First Community Health & Care C.I.C.

Quality Report

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Core services inspected	CQC registered location	CQC location ID
Community Services for Adults	Forum House, Redhill, Surrey	1-875238883
Community Services for Children and Young People	Forum House, Redhill, Surrey	1-875238883
Community Inpatients	Caterham Dene Hospital, Caterham, Surrey	1-298932083

This report describes our judgement of the quality of care at this provider. It 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.

Summary of findings

Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

Overall rating for community health services at this provider	Outstanding 
Are services safe?	Good 
Are services effective?	Good 
Are services caring?	Outstanding 
Are services responsive?	Outstanding 
Are services well-led?	Outstanding 

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Overall summary

When aggregating ratings, our inspection teams follow a set of principles to ensure consistent decisions. The principles will normally apply but will be balanced by inspection teams using their discretion and professional judgement in the light of all of the available evidence.

The Care Quality Commission (CQC) carried out a comprehensive inspection of First Community Health and Care C.I.C between the 20 and 22 March 2017.

We inspected this core service as part of our comprehensive Wave 2 pilot community health services inspection programme.

We rated First Community Health and Care C.I.C as Outstanding overall.

Whilst all services were very good and delivered in a truly caring and compassionate way, the children's services were exceptional at providing services adapted to meet the needs of the community being served.

The organisational culture was open, trusting, caring of the employees and there was a tangible commitment to supporting staff to deliver high quality services. Staff were encouraged to be shareholders and this ownership led to innovation and a real 'can do' attitude. All staff we spoke with were positive about the leadership, supported and knew the vision and were very proud ambassadors for the organisation.

First Community Health had a clear vision and strategy that was well understood and supported by staff. Staff were involved in its design and committed to its successful implementation. Staff were loyal to the organisation and excited by, and welcomed the challenges ahead in terms of having a bigger impact on care provision to a larger demographic as part of the STP.

There was a very strong holistic person-centered focus. It was also an outward looking culture in terms of knowing exactly what external services were available and how best to access these services. Staff were empowered to build strong networks with other local healthcare providers, support groups, and charities. Staff also displayed a commendable drive to continuously improve the service through innovation, balanced with meeting people's social, cultural and individual needs. This ensured that teams were creative in overcoming obstacles to delivering care.

We saw several notable examples of where the senior managers had flexed to ensure that the staff needs were met. Staff knew their executive team well and there was a genuinely open door policy. Many staff worked from the office where the executive team were based, which coupled with the small size of the organisation, led not only to personalised care for patients but also to personalised care of the workforce.

We saw an exceptionally strong commitment to equality and diversity across the organisation, modelled by a part-time Chief Executive Officer and two administrative staff with learning disabilities who were employed on the same terms and conditions as other staff but given high levels of support to fulfil roles they told us, "Had transformed their lives and was the best job ever". We met with BME staff but were told that each of them felt they were simply members of staff doing their jobs in a supportive organisation. The organisation had considered the Workforce Racial Equality Standards (WRES), was monitoring and considering how best to meet the needs of BME staff but also felt it was more about meeting each member of staff's individual needs. There was role modelling with a BME Deputy Chief Nurse who had been supported to join a BME Aspiring Director of Nursing Network to enhance their development opportunities. A WRES audit had been carried out and there was an action place to address areas where improvements could be made.

The Board were particularly strong and well informed. They were led by a very confident but collaborative chair. It was clear they understood their roles and could differentiate between operational and strategic management. We saw a real depth and breadth of understanding from the non-executive directors, some of whom were recruited following a skills gap analysis review.

Our key findings were as follows:

