with the Sentinel Stroke National Audit Programme (SSNAP) to allow local benchmarking. The SSNAP aims to improve the quality of stroke care by auditing stroke services against evidence-based standards, and national and local benchmarks. Senior staff said they were working closely with the stroke team to ensure they were capturing all the relevant information.
 - the capture of a FIM/FAM for those patients undergoing active rehabilitation and goal setting in CNRT. The Functional Independence Measure (FIM) and the Functional Assessment Measure (FAM) are designed to rate a patient's independence and the amount of help a patient requires for basic daily activities. The patient is scored on what they actually do, on a day-to-day basis, not what they could do or might be able to do in different circumstances. We saw this in use within the records seen.
- The trust's learning alert system had identified the need for staff to follow NICE guidance in the management of constipation and had implemented guidance for staff to follow.



Are services effective?

- Each patient followed a pathway that was specific to their particular needs, based on the conditions and risks identified on assessment and reviewed throughout their care by the service, for example, continence and podiatry.
- There were integrated care pathways (multidisciplinary plans of anticipated care and timeframes) in place for specific conditions or sets of symptoms. These included pathways for catheter care and stroke.
- Staff at the community neurological rehabilitation team (CNRT) followed the Royal College of Physician guidelines for stroke which included a comprehensive examination of stroke care, encompassing the stroke pathway from acute care through to longer-term rehabilitation.
- The ESD team used the Modified Barthel scale and Bartel as a baseline assessment which was repeated on discharge to identify the level of improvement in order to support the individual patient's activity of daily living needs which included for example; personal care.
- The ESD team used the Modified Rankin Scale to support patient's independence. The Rankin Scale is a scale used for measuring the degree of disability or dependence in the daily activities of people who have suffered a stroke or other causes of neurological disability.
- Staff at the CNRT and ESD used the Berg Balance Scale (BBS). This is used by physiotherapists and occupational therapists to determine the functional mobility of an individual to assess balance outcomes. This test was completed before treatment for elderly individuals and patients with a history of limited mobility such as stroke.
- Local policy and procedure guidelines for all specialities were available on the trust intranet and were easily accessible by all members of staff.
- The 20 community nursing records reviewed had completed care plans as well as skin bundle inspections, nutrition and Waterlow charts and fluid intake. The records were updated monthly which incorporated a reassessment. This involved for example; the measuring and photographing of wounds, consent and review of care plans.
- Patients with a catheter were regularly reviewed by staff in accordance with NICE guidance with a view of a planned trial without catheter (TWOC) taking place when an assessment indicated that it could be removed. All TWOC patients were seen at the catheter

clinic and/or home visits. The purpose of the assessment was to establish the patient's ability to empty their bladder successfully following removal of their urinary catheter.

- The diabetes service within the CAS was promoting the use of Eclipse Diabetes Manager which linked primary care with hospital based consultants to risk stratify diabetes.
- The health lifestyle team were up-to-date with all national policies and NICE guidelines in relation to stopping smoking.

Pain relief

- We saw staff conducted assessments of patients' pain and offered evidence-based advice regarding the most appropriate pain relief. Staff said they discussed pain regularly with patients and they would refer to the patient's GP if they required further input.
- We observed staff discussing with patients during an acupuncture clinic the management of their pain and the pain relief being used.
- We observed a patient within the gynaecology clinic who was visibly in pain. Staff responded by giving advice on how to reposition their posture in order to manage and control the pain more effectively.

Nutrition and hydration

- Nutrition and hydration assessments were completed on patients when required. These assessments were detailed and used nationally recognised nutritional screening tools, for example, a local nutritional assessment tool adapted from the nationally recognised Malnutrition Universal Screening Tool (MUST) tool was used.
- Dietitians, community nurses and speech and language therapy (SLT) services all worked together to provide advice and guidance to people in the community regarding diet and health.
- We saw evidence that assessments were updated regularly and a change in score/need acted upon.

Technology and telemedicine

- The area regarding telemedicine was not assessed because this was not used by the community services.
- Community nursing staff and therapists said communication could pose a problem when visiting remote locations due to the difficulty in obtaining a mobile phone signal. However, there were systems in

Are services effective?

place whereby staff knew the whereabouts of all colleagues to ensure their safety and wellbeing. All staff knew the procedures in place in the eventuality of any issues or concerns.

