

# Lincolnshire Community Health Services NHS Trust

## Inspection report

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We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

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

This report is a summary of our inspection findings. You can find more detailed information about the service and what we found during our inspection in the related Evidence appendix.

## Ratings

### Overall rating for this trust

Outstanding 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Outstanding 

Are services well-led?

Outstanding 

We rated well-led (leadership) from our inspection of trust management, taking into account what we found about leadership in individual services. We rated other key questions by combining the service ratings and using our professional judgement.

# Summary of findings

## Background to the trust

Lincolnshire Community Health Services NHS Trust delivers a range of community-based services to the people of Lincolnshire. The trust provides a range of services, which include community hospitals, minor injuries units, GP practices, GP out of hour's services, sexual health, services for children, young people and families, therapies, community nursing and specialist nursing services. The trust delivers services in people's homes, primary care premises as well as from the following community hospitals, John Coupland Hospital, Johnson Community Hospital, Louth County Hospital, Peterborough City Hospital and Skegness Hospital. The trust employs 1987 staff working out of a range of bases covering the whole county of Lincolnshire, an area of 2,350 sq. miles and a population of 740,000.

## Overall summary

**Our rating of this trust improved since our last inspection. We rated it as Outstanding**  

## What this trust does

The trust provides a range of services, which include community hospitals, minor injuries units, GP practices, GP out of hour's services, sexual health, services for children, young people and families, therapies, community nursing and specialist nursing services. The trust delivers services in people's homes, primary care premises and as well as from the following community hospitals, John Coupland Hospital, Johnson Community Hospital, Louth County Hospital, Peterborough City Hospital and Skegness Hospital. The trust employs 1987 staff working out of a range of bases covering the whole county of Lincolnshire

## Key questions and ratings

We inspect and regulate healthcare service providers in England.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Where we have a legal duty to do so, we rate the quality of services against each key question as outstanding, good, requires improvement or inadequate.

Where necessary, we take action against service providers that break the regulations and help them to improve the quality of their services.

## What we inspected and why

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse.

The trust was last inspected by the hospitals directorate in September 2014. This included inspections of the following community core services, inpatients, community adults, community children, young people and families, end of life care and urgent care. The overall trust was rated as good. There were no requirement notices or any enforcement notices issued at this inspection.

Between 18 and 20 June 2018, we inspected the following core services: community health inpatient services, community health service for adults, community health services for children, young people and families and urgent care.

# Summary of findings

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, all trust inspections now include inspection of the well-led key question for the trust overall. What we found is summarised in the section headed Is this organisation well-led? We carried out the well-led element of this inspection between 10 and 12 July 2018.

## What we found

### Overall trust

Our rating of the trust improved. We rated it as outstanding because:

- We rated safe, effective and caring as good and responsive and well-led as outstanding. We rated three core services as good overall and one as outstanding. In rating the trust, we took into account the current ratings of the three core services not inspected this time.
- We rated well led for the trust overall as outstanding. The rating for well led is based on our inspection at trust level, taking into account what we found about leadership in individual services. We rated other key questions by combining the service ratings and using our professional judgement.

### Are services safe?

Our rating of safe improved. We rated it as good because:

- All core services at the trust were rated as good for safe.
- There were robust systems in place to safeguard patients from abuse and avoidable harm.
- There was an open and transparent approach to safety including systems to record, report and learn from incidents.
- Records were generally completed in a timely way and in line with best practice.
- There were generally good infection control practices.
- Medicines were generally managed in a safe way.
- Risks to patients were assessed, managed and monitored on a day to day basis.

### Are services effective?

Our rating of effective stayed the same. We rated it as good because:

- All core services at the trust were rated as good for effective.
- Care provided was evidence based and followed recognised and approved national guidance.
- There was collaborative MDT working across all services.
- Learning and development needs were identified through an effective system of appraisal, meeting with managers and reviews of practice development needs.
- Staff understood their roles and responsibilities in relation to the Mental Capacity Act 2005.
- Patients were supported with eating and drinking.
- Patients' pain was well managed.

### Are services caring?

Our rating of caring stayed the same. We rated it as good because:

# Summary of findings

- All core services at the trust were rated as good for caring except for community inpatients which was rated as outstanding.
- There was a culture of patient centred care in all areas we inspected. We saw caring and supportive relations between staff, patients and relatives.
- Staff treated people with respect and ensured privacy and dignity was maintained at all times.
- Feedback from patients and those close to them was mostly positive.
- Patients' individual needs were highly respected by staff and embedded in their care and treatment.

## Are services responsive?

Our rating of responsive improved. We rated it as outstanding because:

- Urgent care and community inpatient services at the trust was rated as outstanding for responsive.
- There was a proactive approach to understanding the needs and preferences of different groups of patients and to delivering care in a way that met those needs
- Services reflected the needs of the local population and ensured flexibility, choice and continuity of care.
- There were innovative approaches to providing integrated person-centred pathways of care that involved other service providers, particularly for people with multiple and complex needs. A hospital based community ward (Digby) was temporarily established over one of the most challenging periods during winter pressures, and was staffed by nurses and therapists deployed from Louth County Hospital as well as agency staff.
- The trust provided transitional care across services and system providers to ensure that home first principles were proactively viewed as the starting position and not the end point. The service was significant in the system and provided an essential function in supporting the emerging Neighborhood Team models of care to achieve admission avoidance and reduce acute Delayed Transfer of Care (DToc).
- Teams were aware of the needs of their local population. They had responded to this and adjusted their approach to delivering care to better meet their needs.
- Patients could generally access services when they needed, overall 99% of patients were seen treated and discharged within four hours in urgent care.
- Staff had a good understanding of managing individual patients needs and supporting those patients living with dementia.
- Scarborough Ward at Skegness Hospital had introduced environmental changes known as a 'Memory Pathway' to help patients with dementia to find their way around the ward. The pathway was colour coded to direct patients around the ward area and many historical pictures displayed of Lincolnshire landmarks.
- Reminiscence software was used on the wards to provide stimulation for elderly patients and patients living with dementia.
- The trust treated concerns and complaints seriously. Lessons learned from these were shared with staff and appropriate actions taken.

## Are services well-led?

Our rating of well-led improved. We rated it as outstanding because:

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

# Summary of findings

- Leaders at all levels demonstrated the capacity and capability needed to deliver excellent and sustainable care.
- The culture at the trust was exceptionally positive. Most staff described how the culture had changed significantly over the last two years, this had been reflected in local pulse staff surveys and national staff survey results. The latest pulse survey score for quarter one of 2018/2019 showed an overall engagement score of 3.98.
- There were high levels of satisfaction across all staff. Staff were proud of the trust as a place to work and spoke highly of the culture in the trust.
- Governance arrangements were proactively reviewed and reflected best practice and there were effective and comprehensive processes to identify, understand, monitor and address risks. There was an innovative approach to the risk register by use of a 'treatment plan' allowing the corporate risk register to remain a clear and dynamic document.
- The trust had a structured and systematic approach to engaging with staff patients, relatives, carers and stakeholders.
- There was a strong focus on continuous learning and improvement at all levels of the trust. There were many trust systems to support improvement and innovation.
- There was a clear statement of vision and values driven by quality and sustainability. It had been translated into a robust and realistic strategy with well-defined objectives that were relevant and achievable.