Patient outcomes

- Generally, we saw effective systems in place to set and monitor patient focused outcomes across the service.
- Both the ESD and CNRT had recognised the need of capturing patient outcome measures. We saw the ESD and CNRT had a development action plan in place which recognised the need to learn from national benchmarking together with visits to centres of excellence to enable them to measure outcomes appropriately. Also included was the progression of digital collection of outcome measures to maximise clinical time together with care notes. Senior staff confirmed they were aware of the action plan and were working towards these goals.
- The personal goals of community patients were monitored across a 12 week period. The records showed regular reviews of progress against these goals. Three patients said they had been given goals and they worked with staff to achieve them. One patient said the nurses regularly reviewed and changed the goals when required.
- The performance outcomes report for February 2016 identified the development of care plan audits within the community services. The audits were to include the number and percentage of cases where SSKIN bundles had been completed, falls care plans, continence care plans and the number of nutrition care plans completed. Senior staff said they were working alongside the relevant services to develop the appropriate care plan audits.
- We saw the ESD team's goal attainment for patient rehabilitation between September 2015 and March 2016. There had been a total of 231 goals identified. The number of goals fully achieved was 180 (78%), the number of goals partially achieved was 38 (16%) and the number of goals not achieved was 14 (6%). Staff said they did not have a trajectory to aim for but confirmed they continuously strived to improve the care and welfare of patients through personalised goals as part of their rehabilitation.
- We saw the CNRT goal attainment outcomes between September 2015 and March 2016. There had been a total of 475 goals identified. The number of goals fully achieved was 398 (84%), the number of goals partially achieved was 51 (11%) and the number of goals not achieved was 26 (5%).
- We saw the records audit results for the CNRT for January 2014 to 2015. The overall records audit result was 87% compliance. Most of the areas achieved 100% with the exception of; up-to-date care plan (78%), drug therapy records (70%) the highlighting of a patient's religion (67%) and physical examination and summary and analysis of assessment at 89%. However, the audit did not identify an action plan to address the areas of concern.
- The physiotherapists used the EuroQol five dimensions (EQ-5D) questionnaire. This form measures the health status of each patient which covers for example: mobility, self-care, pain/discomfort, anxiety/depression and usual activities. Patients were asked to complete this form at the beginning of their treatment and on discharge. This was used to measure patient's outcomes. The performance outcome report for February 2016 showed that 73% of patients had shown an improvement in their health status. We saw this was constant between July 2015 and February 2016. Staff said they did not have a target but continuously aimed to improve the health status of their patients.
- The podiatrists were introducing the Site, Ischemia, Neuropathy, Bacterial Infection, and Depth (SINBAD) classification to track and monitor the outcome of wound care. Due to the recent introduction of SINBAD, senior staff said they did not yet have any recorded outcomes measures.
- The performance outcomes report for February 2016 showed that 100% of patients (14) receiving tissue viability had demonstrated reduced pain at six weeks as measured by the verbal rating scale. This is where the patient is asked to verbally rate their pain as a number (0-10).
- For January 2016, 24 patients (100%) receiving tissue viability services showed no signs of infection at six weeks as measured by clinical observation and wound swabs. We saw the trend between September 2015 and January 2016 was a constant 100%.
- For tissue viability patients receiving compression therapy whose wounds had healed within 18 weeks from the start of treatment there was an achievement

Are services effective?

rate of 67% (four out of six patients) in February 2016. This was lower than the previous month (January 2016) at 89%. We saw the average trend from August 2015 to February 2016 was 80%.

Competent staff

- All adult community nursing staff completed an induction. New staff received an introduction of the service which included accident and incident reporting.
- Three new staff members confirmed they had been allocated a mentor who would be working with them throughout their induction period. They confirmed they had received a competency handbook which they were working through. New staff also confirmed they felt “well supported” which meant they had the support from experienced staff across the service in completing their local induction.
- The trust had ensured that GP’s who undertook subcontracted work were competent in their role. For example; two GPwSI (GPs with specialist interest) working within CAS, one had a professional membership to the Royal College of Ophthalmologist and the other provided a certificate of competency (diploma in practical dermatology).
- The records seen for community services showed that 98% of staff had undertaken annual appraisals. Both the physiotherapy and podiatry services showed they had achieved 100% for their annual personal development reviews. This was confirmed with staff spoken with.
- The February 2016 data showed that personal development reviews overall was at 80% for all clinical staff within adult community services. This was lower than the trust target of 95%. Senior staff were aware of the shortfall and we saw timetables in place to arrange meetings with those clinicians who had not received their appraisals.
- All clinicians received allocated supervision time. Their timetable was blocked out to ensure this occurred.
- Senior management said staff were able to receive either one-to-one supervision time every month or attend group supervision. Staff confirmed they received regular supervision.
- There were procedures in place for any identified poor or variable staff performance. Senior management confirmed staff would be placed on review and supervision for six months.
- The CAS service could not ensure the subcontracted staff had up to date registration, supervision or appraisals. We were informed by senior management a SLA was being developed for the service. This meant there was no one identified as being responsible for overseeing and managing the subcontracted staff and their practicing privileges.
- The trust board minutes for January 2016 highlighted a nursing revalidation agenda. Senior staff confirmed that a programme of training and awareness events had been implemented which included, drop in sessions. Staff confirmed they were told when their revalidation was due.
- There was a total of 113 medical staff associated to the integrated community services of which 107 had been revalidated. A further six (five within the community services and one inpatient staff were awaiting revalidation). This meant the service was on course with their revalidation.
- The community services were in the process of reviewing their staff competency framework. We saw the framework was reflected against NICE and Royal Marsden guidance alongside the trust’s own policies. Examples included; medicines, tissue viability, continence and the administration of eye drops.
- The training records showed that staff training in dementia was 100%. They had access to a dementia representative who was able to provide additional training as required.
- A serious case review in November 2015 identified that district nursing and therapy teams required training in regards to working with “hard to engage patients.” To assist this training the directorate had appointed a practice facilitator who had developed a programme for the delivery of this training. The programme plan had a target start date of January 2016. Approximately 300 staff from community services had been identified as needing this training.