## Ratings tables

The ratings tables show the ratings overall and for each key question, for each service, hospital and service type, and for the whole trust. They also show the current ratings for services or parts of them not inspected this time. We took all ratings into account in deciding overall ratings. Our decisions on overall ratings also took into account factors including the relative size of services and we used our professional judgement to reach fair and balanced ratings.

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement

## Outstanding practice

We found examples of outstanding practice in urgent care, community health service for adults, community health services for children, young people and families, community inpatient services and overall trust.

For more information, see the Outstanding practice section of this report.

## Areas for improvement

We found 14 things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

## Action we have taken

We did not take any regulatory action against the trust. We did not find any breaches of the legal requirements in any of the services we inspected.

## What happens next

We will continue to monitor the safety and quality of services through our continuing relationship with the trust and our regular inspections.

# Summary of findings

## Outstanding practice

We found the following outstanding practice

### Overall trust

- The trust had used an innovative approach to risk register management at corporate level. This included the use of a 'treatment plan', allowing the corporate risk register to remain a clear and dynamic document.
- The trust employed a healthy community worker from the Eastern European community. They saw this as an integral part of the patient public involvement programme. The healthy community worker had done substantial amounts of work engaging with local communities particularly those from Eastern European communities.
- Due to the widespread workforce, dispersed teams and extensive geography the trust had been innovative in its approach to staff engagement. The trust had created a tube map, which was accessible to all staff outlining staff engagement approaches.
- A real time, fast and effective innovation, in partnership and at the request of the acute sector in Lincolnshire had been created to support winter transitional care and MDT, with both therapists and nurses to release acute sector beds and resources to deal with the winter pressures.
- The trust had been nationally recognised by Listening into Action (LiA) for its leadership development programme.
- The trust had held a contract for over three years with an external organisation development (OD) strategic partner. They worked closely with the organisation development lead in conjunction with the director of workforce and transformation. The OD partner and the OD lead were highly regarded by their peers and staff across the trust. They had made significant and sustained improvements in the culture of the trust, ensuring staff had a meaning and effective way of meaningful way of engaging with improvements in their everyday working life. They had also designed, implemented and supported the leadership development programme.
- The trust operations centre was a highly innovative and highly responsive service which enabled the trust to hold a centralised overview of the organisational and Lincolnshire system wide operational levels. Coordinating an overview of the capacity across all services. The trust could maximise efficiencies and responses in providing high levels of patient care acting upon live information and facilitating effective communication between all providers and internally.

### Community health services for adults

- Staff adapted to patients needs for example one patient requested a consultation by video conferencing, which was facilitated.
- The service was looking at ways to incorporate new technology to make the service more efficient and responsive for patients, for example the use of a 'robo-phone' (automated phone system) for patients requesting unscheduled visits.
- Staff had developed an app for staff's smart phones, which would assist with the care and prevention of wounds and pressure ulcers.

### Community health inpatient services

- Staff on Scotter Ward at John Coupland Hospital were members of The Academy of Fabulous NHS Stuff – an online forum established in 2015 to share ideas about good practice. The clinical team leader was the Lincolnshire regional co-ordinator and a FabAmbassador who helped and encouraged colleagues and others to share good practice.

# Summary of findings

- A scheme known as ‘Slippers for Trippers’ was introduced at Skegness Hospital in response to a suggestion from a relative after a patient fall, that the wards should keep a stock of slippers for patients. We saw the wards had slippers that were provided for each patient that required them to help mitigate the risk of falls.
- A patient living with autism was booked for a surgical procedure at John Coupland Hospital. Staff invited the patient to the day care unit prior to admission to discuss the process from admission to discharge and orientate the patient to the ward. They gave the patient a gown like the one required to wear, to take home to try on to get used to the feel of wearing a garment that was unfamiliar to them. The staff were in contact with the patient leading up to the operation to alleviate any worries.
- Nursing staff on Carlton Ward at Louth County Hospital had arranged a wedding for an end of life care patient within five hours. which was held in the day room in December 2017.

## Community children, young people and families

- The service operated a clinical excellence network. Clinical excellence networks are organised and run by a group of therapists working within a specialism. The primary aim is to provide a support and education network for therapists and other healthcare professionals within the service. In addition, it also facilitates and encourages development of specialist knowledge and research and provides a forum for discussion of current issues.
- The service ran a “journal club”. A journal club is a group of individuals who meet regularly to critically evaluate recent articles in the academic literature, such as medical literature. The service used the journal club to benchmark services and look how they could further improve services. It kept professional up to date.
- The service and trust had invested in information available on their website. Since its launch on 1 January 2018 there had been 2404 “hits”. This was information to promote self-care amongst parents and children. The trust told us this figure was likely to significantly increase in September 2018 when communications go out to all schools to encourage them to access this as part of self-care promotion.
- Staff had developed many videos available on an external website to support parents caring for children with complex needs.

## Urgent care

- The service was innovative in their use of information technology to improve services. X-rays, digital images of burn injuries and ECGs, could all be reviewed remotely by an appropriate expert and results fed back to the clinician quickly.
- The service had commissioned a non-English speaking ‘secret shopper’ who spoke in their native language, to test out whether staff were following protocols for non -English speaking patients.
- The service invited a complainant back to review whether the changes made had improved services because of their complaint.
- The service had attended an event at a local factory to engage specifically with a population of workers who were non-English speaking in relation to access to urgent care services.

## Areas for improvement

Action the trust **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is to comply with a minor breach that did not justify regulatory action, to prevent it failing to comply with legal requirements in future, or to improve services.



# Summary of findings

**We found no actions the trust MUST take to improve.**

**Action the trust SHOULD take to improve**

## **Community health services for adults**

- The trust should ensure a consistent approach to assessments and the use of records, tools and care plans to recognise and treat the deteriorating patient.
- The trust should ensure there are enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- The trust should act to improve waiting times for patients.
- The trust should ensure a consistent approach to monitoring and improving 'did not attend' rates.
- The trust should ensure all patients consistently receive the most up to date and high-quality care irrespective of where they receive that care.
- The trust should ensure staff follow a structured handover format and process to support appropriate information sharing and care planning.

## **Community children, young people and families**

- The trust should ensure that staff understand their responsibilities in relation to single use items.
- The trust should consider implementing a documented cleaning schedule for patient toys.
- The trust should ensure staff are familiar with the business continuity plans for such events as the electronic patient record system being unavailable.
- The trust should consider how patient outcomes are recorded and monitored.
- The trust should ensure staff know their full responsibilities in relation to lone working.

## **Urgent care**

- The trust should consider improvements to maintaining regular monitoring of cleaning at Peterborough.
- The trust should ensure plug sockets are covered in children's waiting areas.
- The trust should ensure all rooms where medicines are kept have the temperature recorded daily.

## Is this organisation well-led?

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, we look at the quality of leadership at every level. We also look at how well a trust manages the governance of its services – in other words, how well leaders continually improve the quality of services and safeguard high standards of care by creating an environment for excellence in clinical care to flourish.

This was our first review of well-led at the trust under our next phase methodology.

We rated well-led as outstanding because:

- There was compassionate, inclusive and effective collective leadership at all levels.
- Leaders at all levels demonstrated the capacity and capability needed to deliver excellent and sustainable care.



# Summary of findings

- The board were viewed as accessible, approachable, visible and highly experienced, with transparent accountability at decision-making levels. Without exception all staff were complimentary of the chief executive, his visibility and accessibility and leadership of the trust.
- Board members were taking an active role on key leadership groups within the sustainability transformation plan (STP). The trust was working with the wider local health economy with an intention to improve the sustainability of the care provided by the system. There was partnership working across the local system. References to the STP were 'mainstreamed' across the trust. We heard from directors how "playing our part in the system improves outcomes for patients". Another director told us "we are committed to the Lincolnshire system".
- There was a deeply embedded system of leadership development and succession planning. The trust had designed a Leadership Development Programme (LDP) 'Leading the LCHS Way', to equip leaders with the behaviours to flourish. The approach to leadership development was very much one of building both capability and capacity to delivery high quality, sustainable care.
- There was a clear statement of vision and values driven by quality and sustainability. It had been translated into a robust and realistic strategy with well-defined objectives that were relevant and achievable. The strategy was aligned to local plans in the wider health and social care economy. The leadership team regularly monitored and reviewed progress on delivering the strategy and local plans.
- The culture at the trust was exceptionally positive. Most staff described how the culture had changed significantly over the last two years, this had been reflected in the local pulse staff survey and national staff survey results. The latest pulse survey score for quarter one of 2018/2019 showed an overall engagement score of 3.98.
- There were high levels of satisfaction across all staff. Staff were proud of the trust as a place to work and spoke highly of the culture in the trust.
- Staff articulated the contributions made by themselves and their teams. We saw there were co-operative, supportive and appreciative relationships among staff and within teams, despite the challenges of widespread workforce, dispersed teams and extensive geography. There was strong focus amongst staff on improving the quality and sustainability of care and patient's experiences.
- Staff at all levels were encouraged to speak up and raise concerns and there were strong mechanisms in place to support this.
- Governance arrangements were proactively reviewed and reflected best practice. The board and other levels of governance in the trust functioned effectively and interacted with each other appropriately. Staff at all levels were clear about their role and accountabilities. There was clear separation between management committees (those chaired by the executive directors) and assurance committees (those led and chair by NEDS). This ensured there was an appropriate balance between monitoring and assurance. Terms of reference had been reviewed for the sub-committees and had been aligned to the board assurance framework and sub objectives.
- There were effective systems and processes in place to manage current and future performance. There were effective and comprehensive processes to identify, understand, monitor and address risks. There was an innovative approach to the risk register by use of a 'treatment plan', allowing the corporate risk register to remain a clear and dynamic document.
- Financial governance in the trust was very strong. The trust's financial and operational performance in 2017/18 was indicative of effective processes for managing risks, issues and performance. The trust's financial performance supported NHS Improvement's view that the trust was assessed as low risk for finances.
- Performance issues were escalated to the board through clear structures and processes.

# Summary of findings

- The trust had a structured and systematic approach to engaging with staff patients, relatives, carers and stakeholders. The chief executive and chair were proactively working to collaborate and build relationships with external partners. There were consistently high levels of constructive engagement with staff, people who use services and external stakeholders. Services were developed with full participation of those who use them, staff and external partners, as equal partners.
- We saw numerous examples of where engagement with patient's groups had brought a tangible value. The trust employed a healthy community worker. They saw this as an integral part of the patient public involvement programme. The healthy community worker was of Eastern European origin and was able to engage with Eastern European communities both in terms of patients accessing appropriate health care services and the promotion of the TB programme. This has had a positive impact on uptake of TB vaccinations and seen improved understanding of primary care services within these communities such as walk in attendances, maternity services and registering with GP practices.
- The trust was transparent, collaborative and open with all relevant stakeholders about performance.
- There was a strong focus on continuous learning and improvement at all levels of the trust. There were many trust systems to support improvement and innovation. The trust encouraged innovation and we saw large amounts innovation at the trust in many areas.

## Ratings tables

Key to tables					
Ratings	Not rated	Inadequate	Requires improvement	Good	Outstanding
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	→←	↑	↑↑	↓	↓↓
Month Year = Date last rating published					

\* Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

### Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Good ↑ Sept 2018	Good →← Sept 2018	Good →← Sept 2018	Outstanding ↑ Sept 2018	Outstanding ↑ Sept 2018	Outstanding ↑ Sept 2018

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

## Ratings for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good ↑ Sept 2018	Good →← Sept 2018	Good →← Sept 2018	Good →← Sept 2018	Good →← Sept 2018	Good →← Sept 2018
Community health services for children and young people	Good ↑ Sept 2018	Good →← Sept 2018	Good →← Sept 2018	Good ↑ Sept 2018	Good ↑ Sept 2018	Good ↑ Sept 2018
Community health inpatient services	Good ↑ Sept 2018	Good →← Sept 2018	Outstanding ↑ Sept 2018	Outstanding ↑ Sept 2018	Outstanding ↑ Sept 2018	Outstanding ↑ Sept 2018
Community end of life care	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014
Urgent care	Good →← Sept 2018	Good →← Sept 2018	Good →← Sept 2018	Outstanding ↑ Sept 2018	Good →← Sept 2018	Good →← Sept 2018
GP out of hours services	Good ↑ Sept 2018	Good Nov 2017	Good Nov 2017	Good Nov 2017	Good Nov 2017	Good Nov 2017
<b>Overall*</b>	Good ↑ Sept 2018	Good →← Sept 2018	Good →← Sept 2018	Outstanding ↑ Sept 2018	Outstanding ↑ Sept 2018	Outstanding ↑ Sept 2018

\*Overall ratings for community health services are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

# Community health services for adults

Good   

## Key facts and figures

Services are provided to men and women over the age of 18 and include community nursing and therapy services and outpatient clinics, including continence clinics, leg ulcer clinics and musculoskeletal physiotherapy and occupational therapy clinics, among others.

During this inspection we visited seven sites, which included community therapy and nursing staff bases and a variety of outpatient clinics. The sites we visited were: Riversdale Health Clinic and Unit 7 The Point, Lions Way in Sleaford, Johnson Community Hospital in Spalding, Marisco Medical Practice in Mablethorpe, Hawthorn Medical Practice and Skegness Hospital in Skegness and Fen House, Fen Lane, North Hykeham, Lincoln. We also observed direct patient care in people's home and spoke to patients and relatives.

The last comprehensive inspection of the service took place in September 2014. We rated effective, caring, responsive and well-led as good, with safe rated as requires improvement. This resulted in a rating of good overall. Concerns in relation to safe related to staffing, access to clinical supervision and IT services.

At this inspection, we re-inspected all key questions. We rated safe, effective, caring, responsive and well-led as good, providing a rating of good overall.

Our inspection was announced at short notice to ensure that everyone we needed to talk to was available.

Before the inspection visit, we reviewed information that we held about the service and information requested from the trust.

During the inspection visit we:

- Spoke to 81 members of staff including clinical and operational service leads, nursing staff, allied health professionals, and support staff.
- Observed the care of 55 patients and spoke with them where appropriate.
- Spoke with eight relatives.
- Reviewed 31 patient care records.
- Observed patient care, staff handovers and reviewed information including meeting minutes, audit data, action plans and training records.
- We spoke with a wide range of staff from across the trust in focus groups after the site inspection.