Multi-disciplinary working and coordinated care pathways

- Adult community nursing services were delivered by a multi professional team which included nurses, occupational therapists, physiotherapists, community district nurses and support workers.
- There was good collaborative working across all community services to promote the health and wellbeing of patients. The physiotherapy and podiatry worked closely with the local acute trust and were able to refer patients who required specialist care.



Are services effective?

- The podiatry linked closely with the tissue viability nurses and district nurses for all patients who were on a diabetic foot care pathway.
- There was good working seen between the dietitian, speech and language therapist and occupational therapist. We saw patients were encouraged to use community facilities which included swimming and gym facilities.
- Senior management said they had a good rapport with GP surgeries and had regular contact with them. The community nurses and GPs held a Gold Standards meeting fortnightly to discuss the early contact for newly referred patients as well as reviewing on-going patients and their required facilities. The Gold Standards Framework (GSF) is a model that enables good practice to be available to all people nearing the end of their lives, irrespective of diagnosis.
- The healthy lifestyle team worked alongside midwives regarding pregnant patients in relation to stopping smoking.
- There was good evidence of interagency working with social services for care packages and with the local authority for aids and adaptations to people's homes.
- The Coventry musculoskeletal (MSK) service achieved 100% for the review of all referrals direct into the service within three working days.
- Referrals between nursing and therapy services occurred often and the process was effective. Staff were conscious of cross-over of work and managed this appropriately by providing joint visits where appropriate.
- The community services had daily handovers to discuss the patients seen that day and the patients due for discharge. Staff confirmed their biggest challenge was late discharges. They said their cut off time was preferably early evening to guarantee a safe discharge of the patient and to ensure they could be seen at an appropriate time of the day. The community services co-ordinated daily with the hospital discharge team to ensure necessary arrangements for patients' discharge were put in place.
- All referrals to the MSK came from GPs apart from women's health who could be referred from other departments for example, hospitals. All urgent patients were seen within two weeks and routine within 11 weeks. However, the key performance indicator (KPI) for routine patients was eight weeks. All women's health clinics were seen within eight weeks.

Referral, transfer, discharge and transition

- We saw referrals and communication networks between district nurses, GPs, hospitals and home services.
- Patients were discharged from the community matron service if they met identified criteria which included for example; if the patient's condition remained stable for three to six months, repeated poor concordance or non-engagements with the community matron service, verbal and/or physical aggression towards the nursing staff and if the patient refused or no longer wished to be on the caseload.
- We saw that when patients were discharged from a community service the staff would inform the patient's GP.
- The central booking service was a team of clerical, administrative and clinical staff who managed all referrals to the service. Clinicians conducted the initial assessment of needs and where appropriate refer to the specialist triage team for the initial assessment. The booking service was available from Monday to Sunday from 8am to 8pm. Staff said that all appointments within the booking service could not exceed 18 weeks. We saw the current turnaround was eight weeks.

Access to information

- Community based staff and therapists completed and updated patient records when visiting the patients' home.
- Information needed to deliver effective care and treatment was available to most staff in a timely and accessible way. Procedure specific information and policies were available via the trust intranet.
- Additional information relating to current trust issues, incidents and complaints was available to staff via communication boards, email and staff meeting minutes.
- Patient discharge summaries were sent electronically to the patient's GP to ensure continuity of care within the community.
- The community nursing records were kept within the patient's home. Upon discharge the records were retrieved and filed appropriately. Staff said that on occasions records went missing due to being misplaced at the hospital, or inadvertently destroyed by patients after discharge. This had been highlighted as an area of concern and we saw arrangements in place to retrieve

Are services effective?

records on discharge. Senior staff confirmed the records had originally been on the risk register, but this had been reviewed and removed due to the processes to collect records on discharge of a patient.