## Summary of this service

Our rating of this service stayed the same. We rated it as good because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. Data from April 2018 showed compliance with mandatory training was 93.2%. Although the trust target was 95%, this was better than other comparable trusts.
- Staff understood their roles and responsibilities regarding safeguarding vulnerable adults and children. Staff had received appropriate levels of safeguarding training and could tell us about examples of where they had identified and raised concerns.

# Community health services for adults

- Staff demonstrated good practice with regards to hand hygiene and infection control. We saw hand gel available in clinical areas and the environment and equipment were visibly clean. Equipment was regularly serviced and cleaned.
- There were effective processes for the reporting and management of incidents, most staff were aware of their responsibilities to report incidents and we saw learning from incidents was shared.
- Patients' individual care records were written, however, whilst most of the information needed was available to relevant staff in a timely and accessible way, there was inconsistency in the use of printed records in patients' homes.
- The service provided care and treatment based on latest evidence and national guidance and maintained a quality dashboard to monitor outcomes. There was a clear approach to monitoring, auditing and benchmarking the quality of services and outcomes for people. The service participated in relevant quality improvement initiatives and local and national audits.
- Staff of different kinds worked together as a team to benefit patients. Nurses, therapists and support staff worked with professionals from other services to provide good care. Staff had the right skills and knowledge to safely care for patients.
- Staff had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.
- Staff understood their roles and responsibilities under the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care. Staff cared for patients with kindness and compassion and respected their privacy and dignity. Feedback from patients confirmed that staff were kind and caring.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff worked collaboratively with patients and provided emotional support to patients and their relatives to minimise their distress. Services provided mostly reflected the needs of the fluctuating population served ensuring flexibility, choice and continuity of care.
- Staff took account of patients' individual needs and made use of technology to improve communication with patients.
- Although the average time taken to close a complaint was longer than trust policy, service leads analysed trends and shared key areas of learning from complaints with staff.
- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. However, we did see a degree of silo working and lack of consistency across the teams with respect to assessments, processes and best practice.
- The trust had clear governance structures and effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. The risk register was reviewed regularly and staff had an awareness of the risks throughout the service.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively. The services' vision and strategy was in line with national priorities.

However,

# Community health services for adults

- Whilst we saw staff were using a less task-focused, holistic approach to care, we were not assured there was consistent practice across the trust in the approach to assessments and the use of records, tools and care plans to recognise and treat the patients whose condition may be deteriorating.
- Although staff in some areas told us the service had enough staff with the right qualifications, skills, training and experience, others raised concerns about the number of daily visits they were expected to undertake and the unpaid hours they had to work to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- Whilst we saw staff were improving and developing services to meet patients' needs, services were not provided consistently in all areas of the trust. Monitoring of 'did not attend' rates was inconsistent, and for some there were long waiting times for 'referral to initial assessment' for some specialities.

## Is the service safe?

Good  

Our rating of safe improved. We rated it as good because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. Data from April 2018 showed compliance with mandatory training was 93.2%. Although the trust target was 95%, this was better than other comparable trusts.
- Staff understood their roles and responsibilities regarding safeguarding vulnerable adults and children. Staff had received appropriate levels of safeguarding training and could tell us about examples of where they had identified and raised concerns.
- Staff demonstrated good practice with regards to hand hygiene and infection control. We saw hand gel available in clinical areas and the environment and equipment were visibly clean. Equipment was regularly serviced.
- There were effective processes for the reporting and management of incidents, most staff were aware of their responsibilities to report incidents and we saw learning from incidents was shared.
- Patients' individual care records were written and mostly managed in a way that kept them protected from avoidable harm. However, whilst most of the information needed to deliver safe care and treatment was available to relevant staff in a timely and accessible way, there was inconsistency in the use of printed records in patients' homes.

However,

- Whilst we saw staff were using a less task-focused, holistic approach to care, we were not assured there was consistent practice across the trust in the approach to assessments and the use of records, tools and care plans to recognise and treat the patients whose condition may be deteriorating.
- Although staff in some areas told us the service had enough staff with the right qualifications, skills, training and experience, others raised concerns about the number of daily visits they were expected to undertake and they told us this resulted in them working extra unpaid hours to keep people safe from avoidable harm and abuse and to provide the right care and treatment.

## Is the service effective?

Good   



# Community health services for adults

Our rating of effective stayed the same. We rated it as good because:

- The service mostly provided care and treatment based on latest evidence and national guidance and maintained a quality dashboard to monitor outcomes. There was a clear approach to monitoring, auditing and benchmarking the quality of services and outcomes for people. The service participated in relevant quality improvement initiatives and local and national audits.
- Staff of different kinds worked together as a team to benefit patients. Nurses, therapists and support staff worked with professionals from other services to provide good care. Staff had the right skills and knowledge to safely care for patients.
- Staff had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.
- Staff understood their roles and responsibilities under the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

However

- Whilst some staff were following best practice for the management of leg ulcers, it was unclear if all patients across the trust were consistently receiving the best care and treatment.

## Is the service caring?

Good   

Our rating of caring stayed the same. We rated it as good because:

- Staff cared for patients with kindness and compassion and respected their privacy and dignity. Feedback from patients confirmed that staff were kind and caring.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff worked collaboratively with patients and provided emotional support to patients and their relatives to minimise their distress.

## Is the service responsive?

Good   

Our rating of responsive stayed the same. We rated it as good because:

- Services provided mostly reflected the needs of the fluctuating population served ensuring flexibility, choice and continuity of care.
- Staff took account of patients' individual needs and made use of technology to improve communication with patients.
- Although the average time taken to close a complaint was longer than trust policy, service leads analysed trends and shared key areas of learning from complaints with staff.

However;

# Community health services for adults

- Whilst we saw staff were improving and developing services to meet patients' needs, services were not provided consistently in all areas of the trust. Monitoring of 'did not attend' rates was inconsistent, and some there were long waiting times for 'referral to initial assessment' for some specialities.

## Is the service well-led?

Good  → ←

Our rating of well-led stayed the same. We rated it as good because:

- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. However, we did see a degree of silo working and lack of consistency across the teams with respect to assessments, processes and best practice.
- The trust had clear governance structures and effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. The risk register was reviewed regularly and staff had an awareness of the risks throughout the unit.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively. The services' vision and strategy was in line with national priorities.

## Outstanding practice

We found three areas of outstanding practice. See outstanding practice section above.

## Areas for improvement

We found six areas for improvement. See areas for improvement section above.

# Community health services for children and young people

Good  

## Key facts and figures

In October 2017 there were changes to the services for children delivered by the trust. All children and young people school nursing and health visiting provision in the community transitioned to another provider.

Children's services at this trust at the time of our inspection comprised of children's therapy services, immunisations and vaccination services for children and assessments for looked after children.

The children's therapy service is an integrated team made up of registered occupational therapists, physiotherapists, and speech and language therapists. In addition, the team includes speech and language therapy assistants and therapy assistants who work across both physiotherapy and occupational therapy to provide an integrated service for the families.

The trust provides specialist assessment and therapy interventions for children and young people, between the ages of 0 -19, to support them to achieve their potential. This is a countywide Lincolnshire service delivered in a variety of community locations including patient homes, nurseries, schools and community clinics.