Consent, Mental Capacity act and Deprivation of Liberty Safeguards

- The community nursing services worked jointly with a wide range of social, health and voluntary sector services, and obtained patient consent to share information with these services.
- Within the community nursing teams the records reviewed showed consent being obtained and recorded each time they visited the patients in the community.
- We saw the records completed by therapists in CNRT had consent forms for all patients who agreed to participate in the Constraint Induced Movement Therapy (CIMT). This involved the restricted movement of good limbs to encourage the weaker limb to progress. We saw the forms had been completed by both patient and therapist.
- Consent within the CAS was sparse. Of the 28 records viewed, only five identified consent within the records. This was brought to the attention of senior management who confirmed they were aware of the problem and were currently reviewing consent forms for use within the clinics.
- We saw consent was gained for patients who participated in video recordings to be used in health-related activities, positive publicity and health reports.
- Most staff did not demonstrate a good understanding of the Mental Capacity Act (MCA) 2005. This was identified in a serious case review for November 2015 which included the need to roll out MCA training to the entire district nursing teams, including therapists, for both new and existing staff. We saw the updated progress data which showed that staff were attending the training programme. The aim of the training was to ensure that community nursing teams were able to utilise the mental capacity tool developed by the consultant clinical psychologists in consultation with lead nurses.
- Staff had awareness of the Deprivation of Liberty Safeguards (DoLS). Staff confirmed that should patients lack the mental capacity to make a decision, they would make a “best interest” decision in accordance with legislation.
- The training records for the Mental Health Act (MHA), MCA and DoLS varied across the services with percentages as low as 27% for the CAS and 43% for the adult SLT. Ten services had achieved 100% which included community physiotherapy, ESD, the health living team and the musculoskeletal team. Within the physiotherapy and podiatry teams we saw there was no protocol for people who may lack capacity. Senior management confirmed they had an MCA lead coming to work with the teams to improve knowledge and provide training.

Are services caring?

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

Summary

Overall, we rated the caring of adults within the community health services as good because:

- Patients received compassionate care, and patients said they were treated with dignity and respect.
- We saw that staff interactions with patients were person-centred and unhurried. Staff were focused on the needs of patients and improving services.
- Patients and relatives we spoke with said they felt involved in their care and were complimentary and full of praise for the staff looking after them.
- The data from the friends and family test (FFT) was very positive across the service with patients stating they had no problems with the service provided.
- There were arrangements to provide emotional support to patients and their families where required.

Compassionate care

- We spoke with 23 patients and/or relatives during our inspection. Feedback was generally very positive about the care and treatment they received from adult community services.
- Feedback from a family member regarding the community nurses stated their relative received excellent care and that staff discussed all care and treatment in a very respectful and helpful way.
- During our inspection we observed staff to be polite and courteous to patients. We saw staff responding compassionately when patients needed support and saw a number of examples of good care. For example; a patient became distressed during a procedure within one of the clinics visited. Staff took time to explain what they were doing and supported the patient throughout.
- Staff told us they always respected people's individual preferences, habits, culture, faith and background.
- We observed that all patients within the acupuncture clinic received person centred care which was tailored to the individual. All patients' wishes were taken into account with the care amended as required. We observed staff discussed with patients the most relevant up-to-date acupuncture research. This ensured patients were kept informed of any changes in procedures regarding acupuncture.

- Patients we spoke with felt that their privacy was respected and they were treated with courtesy when receiving care.
- We observed staff within the clinics respecting patient's privacy and dignity by ensuring they pulled the curtain around each patient seen.
- Patient feedback from the NHS Friend and Family test (FFT) showed consistently that almost all patients would recommend adult community nursing services to friends and family.
- Results from December 2015 to February 2016 showed that 100% of friends and family would recommend adult community services as a whole. This was from a response of between 144 and 162 patients across the services.
- NHS FFT feedback from tissue viability patients showed that all patients would recommend their services to friends and family. Results from July 2015 to February 2016 consistently showed that 100% of friends and family would recommend the tissue viability services as a whole. This was from a response of between 65 and 104 patients.
- NHS FFT feedback from continence patients showed that all patients would recommend their services to friends and family. Results from July 2015 to February 2016 showed that 100% of friends and family would recommend the continence services as a whole. This was from a response of between 17 and 38 patients.

Understanding and involvement of patients and those close to them

- We observed patients being involved in their care when visiting the assessment clinics. For example, during a wound clinic, the nursing staff asked patients how they felt about the change in their treatment and their involvement.
- Patients told us staff had explained and given advice on for example; leg ulcer care and gave answers to recent wound swabs taken. None of the patients had any concerns regarding the way they had been spoken to. All were very complimentary about the way in which they had been treated.

Are services caring?

- We observed nurses and therapists introducing themselves to patients at all times, and explaining to patients about the care and treatment options.
- All staff we observed communicated respectfully and effectively with patients. They talked to patients in a language they could understand about their care, treatment and condition.
- We observed good interaction between the therapists and patients during our visits into the community. Patients' concerns were discussed and literature was provided showing the exercises they should complete. Patients said staff were "friendly and informative."

Emotional support

- Patients told us they received support, when required, to cope emotionally with their long term conditions.
- Patients were encouraged and empowered to manage their own health, care and wellbeing and to maximise their independence through regular reviews of their individual goals and activities in the community for example, going to the gym.
- Most staff said that they had sufficient time to spend with patients when they needed support, but other staff felt that time pressures and workloads meant this did not always happen.
- Clinical nurse specialists were available for advice and support in a number of specialties including stroke services.
- Staff showed an awareness of the emotional and mental health needs of patients and were able to refer patients for specialist support if required. Assessment tools for anxiety, depression and wellbeing were available for staff to use when required.