The children and young people's service at Lincolnshire Community Health Services NHS Trust was last inspected in 2014. At our last inspection we rated the service as Requires Improvement for safe, responsive and well led. We rated the service good for effective and caring.

Our inspection was announced with 48 hours' notice this was to enable us to observe routine activity.

Before the inspection visit, we reviewed information that we held about these services and information requested from the trust.

During our inspection, we observed care in patient's homes, clinics and other non-trust premises used by the trust to deliver their services such as primary schools and nursery schools.

We also:

- Spoke with 17 parents and 14 children,
- Spoke with 42 members of staff including physiotherapists, occupational therapists, speech and language therapists, nurses, specialist advisors and managers,
- Reviewed 15 sets of patient records.

## Summary of this service

Our rating of this service improved. We rated it as good because:

- Risks to children and young people using the service were assessed and their safety was managed so they were protected from avoidable harm.
- Record and care plans were individualised, clear, accurate and up to date. Records were completed in a timely manner post visit in line with national guidance.
- There was sufficient equipment available to meet the needs of the children and young people.

# Community health services for children and young people

- Overall, we found that care provided was evidence based and followed recognised and approved national guidance. Staff were clear of their roles in care pathways.
- Staff had access to policies and evidence-based guidance through the trust intranet and staff we spoke with could access policies relevant to their practice.
- Staff treated parents, children and young people with kindness, dignity, respect and compassion.
- We observed good, warm and positive interactions between staff and children. Staff maintained eye contact with children, sat on the floor with them, smiled and nodded in response to each child.
- We found all staff were focused on the needs of the children and young people and actively sought to minimise risks to them. Staff told us how hearing the voice of children and young people was fully reflected in the way care was planned and delivered. Feedback and comments from parents was positive and confirmed their views were sought at all times.
- Leaders had the right skills and abilities to run a service providing high-quality sustainable care.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff.
- Managers across the trust promoted a positive culture that supported and valued staff.
- The service had effective systems for identifying and managing risks.

However;

- The trust policy on record keeping was paperless, therefore all records were stored electronically, however, staff we spoke with were not clear on what actions to undertake to access patient records should the electronic system not be available due to either a cyber-attack or other situation.
- The service did not respond to all complaints in line with the trust policy which stated that complaints should be closed within 35 days.
- Whilst the service collected patient outcomes on an individual basis, the service was unable provide evidence that it monitored the outcomes of the service as a whole.

## Is the service safe?

**Good**  

Our rating of safe improved. We rated it as good because:

- Staff understood their roles and responsibilities regarding safeguarding vulnerable adults and children. All staff had received appropriate levels of safeguarding training and could tell us about examples of where they had identified and raised concerns.
- Staff demonstrated good practice with regards to hand hygiene and infection control.
- Risks to children and young people using the service were assessed and their safety was managed so they were protected from avoidable harm.
- Staff caseloads were regularly reviewed and discussed in supervision sessions
- Records and care plans were individualised, clear, accurate and up to date. Records were completed in a timely manner post visit in line with national guidance.

# Community health services for children and young people

- There was sufficient equipment available to meet the needs of the children and young people.

However;

- The trust policy on record keeping was paperless, therefore all records were stored electronically. However, staff we spoke with were not clear on what actions to undertake to access patient records should the electronic system not be available, due to either a cyber-attack or other situation.

## Is the service effective?

Good  → ←

Our rating of effective stayed the same. We rated it as good because:

- Overall, we found that care provided was evidence based and followed recognised and approved national guidance. Staff were clear of their roles in care pathways.
- Staff had access to policies and evidence-based guidance through the trust intranet and staff we spoke with could access policies relevant to their practice.
- Patients' needs were assessed before care and treatment started and we saw comprehensive needs assessment and care planning. This meant that children and young adults received care and treatment appropriate to their needs.
- Overall, we found good collaborative working within the multi-disciplinary team (MDT). Staff worked well together; there was effective communication between staff and healthcare professionals valued and respected each other's contribution to the planning and delivery of care.
- Staff were knowledgeable about Gillick competencies. Gillick competence is concerned with determining a child's capacity to consent. Staff demonstrated awareness of situations where these principles would be applied.

## Is the service caring?

Good  → ←

Our rating of caring stayed the same. We rated it as good because:

- Staff treated parents, children and young people with kindness, dignity, respect and compassion.
- We observed good, warm and positive interactions between staff and children. Staff maintained eye contact with children, sat on the floor with them, smiled and nodded in response to each child.
- We saw staff praise children and young people, providing support and encouragement. Staff asked open questions, allowing children, and young people to talk freely without interruption.
- We observed staff giving holistic care and often having an awareness of all family members and any additional support the family may require.
- All parents, children and care givers said staff involved them in care and treatment. They felt informed and said staff gave them opportunities to ask questions and clarify any information they had been given.

# Community health services for children and young people

## Is the service responsive?

Good  

Our rating of responsive improved. We rated it as good because:

- The trust's staff worked with other providers, including children's centres and voluntary organisations, to provide support and services to parents and families. Clinics and support groups were set up and based at non-trust locations in local communities to meet the needs of local people.
- Overall, systems were in place to monitor and respond to the risk to children and young people. There were mechanisms in place to identify patients at risk, such as vulnerable children. Staff were also knowledgeable about their caseloads and especially if they had any vulnerable children on them.
- We found all staff were focused on the needs of the children and young people and actively sought to minimise risks to them. Staff told us how hearing the voice of children and young people was fully reflected in the way care was planned and delivered. Feedback and comments from parents was positive and confirmed their views were sought at all times.

However;

- The service did not respond to all complaints in line with the trust policy which stated that complaints should be closed within 35 days.

## Is the service well-led?

Good  

Our rating of well-led improved. We rated it as good because:

- Leaders had the right skills and abilities to run a service providing high-quality sustainable care.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff.
- Managers across the trust promoted a positive culture that supported and valued staff.
- The service had effective systems for identifying and managing risks.

However;

- Whilst the service collected patient outcomes on an individual basis, the service was unable provide evidence that it monitored the outcomes of the service as a whole.
- Although there was a lone working policy available for staff to access electronically. Staff we spoke with did not always know their full responsibilities surrounding this.

## Outstanding practice

We found four areas of outstanding practice. See outstanding practice section above.

# Community health services for children and young people

## Areas for improvement

We found five areas for improvement. See areas for improvement section above.



# Community health inpatient services

Outstanding  

## Key facts and figures

Lincolnshire Community Health Services NHS Trust (LCHS) inpatient services serve a population of approximately 740 000 people, situated in the county of Lincolnshire, and provide a range of inpatient services at four community hospitals. They are John Coupland Hospital in Gainsborough, Johnson Community Hospital in Spalding, Skegness Hospital, and Louth County Hospital. Approximately 470,000 people are cared for in the community hospital inpatients service annually.

From March 2017 to February 2018 the trust had 1007 inpatient admissions.

Louth County Hospital had two inpatient wards. Manby Ward had 32 beds and Carlton Ward had 22 acute medical / rehabilitation beds, both were consultant led. At the time of our inspection Carlton Ward was temporarily closed for refurbishment. Three beds were also closed on Manby ward to address remedial work required to maintain fire safety standards.