Are services responsive to people's needs?

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

Summary

Overall, we rated the responsiveness of community health services for adults as good because:

- The service provided a range of interventions to prevent admission to hospital and to facilitate discharges from acute settings.
- Services were generally planned and delivered to meet the needs of individual patients and of the local community. Effective relationships with key stakeholders and commissioners led to a coordinated approach to service design and delivery.
- Staff had a good understanding of equality and diversity.
- Therapy and nursing teams had good knowledge of how to improve care for those living with dementia/complex needs. The patient's needs were detailed in care plans and were person centred.
- All patients were seen within the 18 week referral to treatment time with the exception of podiatry. The trust confirmed they were in consultation with the commissioners to resolve the situation.

However, we found that:

- Staff attempted to resolve all issues and complaints at the time it was raised. The trust informed us that informal complaints were reported monthly to the divisional Safety and Quality Meeting via the heads of service report which facilitated shared learning. However, we found no evidence to support this during our visit to the community health services for adults which meant that we could not ensure that learning from complaints had been implemented.
- Staff confirmed they had not received specific learning disability awareness training.

Planning and delivering services which meet people's needs

- Services were generally planned and delivered to meet the needs of individual patients and of the local community. Effective relationships with key stakeholders and commissioners led to a coordinated approach to service design and delivery.

- The ESD team was a new team that was commissioned after a pilot project in December 2014. The aim for the ESD was to provide specialist services and support to patients with a new diagnosis of stroke following an admission to UHCW.
- The physiotherapy department saw urgent complex musculoskeletal (MSK) patients within their clinics. The CCG target was for all urgent patients to be seen within two weeks. We saw the physiotherapy department were meeting this target.
- The community nursing team participated in the "breathlessness" MDT. The programme was to support people who presented for example with respiratory, heart failure and COPD (chronic obstructive pulmonary disease). The programme looked at how patients breathed, what happens when they felt breathless and how to cope. The aim was to look at positive ways of coping with breathlessness.
- The healthy lifestyle services offered a free advice, information and support programme for patients and pregnant women who wished to stop smoking. There were clear pathways used to assess the nicotine products used. Patients attended a 12 week programme and were seen weekly for the first five weeks followed by fortnightly meetings for the remainder of the course. Appointments could be at a venue of the patient's choice or at their home.
- Healthy lifestyle service provided NHS health checks. The aim of the checks was to identify patients who may be at risk of and/or prevent heart disease, stroke, diabetes, kidney disease and certain types of dementia. This service was available to all patients aged between 40 and 74 who were registered with a GP in Coventry provided they had not already been diagnosed with one of these conditions. These health checks were available every five years either at the GP surgery or by appointment with the healthy lifestyle service.
- The community matrons and independent nurse prescribers case-managed patients with complex long term conditions. They worked closely with GPs, consultants, community nurses, specialist nurses and therapists, with the aim of
 - helping patients avoid going into hospital.

Are services responsive to people's needs?

- helping patients in managing their own conditions more effectively.
- improving the quality of life of patients by monitoring and co-ordinating care that kept them out of crisis.
- using a targeted approach to local care homes designed to reduce hospital admissions.
- The trust and staff within the community services were aware of people's complex health needs and we saw the services were well coordinated to meet those needs.
- We observed community and social care teams working together to facilitate the setting up of short and long term care packages which reduced delays in the transfer of care.
- The community team had recognised the need for a service to manage non-urgent patients over the age of 60 in their homes. This resulted in the introduction of a new service, the Integrated Neighbourhood Team (INT). This service was supported by national funding and implemented in January 2016. The INT linked to intermediate care and the hospital integrated discharge team. The INT was made up of a multidisciplinary team which included; GPs, social workers, community psychiatric nurses, occupational therapists, community matron, nurses, a supportive administration team and the external services of Age Concern which were commissioned by the CCG to provide support services to patients in the community.
- The community matrons visited patients with long term conditions in their home to complete a detailed assessment of their nursing, medical and social needs. This was with close liaison with the patient's GP. After the assessment, the community matron agreed a planned programme of care with the patient. Examples of areas covered included; advice and health promotion, changes to medicines and referral to self-management programmes and/or other health professions or agencies.

Equality and diversity

- The training records showed that 95% of staff had completed their equality and diversity training as of February 2016. Staff showed a good understanding of equality and diversity.
- Patients were asked about their spiritual, ethnic and cultural needs and their health goals, as well as their medical and nursing needs at each assessment. This was confirmed in the majority of the records reviewed.

- Information about cultural and diversity needs across the local population was available for staff to help inform the delivery of care to ensure it met patients' needs.
- We saw signage within the City of Coventry Health Centre's clinical waiting rooms were in different languages.
- Leaflets were not routinely on display in languages other than English, but were available on request.
- Telephone translation services were available where necessary and staff knew how to access these.

Meeting the needs of people in vulnerable circumstances

- Community staff knew which patients were vulnerable as a result of their circumstances within their caseloads and were able to prioritise these.
- Therapy and nursing teams had good knowledge of how to improve care for those living with dementia and had complex needs. The patients' needs were detailed in care plans and were holistic and person-centred.
- The needs and wishes of patients with a learning disability or of patients who lacked mental capacity were understood and taken into account. Most staff confirmed they had not received specific learning disability awareness training but they confirmed they could access a nurse who specialised in learning disability when required.
- The services had access to mental health advisers who could provide support, guidance and review patients as required.
- Patients with complex needs were usually given home appointments. Elderly patients and patients that lived in care homes were automatically issued a home visit. This procedure was confirmed by staff.
- Visiting times could be flexible should the patient have other appointments they needed to attend. This was confirmed with patients spoken with.
- Patients who received podiatry services fed back that they would like to have extra insoles provided. This was acted upon by the team who now provide two pairs of insoles for each patient requiring insoles.

Access to the right care at the right time

- The CAS had an advanced booking service. Patients were given a choice, and could either book their follow



Are services responsive to people's needs?

up appointment through the trust's booking service or direct with the receptionist when leaving the clinic. Patients said they found the choice was really helpful in helping them manage their appointments.

- All patients who did not attend (DNA) their appointments were flagged to the central booking service who generated a new appointment. For example; within physiotherapy seven patients (4%) did not attend their appointments for January and February 2016 and 12% of patients (177) did not attend the podiatry clinic. All patients who DNA were reviewed by the practitioner/clinician who reviewed the record and, if required, arranged for a second appointment. Should a patient DNA for a third time they were referred back to their GP for review and re-referral as appropriate.
- The central booking service monitored all calls waiting, answered or abandoned. This was on display within the service. For example, on the day of our visit we saw that within the community team there were no calls waiting, 49 calls had been answered with no abandoned calls. Within outpatients, there were no calls waiting, 24 had been answered and one call had abandoned. Senior staff said they were able to review the statistics which enabled them to support staff who may have difficulty in responding to the calls. The central booking service was available Monday to Sunday from 8am to 8pm.
- The community matron service was available seven days a week with the core service being Monday to Friday. There was an on call service for any urgent visits or patients known to the matron between 8am and 4pm and at weekends. When a matron was on leave, urgent visits to known matron patients or visits to new patients to prevent a hospital admission would be picked up by the matron in the fast response team.
- We saw the waiting times for the community clinics. All patients were seen within 18 weeks with the exception of podiatry (116 patients) who had patients waiting between 18 and 32 weeks. The trust confirmed the commissioners were aware of the trust issue with capacity concerning this service and both parties were in discussion regarding the way forward.
- Senior staff within the CAS service confirmed that in order to reduce the waiting list, they operated evening clinics and some Saturday clinics to accommodate patients' individual preferences. The doctors also confirmed they restructured their appointments to

support the patients' availability to attend clinic. For example, we saw a doctor within ear, nose and throat had included an additional clinic to incorporate patient's individual needs.

- The records provided showed the community adult nursing services had arrangements to manage the risk to patients who may be on a waiting list. The CAS used a triage process for managing risk to patients referred. Those patients for whom the services were not considered appropriate would be referred to the most appropriate alternative service or referred back to the GP with a supporting explanation.
- Community physiotherapy waiting lists were managed through weekly referral to treatment (RTT) reviews. Qualified staff were appointed to assess and where appropriate delegate exercise programmes to band 4 and 3 staff to enable the effective delivery of care. Referrals were received daily and triaged/screened by a band 6 or 7 physiotherapist. All referrals were prioritised for urgency of allocation for example, falls or acute deterioration
- CNRT had weekly MDT meetings to review caseloads and waiting lists. Allocation from the waiting list was dependent on patient need regarding which therapy was required to assess and provide intervention. Weekly RTT reports were managed locally to ensure that correct coding had been assigned to patients.
- Speech and language therapy used a range of measures to assist in the management of their waiting lists and the urgency/priority of patients which included for example; seeing patient earlier if their conditions changed and offering urgent dysphagia appointments.
- The podiatry clinic kept an emergency slot free during each clinic so if someone was very urgent they could be seen quickly. However, the demand to be seen outweighed capacity which resulted in a review of the services provided. It was decided by the commissioners that all low/no risk patients should not be seen at the City of Coventry Health Centre. The commissioners were promoting for all low/no risk patients to be cared for by the GP. We saw the podiatry service on the trust's website identified the categories for referrals. Examples included; patients with a foot problem combined with an underlying medical condition that was affecting the circulation and sensation in their lower leg or foot which might put the patient's foot health and mobility at risk such as diabetes.

Are services responsive to people's needs?