There were two in patient wards at Skegness Hospital, a 24-bed unit on Gloucester Ward and a 15-bed unit on Scarborough Ward which included three beds allocated for patients requiring palliative care. At the time of our inspection six beds were temporarily closed at Skegness Hospital due to identified concerns with the water purity to a hot water system.

The Johnson Community Hospital in Spalding had one inpatient ward, Welland Ward with 32 beds in single sex bays. There were also 14 single rooms and a four-bedded palliative care suite.

At John Coupland Hospital in Gainsborough there was a nurse led unit with 23 beds, Scotter Ward. There was also a seven-bedded surgical day care unit and operating theatre. This provided day surgery and diagnostic tests and investigations.

The service was last inspected by the hospitals directorate in September 2014. The service was rated as good in the effective, caring, responsive and well-led domains. The safe domain was rated as requires improvement. This meant the overall rating for the service was good.

Our inspection was unannounced (staff did not know we were coming), to enable us to observe routine activity.

Before the inspection we reviewed information that we held about the service. After the inspection we reviewed additional information requested from the trust.

During the inspection we:

- Visited all of the wards and clinical areas listed above
- Observed the patient experience and spoke with eight patients and five of their relatives.
- Spoke with eight managers who led the service.
- Spoke with another 59 members of staff including clinical team leaders, doctors, nurses, health care support workers, therapists, pharmacists, housekeeping staff, administrative staff and a volunteer.
- Reviewed 24 patient records and 10 medicines administration records.

## Summary of this service

# Community health inpatient services

Our rating of this service improved. We rated it as outstanding because:

- Feedback from patients and people who are close to them was consistently positive. Those we spoke with felt that staff often went the extra mile and the care they received exceeded their expectations.
- There was a strong, visible person-centred approach to care. We saw caring and supportive relationships between staff, patients, and those close to them were valued and promoted by staff and leaders.
- Patients' individual needs were highly respected by staff and embedded in their care and treatment.
- Staff had a good understanding of managing individual patient needs and helping patients living with dementia.
- Governance arrangements were proactively reviewed and reflected best practice.
- Leaders had an inspiring and shared purpose. There were comprehensive leadership strategies in place to develop the desired culture.
- There was a positive culture amongst staff across all wards and departments. Staff and managers appeared receptive of our review of services. Any concerns we identified during our inspection were recorded, shared with relevant staff, and acted upon immediately.
- Staff were patient-focussed, proud of the work that they carried out and shared responsibility to achieve positive outcome for the patients.
- There was clear accountability and reporting from ward to board.
- A hospital based community ward (Digby) was temporarily established over one of the most challenging periods during winter pressures and was staffed by nurses and therapists deployed from Louth County Hospital as well as agency staff.
- There was an improved culture of shared learning across the organisation following incidents and near misses.
- There were effective systems for infection prevention and control and the management of sepsis.
- Staffing levels were planned and reviewed to keep people safe, with any staff shortages responded to quickly. Staff had the skills and competence to carry out their roles effectively and in line with best practice.
- Dementia screening and training improved.
- The implementation of the five steps to safer surgery included all stages including briefing and debriefing.
- Collaborative multi-disciplinary working enabled patients' independence and supported evidence based care.
- There had been improvements to governance arrangements, with a number of new initiatives introduced to monitor clinical practice and identify and assess risks to patients.
- Staff understood their roles and responsibilities under the Mental Health Act 1983, and the Mental Capacity Act 2005.
- Scarborough Ward at Skegness Hospital had introduced environmental changes known as a 'Memory Pathway' to help patients with dementia to find their way around the ward. The pathway was colour coded to direct patients around the ward area and many historical pictures displayed of Lincolnshire landmarks.
- Reminiscence software was used on the wards to provide stimulation for elderly patients and patients living with dementia.

# Community health inpatient services

- The trust provided transitional care across services and system providers to ensure that home first principles were proactively viewed as the starting position and not the end point. The service was significant in the system and provided an essential function in supporting the emerging Neighborhood Team models of care to achieve admission avoidance and reduce acute Delayed Transfer of Care (DTOC).

## Is the service safe?

**Good**  

Our rating of safe improved. We rated it as good because:

- There was an improved culture of shared learning across the organisation following incidents and near misses.
- There were effective systems for infection prevention and control and the management of sepsis.
- Medicines management practices were generally safe.
- Safeguarding systems were embedded and given priority.
- Staffing levels were planned and reviewed to keep people safe, with any staff shortages responded to quickly.
- The implementation of the five steps to safer surgery included all stages including briefing and debriefing.
- Records were stored and maintained safely and securely. We saw staff treating patient identifiable information in line with General Data Protection Regulations (GDPR).
- Risks to people were assessed, managed, and monitored on a day to day basis.

## Is the service effective?

**Good**   

Our rating of effective stayed the same. We rated it as good because:

- Clinical guidelines and policies were developed and reviewed in line with the National Institute of Health and Care Excellence (NICE), the Royal Colleges and other relevant bodies. Policies and standard operating procedures were available and accessible on the trust's intranet.
- Patient outcomes were monitored. Where concerns about performance were highlighted managers took action to evaluate practice in order to identify opportunities for service improvement.
- There was collaborative multidisciplinary working and referrals to specialist services to support evidence based care.
- Learning and development needs of staff were identified through a system of appraisals, meetings with line managers and reviews of practice development needs. Staff had access to training to meet their learning needs related to their scope of work. Patients received adequate pain relief in line with the Core Standards for Pain Management Services in the UK (2015).
- Patients were supported with eating and drinking. There was access to dietetic services as required.
- Care pathways were used effectively.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.

# Community health inpatient services

## Is the service caring?

**Outstanding** ☆ ↑

Our rating of caring improved. We rated it as outstanding because:

- Patients were truly respected and valued as individuals, and were empowered in their care practically and emotionally by committed staff. Staff were fully committed to working in partnership with patients and making this a reality for each person. Patients' individual needs were highly respected by staff and embedded in their care and treatment.
- Staff were highly motivated and treated patients with respect, privacy and dignity at all times. Consideration of patients' privacy and dignity was consistently embedded in everything that staff did.
- Relationships between patients who used the service, those close to them and staff were strong, caring, respectful and supportive. There was a strong, visible person-centred approach to care. Staff and leaders promoted this approach.
- People's emotional and social needs were seen as being as important as their physical needs. Patients were assessed for physical and psychological needs from admission by nursing and therapy staff.
- We saw emotional support was provided for patients and relatives. Information was given to aid understanding and involvement of patients and those close to them.
- Feedback from patients who used the service, those who are close to them is continually positive about the way staff treat people. Patients felt supported emotionally and physically.
- Patients felt involved in decisions about their care and encouraged to retain their independence whilst also being provided with necessary care.

## Is the service responsive?

**Outstanding** ☆ ↑

Our rating of responsive improved. We rated it as outstanding because:

- There was a proactive approach to understanding the needs and preferences of different groups of patients and to delivering care in a way that met those needs. Reasonable adjustments were made to ensure people with additional needs such as visual and hearing impairments, a learning disability and people who required translation services could access and use services on an equal basis to others. Arrangements were in place to manage complex discharges.
- The service worked closely with the acute NHS trust, local authorities, social workers and the commissioners to meet the needs of patients in the area, particularly those with complex needs, long-term conditions and life-limiting conditions.
- There were innovative approaches to providing integrated person-centred pathways of care that involved other service providers, particularly for people with multiple and complex needs. A hospital based community ward (Digby) was temporarily established over one of the most challenging periods during winter pressures, and was staffed by nurses and therapists deployed from Louth County Hospital as well as agency staff.

# Community health inpatient services

- Scarborough Ward at Skegness Hospital had introduced environmental changes known as a 'Memory Pathway' to help patients with dementia to find their way around the ward. The pathway was colour coded to direct patients around the ward area and many historical pictures displayed of Lincolnshire landmarks.
- Reminiscence software was used on the wards to provide stimulation for elderly patients and patients living with dementia.
- The trust provided transitional care across services and system providers to ensure that home first principles were proactively viewed as the starting position and not the end point. The service was significant in the system and provided an essential function in supporting the emerging Neighborhood Team models of care to achieve admission avoidance and reduce acute Delayed Transfer of Care (DToc).
- Over the course of 53 days, Digby Home First Community Ward admitted and discharged a total of 123 patients with an average length of stay of under three days. The trust could demonstrate applying the home first principles and community skill set with the ability to support patients to be discharged directly home.
- The design, maintenance and use of facilities and premises were generally appropriate with easy access for people with wheelchairs or walking aids.
- Staff had a strong understanding of managing individual patient needs and helping patients living with dementia, this was embedded in daily practice. Staff helped patients living with dementia to access video face to face contact with relatives to help remain in familiar contact daily and to calm if becoming distressed.
- The service treated concerns and complaints seriously, and learned lessons from the results, which were shared with all staff.

## Is the service well-led?

**Outstanding** ☆ ↑

Our rating of well-led improved. We rated it as outstanding because:

- Leaders had a shared purpose and strived to motivate staff to succeed. Individual objectives for each staff member had been created to support delivery of the vision and values and were managed through individual staff appraisals.
- Clinical team leaders and matrons were highly visible at all sites throughout our inspection. Staff we spoke with told us they felt well supported by managers and that they felt confident in their leadership approach and direction.
- Staff were patient-focussed, proud of the work that they carried out and particularly proud of the collaborative working between the nursing, therapy and medical staff. Staff shared responsibility to achieve positive outcome for the patients
- Staff felt well informed about service requirements and told us they felt included in discussions around the service plans, there was a strong focus on staff engagement.
- There was a service specific vision and strategy aligned to the local sustainability and transformation plan (STP). We saw a five-year strategy for achieving the priorities and delivering good quality sustainable care focussed on shared decision making, co-produced and co-delivered services, and merging services with communities and community resources.
- Structures and processes to support the delivery of good quality, sustainable services were in place and robust. Clinical team leaders and matrons had protected time to enable clear oversight of the service.

# Community health inpatient services

- There were effective processes in place for cascading information between the senior management team, clinicians and other staff working in patient centred departments.
- The service monitored its performance against healthcare associated infections through the Infection Prevention and Control Committee.
- The clinical team leader of Scotter Ward at John Coupland Hospital demonstrated strong leadership and had won the Lincolnshire Nurse of the Year award 2017, in recognition of accomplished nursing leadership and for commitment as an ambassador for John's campaign, a national initiative for extended visiting rights for family and carers of patients living with dementia.
- There was a positive culture amongst staff across all wards and departments. During our inspection staff and managers appeared receptive of our review of services. Any concerns we identified were recorded, shared with relevant staff, and acted upon immediately.

## Outstanding practice

We found four examples of outstanding practice. Please see outstanding practice section above.

# Urgent care

Good   

## Key facts and figures

Lincolnshire Community Hospital Services (LCHS) provides a range of urgent care services for people living in the Lincolnshire area and for a large visiting population during the main holiday season. The services are accessed by the general public of all ages.

The services are a combination of clinical assessment service (CAS) through NHS 111 telephone assessment; walk-in urgent care centres which are building-based; home visiting services, and bookable GP out-of-hours services.

The aim of the service is to ensure all patients receive the right level of response and care, at the right time and place, from the right person or service. This reduces the need for unnecessary ambulance dispatches and reduces unnecessary admissions to hospital.

At this inspection we inspected urgent care centres and minor injury units only.

The services we visited at this inspection were:

- Gainsborough Minor Injury Unit - John Coupland Hospital, Gainsborough. DN21 2TJ
- Louth Urgent Care Centre - County Hospital, Louth, Louth. LN11 0EU
- Peterborough Minor Illness and Injury Unit- City Care Centre. Peterborough. PE3 6DB
- Skegness Urgent Care Centre - Skegness Hospital, Skegness. PE25 2BS
- Spalding Minor Injury Unit - Johnson Community Hospital, Pinchbeck. PE11 3DT

The centres at Skegness and Louth were open for 24 hours per day. The centres at Spalding and Peterborough were open from 8am until 8pm and Gainsborough from 8am to 6pm.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

During this inspection we:

- Spoke with the service lead, four matrons, two doctors, four clinical team leads, three advanced nurse practitioners, one advanced clinical practitioner, two nurse practitioners, one student nurse, two health care assistants, a governance lead, a human resource lead and five reception staff.
- observed patients receiving treatment.
- and reviewed some clinical records.

## Summary of this service

Our rating of this service stayed the same. We rated it as good because:

- There were robust systems and processes in place to safeguard people from abuse and harm. All staff were aware of how to respond to a safeguarding concern and felt competent and confident to take appropriate action.
- There was an open and transparent approach to safety and an effective system in place for recording, reporting and learning from significant events. Staff were encouraged to record incidents. Outcomes of investigations were acted upon and learning was shared with staff.



# Urgent care

- There were comprehensive arrangements for audit and the service had a strong focus on monitoring and improving the clinical care of patients to ensure that it was in line with best practice guidance.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- The urgent and emergency care services teams were aware of the needs of their local population and understood that the nearest A&E departments to most of the centres was some distance away from where people lived. They had responded to this and adjusted their approach to delivering care to better meet their needs.
- Patients could access services when they needed, overall 99% of patients were seen treated and discharged within four hours. This was against a compliance target of 95%.
- Leaders planned to take account of winter pressures at all centres, and for Skegness centre, there was a summer plan to manage the increased influx of holiday makers during the summer season.
- The service leads had identified a trend for patients presenting at some centres with more serious illness, and had adjusted their workforce to take account of this
- Staff were overwhelmingly positive about the leadership within the service, including the chief executive as a very positive role model.
- Staff had experience in urgent care and had received training to assess and treat adults and children with minor illness/injury.

## Is the service safe?

Good   

Our rating of safe stayed the same. We rated it as good because:

- There were effective systems, processes and practices in place to keep patients safe and safeguarded from abuse. Staff understood their responsibilities and adhered to policies and procedures, including working in partnership with other agencies.
- Staff had access to safeguarding information such as previous attendances, GP letters and whether a child was subject to a child protection plan, and could access clinical supervision with a safeguarding expert.
- There were reliable systems in place to prevent and protect people from a healthcare associated infection. Staff adhered to infection prevention and control policy and procedures. There were cleaning schedules in most centres.
- There were reliable systems for appropriate and safe handling of medicines. This included; stock rotation, checking and ordering medicines, and management of prescription stationary. All medicines we checked were within the expiry date and stored correctly in locked cupboards.
- Reception staff had received various guidance to help them prioritise patients who required immediate attention on arrival. The Trust had implemented a new 'safe to wait' protocol in May 2018 which provided reception staff with a formal structure to assist their decision-making.
- All staff were aware of sepsis and used a screening tool, based on national guidance. This was available on the intranet and displayed on walls in most consultation rooms. The Trust informed us following our inspection that the screening tools were being made more easily accessible within the patient administration system.