- The community nursing team provided seven days a week, 24 hours a day service providing care and treatment in a patient's home, or residential care home.
- The gynaecology clinic provided a service from Monday to Friday with some Saturdays. The service provided a weekly gynaecology ultra sound session on a Wednesday afternoon.
- Diabetes services were delivered weekly on a Tuesday and each alternative Friday. The team consisted of two GPs with special interest in specific areas of diabetes such as diabetes in ethnic populations, obesity and cardiovascular risk.
- The dermatology service provided five days a week service with evening clinics on Monday and Wednesday.
- Patients who had a catheter were given a 0300 number for all emergencies which included for example; blocked catheters.
- All patients referred to the community rehabilitation team were seen within 72 hours. This was in line with NICE guidance and the Royal College of Physicians.
- The records showed the community health adult services had received one complaint in the last 12 months prior to October 2015 which was not upheld. During our visits to the community, we did not identify any complaints submitted for the services provided. The records seen did not highlight any complaints. Staff informed us that all complaints were classed as either formal or informal.
- Staff would speak to anyone raising an informal complaint at the time they raised it. The aim was to try and resolve the problem or complaint at the time it was raised. Staff confirmed they did not always complete a complaint form should the matter be resolved locally. This information was not collated in anyway, which meant that themes within the service could not be easily identified. The trust informed us that informal complaints were reported monthly to the divisional Safety and Quality Meeting via the heads of service report which facilitated shared learning. However, we found no evidence to support this during our visit to the community health services for adults which meant that we could not ensure that learning from complaints had been implemented.
- If staff were unable to deal with the complaint they referred the patient to the Patient and Liaison Service (PALS) to complete a PALS complaint form.
- We found limited literature and posters on display advising patients and their relatives how they could raise a concern or complaint, formally or informally.
- Staff told us the managers/matrons investigated complaints.

Learning from complaints and concerns

- Patients generally knew how to raise concerns or make a complaint. The visiting community teams encouraged patients, those close to them or their representatives to provide feedback about their care.
- Patients were supported to use the system and to use their preferred communication method. This included enabling people to use an advocate where they needed to. People were informed about the right to complain further and how to do so, including providing information about relevant complaint procedures.

Are services well-led?

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Summary

Overall, we rated community health services for adults as good for being well-led because:

- Staff and service leads were generally clear about their priorities and vision and felt involved with the creation of an integrated neighbourhood team and re-design of the healthy lifestyle service.
- Staff at all levels showed an awareness of the strategy for the service.
- There was good feedback from patient surveys. Relatives said they saw staff treating patients with respect and were happy with the service provided.
- Leadership within adult community services was good. Most staff felt supported by their immediate managers and senior managers within the community. There was knowledge of the trust leadership team and of the executive link system.
- Staff felt able to suggest new initiatives for improving care and efficiency within their service, and generally felt involved in changes within community teams.
- The trust had recognised the risks to patient safety and the quality of care and treatment, actions were clearly defined and staff felt the results were very positive.
- Generally, there was effective oversight and management of risks across the service.

However we found that:

- The staff survey results for 2015 had improved from 2014 but the results showed the service continued to be worse than other combined mental health/learning disability/community trusts.

Detailed findings

Service vision and strategy

- There was a vision for the adult community nursing services which was “to improve the wellbeing of the patients served and to be recognised for always doing the best they could.” We saw the vision on display and staff in the adult community services were able to quote what the vision was as well as directing to posters within the services visited.

- Staff confirmed their aim was to embed and uphold with the trust’s vision and felt this was identified through their approach to patients in the community and feedback received.
- The trust’s values were on display within the services visited and staff said they felt involved in the completion of these values. The values included for example:
 - A positive culture of effective communication and engagement of patients, carers and staff.
 - Making every contact count through promoting recovery and informed choice.
 - Commitment to jointly agree outcome measures which are based on clinical and patient experience.
 - Environments that promote compassion, privacy and dignity.
 - Positive staff communication and leadership that promotes a competent workforce.
- We saw the trust’s five year integrated business plan for 2014 to 2019. One of the key areas of focus was the creation of integrated multidisciplinary teams to help people to stay healthy and well in the community and avoid unnecessary admission to hospital. The trust had re-designed the healthy lifestyle service and the integrated neighbourhood team to support their vision and strategy.

Governance, risk management and quality measurement

- There was an effective governance framework to support the delivery of the strategy and good quality care. There was a standardised format for the safety and quality meetings to ensure the same messages were shared across the directorate. There was also a section for “things to celebrate” whereby teams received praise. The safety and quality meetings contained for example; feedback on incidents, complaints, risk register and medicine management.
- We saw copies of the local risk register. This included for example; lone working and staffing. Staff confirmed this was regularly reviewed and updated and included in the

Are services well-led?

team meetings. This was confirmed in the meeting minutes seen. We did not identify any additional risks during our inspection which was not identified in the risk register.

- All team leads attended a team meeting every month which included information from the safety and quality meetings. Areas addressed included recruitment and outcomes of incidents.
- We saw copies of the community services team meetings. Areas covered included for example; feedback from the safety and quality meetings and any training requirements.
- Regular audits were conducted within all areas of adult community services, these included for example; referrals, contact times, records and equipment provision. Audit results were shared and learnt from where appropriate.
- The action plan for community physiotherapy, ESD and CRNT was based on Care Quality Commissions' five domains of safe, effective, caring, responsive and well-led. The action plan identified the action points, progress tracker and the status. We saw most actions had been completed with the exception of; the issue of new mobile phone devices to all team members, the recruitment and retention of staff and more effective means to gather patient feedback on discharge.
- The community services had recognised the need for a care plan audit and senior staff confirmed this was a work in progress.
- There were clear guidelines for staff about their role and what they were accountable for. There were competency frameworks in place for staff to follow and these were monitored by senior managers.

Leadership of this service

- There was comprehensive leadership within the community services with clearly defined leadership roles. Staff were passionate about the service and encouraged other staff to deliver high quality care. They demonstrated an understanding of the current issues facing the service.
- Staff told us they generally felt that the trust was committed to the ongoing development of community services. Staff felt well connected to teams across the trust and all commented positively about the effectiveness of the MDT meetings which were held weekly.

- Healthcare support workers, therapists and nurses all told us they were supported by their line managers and department heads in all aspects of their work, including training and supervision of their work.
- Staff said the chief executive officer (CEO) and senior management were visible and often visited the community services. Staff felt they were very approachable and boosted morale within the team.
- During our visit to the healthy lifestyle service's team meeting the CEO joined halfway through to give an "employee of the season" award to a member of staff. Staff were very pleased to be considered for an award. They said it recognised the work they do for patients in the community.
- Staff said the matrons were very knowledgeable and they felt cared and listened to.
- Staff said they worked well together, supported each other and felt there was a good team spirit within the services.
- Some staff said they loved that they had been given the opportunity to be an associate mentor to support new learners.
- Senior staff said they were encouraged to progress and participate in leadership programmes. They said this provided them with the necessary skills, knowledge and experience to continue in their role.
- Senior staff said they understood the challenges to the services and participated in the way forward during governance meetings.

Culture within this service

- All staff felt there was a hardworking and passionate culture within the service which focussed on patient care.
- Team working was evident and staff were encouraged to share views and thoughts between each other. Staff said they felt respected and valued.
- There was a whistleblowing process for the trust. Staff knew of the trust's whistleblowing policy and said they would be confident in using it if required.
- We observed staff being positive about working for the trust. Staff felt committed to providing good quality care and understood the contribution they made personally to the care and treatment of patients.
- All managers we spoke with said they were proud of their team.

Are services well-led?

- Staff we spoke with told us they felt there was a culture of openness within the organisation. For example during our visit a nurse contacted their manager about an issue she wished to discuss. Staff spoken with considered that this was typical of the services' approach.
- Some staff felt that work pressures had increased, as their workload was rising due to the increased dependency of patients.
- Staff told us they were comfortable reporting incidents and raising concerns. We saw learning from incidents was addressed in team meeting minutes.
- There were processes and procedures in place to address behaviours and performances that were inconsistent with the vision and values of the service. Staff were supported by having additional one to one supervision and being supported within their role when required.

Public engagement

- The ESD had a Twitter page where they posted pictures and articles of interest. For example; two patients who showed good outcomes with their activities were included.
- We spoke with patients during our visit in the community. Patients were able to describe the life within their homes and how they were used to support other people/staff visiting.
- Patients confirmed they could feed back their views during the FFT and telephone feedback requests and this was encouraged by staff during visits.
- Staff confirmed they were encouraged to read the records to ensure they had the most up-to-date information. This was confirmed by patients spoken with.

Staff engagement

- Financial constraints on the trust had been openly discussed with staff and their involvement in reducing costs was sought. Nursing staff had been informed of associated costs with certain dressing types and with

this knowledge could choose alternatives where appropriate. Staff felt this information regarding cost helped them feel involved in choices within the service and made them more aware.

- Staff told us they were encouraged to attend regular meetings and events and to share their experiences and feedback with managers on a regular basis.
- Staff we spoke with were able to name senior managers and told us they engaged with them during visits and appeared genuinely interested in their work and issues.

Innovation, improvement and sustainability

- Staff from all areas told us they felt supported to implement new innovations and ideas.
- Senior staff confirmed that staff could nominate an individual or team for a "Q" award. The aim of the scheme was to recognise staff/teams that had gone above and beyond their call of duty whilst showing resilience to get the best outcome for patients. The ESD team had been shortlisted in 2015 for the "seeking excellence" team award.
- Healthy lifestyles staff voluntarily attended events in the community out of hours which affected health promotions. They were conscientious to endorse inner-city communities services which promoted family structures.
- The tissue viability services had been nominated for a Pride of Nursing Award (2016). The Pride of Nursing Awards gave patients the opportunity to recognise a nurse or nursing team who may have gone above and beyond the call of duty or who had demonstrated incredible compassion which made a difference to the patient and/or their family.
- The community services worked alongside the tissue viability nurses to include the react to red programme to prevent pressure ulcers.
- Community matrons had led a pilot for a targeted approach to support staff in a local care home to better understand patients' needs to reduce hospital admissions.

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.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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