# Urgent care

- Nursing staff used a national early warning scoring system (NEWS) to record routine physiological observations such as blood pressure, temperature, and heart rate for adult patients presenting with an illness. A paediatric observation priority score chart (POPs) was used to record routine physiological observations for children and babies. NEWS and POPs tools were used to monitor patients and to prompt support from senior nursing and medical staff when required, and assisted in the identification of potential sepsis.
- Staffing levels and skill mix was monitored and rotas were generally filled. Staff told us that when there were occasional shortages during busy times, regular agency/locum staff were used to fill gaps in rotas. Staff felt that patient care was never compromised even when there were staff shortages.
- There was an open and transparent culture for reporting incidents within the service. Staff understood their responsibilities to raise concerns, and were confident with using the electronic incident reporting system.

## Is the service effective?

Good   

Our rating of effective stayed the same. We rated it as good because:

- Systems were in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and local guidelines electronically. Relevant updates to these were discussed in clinical meetings and through educational sessions. Staff attended regular team meetings and training which supported their knowledge about changes and updates to guidelines.
- Staff had access to fast ECG reporting by a cardiologist at a local hospital for immediate review and advice on next steps. There was access to a telemedicine referral system (TRIPS). This allowed burns injuries to be reviewed by qualified and experienced clinicians at any time of day or night to enable the most appropriate treatment to be given without delay. X-rays were reviewed by an appropriate clinician on site or sent to a clinician locally for review.
- Staff followed best practice for assessing and monitoring the physical health of people in vulnerable circumstances, including older people who were frail, patients with a mental health condition, and those who had a care plan in place and sought patients' consent for treatment in line with legislation and guidance.
- Clinicians used a pain scoring tool to assess pain levels for patients and offered pain relief where appropriate.
- Information about the outcomes of people's care and treatment was monitored through monthly quality audits and used to improve patient care.
- Staff had access to training to meet their learning needs and to cover the scope of their work. This included ongoing support, meetings, clinical supervision and support for the revalidation of doctors and nurses.
- The information needed to plan and deliver care and treatment was available to relevant staff through the service's patient record system and their intranet system. This included access to summary care records for patients who were registered with a GP. This information was provided by the person's own GP and helped the urgent care staff in understanding a person's needs. The service shared relevant information with other services, for example when referring patients to other services, and the patient's own GP.

## Is the service caring?

Good   

# Urgent care

Our rating of caring stayed the same. We rated it as good because:

- There was a culture of patient centred care at all the centres we visited. Staff talked about putting the patient first and demonstrated a caring and compassionate approach to caring for patients.
- Privacy and dignity was assured for patients being treated in consulting rooms. Although, some conversations could be heard at the reception desks in some centres, staff did their best to ensure confidential information was not discussed loudly.
- Patients were generally informed about waiting times at the reception desk, and were seen on a priority basis, according to the urgency of their needs. Staff mostly kept patients informed of any increased waiting times.
- We spoke with 22 patients and relatives who were overwhelmingly positive about the service and described staff as excellent, professional, caring, kind, compassionate and approachable. Most of the patients and relatives had used the service previously and would recommend it to others.
- A dedicated area was provided for children to wait or be treated at most centres. Toys were available as a distraction.
- Patients told us they felt well-informed by staff during their consultations and were encouraged to ask questions and make decisions about their care.

## Is the service responsive?

**Outstanding**  

Our rating of responsive improved. We rated it as outstanding because:

- The urgent and emergency care services teams were aware of the needs of their local population and understood that the nearest A&E departments to most of the centres was some distance away from where people lived. They had responded to this and adjusted their approach to delivering care to better meet their needs.
- Patients could access services when they needed, overall 99% of patients were seen treated and discharged within four hours. This was against a compliance target of 95%.
- Leaders planned to take account of winter pressures at all centres, and for Skegness centre, there was a summer plan to manage the increased influx of holiday makers during the summer season.
- The service leads had identified a trend for patients presenting at some centres with more serious illness, and had adjusted their workforce to take account of this.
- The service had identified an increase in non-English speaking patients, particularly Eastern European patients living in the area, and were investing time to make patients more aware of the service. For example; they had provided podcasts on their website and utilised a non-English speaking mystery shopper to test out whether staff were following protocols for non -English speaking patients.
- The service was aware of the challenges that patients faced in accessing emergency care close to where they lived. They had responded to this by implementing measures that provided fast access to expert assessment to identify the most appropriate treatment quickly. For example; a fast ECG service whereby a cardiologist could review a reading electronically and provide immediate advice; a telemedicine referral system (TRIPS) to enable a burns specialist to review burns injuries electronically and provide fast advice for immediate treatment; fast review of x-rays electronically and on-site.
- An out-of-hours GP hub was hosted at some centres in collaboration with seven local GP practices to provide GP care.

# Urgent care

- Complaints were responded to appropriately but not within the timeframe set by the provider. The Trust provided information that showed they had identified a gap in monitoring complaints and responded immediately by putting a new monitoring process in place.

## Is the service well-led?

Good   

Our rating of well-led stayed the same. We rated it as good because:

- The service had an overarching governance framework that supported the delivery of the strategy and good quality care through structures, policies and procedures. There was a clear meeting structure for the cascade of information between managers and frontline staff. Staff were clear about their roles and responsibilities.
- There was a risk register for the service which fed into the trust risk register. Risks were appropriately rated, regularly reviewed, and we saw actions in place to minimise the risks. Matrons and other senior clinicians met monthly to review their risk registers. They were aware of all risks for the service and able to describe plans to mitigate these.
- There had been some adjustment to the leadership team to ensure that a matron was visible at each of the centres. An on-call rota for matrons had also been implemented so that staff from any centre could call upon a matron during the out of hours period at any centre.
- Staff at all levels told us they were happy with the levels of supervision and support they received from their senior team members.
- The service monitored their performance and acted to make improvements where required.
- Frontline staff told us they felt supported by the clinical team leads, and that all the leadership team were approachable, and there was an 'open-door' culture. Staff were overwhelmingly positive about their work and felt respected and valued within the organisation.
- Information technology was used to improve services. X-rays, digital images of burn injuries, and ECGs, could all be reviewed remotely by an appropriate expert and results fed back to the clinician quickly.
- There was a strong drive for continuous skill development and the sharing of learning.

## Outstanding practice

We found four areas of outstanding practice. See outstanding practice section above.

## Areas for improvement

We found three areas of improvement. See areas for improvement section above.

# Our inspection team

The inspection was led by Simon Brown, Inspection Manager. Carolyn Jenkinson supported the inspection of well led for the trust overall. An executive reviewer supported our inspection of well-led for the trust overall.

The team included five [further] inspectors, two assistant inspectors and six specialist advisers.

Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts. Specialist advisers are experts in their field who we do not directly employ.