Summary of findings

- The service encouraged openness and transparency about safety. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. We saw evidence of learning from incidents and a positive incident reporting culture.
- The service assessed, monitored and managed risks to patients who use services on a day-to-day basis. This included daily checking for signs of deteriorating health, medical emergencies or challenging behaviour.
- Staff received up-to-date mandatory training, including information governance and infection prevention and control, to allow them to keep patients safe. There was a high level of compliance with mandatory safeguarding training. The service gave safeguarding sufficient priority and staff knew how to recognise and report concerns to keep patients safe.
- The service planned and delivered care and treatment in line with current evidence-based guidance, standards, best practice and legislation.
- All staff were actively engaged in activities to monitor and improve quality and outcomes. There was a dedicated audit lead in place and a healthy audit culture had been developed in the service.
- First Community had more harm free care than the national and median figures during 2015/16
- During the reporting period the provider supported an average of 96% of people at the end of their lives to die in the place that they choose.
- First Community had also implemented a live performance dashboard that staff could access at any time. This promoted ownership and responsibility of the team performance, facilitated the celebration of success, but easily identified areas for improvement.
- The service routinely monitored and collected information about patient outcomes. The service used this information to improve care. Benchmarking data, where available, showed patient outcomes were similar to national averages.
- Staff, teams and services were committed to working collaboratively and had found innovative and efficient ways to deliver more joined-up care to people who used services. This included strong links with other health care providers, local charities and support groups. They embraced new technology to improve the quality of the service.
- Patients felt involved in their care and treatment and the service encouraged patients to be partners in their care. Staff respected patients' wishes and preferences.
- People's emotional and social needs were highly valued by staff and were embedded in their care and treatment. Whilst this was evidenced across all services, it was most striking and a prominent feature of the work undertaken by the homeless team.
- The service made reasonable adjustments and took action to remove barriers for patients who found it hard to use or access services. This included patients who had communication difficulties, disabilities and those in vulnerable circumstances.
- Volunteer-run services such as bingo and chair-based exercise classes helped meet patients' social and rehabilitation needs.
- First Community predominantly used an electronic records system. This was accessible by a wide range of health care professional outside of the organisation and promoted safe continuity of care. The records we viewed were accurate, up to date and fit for purpose.
- The average Friends and Family Test Score for 2016/17 was 4.8 out of 5 stars (96%).
- Across all metrics captured by the staff Friends and Family Test that First Community were better than the national average.
- There were effective processes to take account of comments and concerns. People who used services were confident the organisation would respond positively to any concerns raised. Data demonstrated there were very low levels of complaints in the service. No complaints were escalated to the Parliamentary Health Service Ombudsman (PHSO), this demonstrated good local resolution.
- There was appropriate and effective governance, risk and quality measurement processes. These were widely understood by staff and influenced practice and service delivery. Staff were given direct access to outcome dashboards so they could share the success and identify areas for improvement.
- First Community's Information Governance Assessment Report overall score for the reporting period was 70% and was graded Green (Level 2). They had an action plan in place for 2016-17 to enable them to achieve Level 3 compliance.

We saw several areas of outstanding practice including:

- There was a commendable proactive approach to understanding the needs of different groups of people and to deliver care in a way that meets these needs and promoted equality. This was most evident in the

Summary of findings

way the service met the needs of the vulnerable, homeless, Gypsy, Roma and Traveller (GRT) and refugee communities and those in vulnerable circumstances with complex social needs.

- There was a unanimous feeling that every individual member of staff counted and was valued, regardless of their role or position. Staff felt they could genuinely effect change and have a positive impact on the service delivered and the teams they worked in. The staff survey demonstrated very high engagement scores and work satisfaction scores. Data also suggested staff were highly likely to recommend the service to others.
- There was an incredibly open culture with accessible leadership demonstrated by the 'Floor to Board in 5 minutes' initiative. Staff really could speak with a member of the executive management team within 5 minutes of identifying a concern or idea, if they had not managed to get local advice or resolution or if they felt their comments affected the entire organisation.
- Staff demonstrated a very high level of awareness of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Staff made DoLS applications appropriately and in a timely manner and senior staff were well informed and able to discuss individual applications.
- Staff connected with the community through the provider Community Forum; a network of groups and organisations linking together to provide the best possible service locally.
- The provider was proactive in ensuring every patients voice could be heard. They shared 'live' feedback on their website/intranet. There had been 18,500 reviews over four years via iWantGreatCare.
- We identified the pro-active care matron pilot scheme with the local acute NHS trust as an area of outstanding practice. This was because the service was taking an active role in working towards reducing emergency department admissions at the acute trust.
- The Council of Governors was an elected group of staff members who took a proactive role in representing the shareholders interests in First Community Health and Care, acting as an essential conduit between shareholders and the Board of Directors. As members of the staff group, the Council of Governors promoted and encouraged participation by the shareholders in the company's affairs.
- First Community re-invested company savings in a phlebotomy service for local house-bound patients. It proved so successful the services have now been commissioned.
- The provider holds an 'Outstanding' Unicef Baby Friendly Award for their work to support breastfeeding mothers.
- The child and baby "Advice Line" innovation saved local NHS partners £130,000pa as well as reducing the need for additional face-to-face health visitor support (worth £70,000pa).
- The NHS staff survey 2016 showed an Engagement score of 4.04 compared to 3.79 for NHS Trusts nationally – putting First Community among the best in UK for engagement.
- We identified the yellow wristband system for alerting staff of patients with additional nutrition needs as an area of outstanding practice.
- The service provided by specialist nurses was frequently described as a lifeline with care widened to include support for the patient and their relatives.

However, there were also areas of poor practice where the provider needs to make improvements.

Importantly, the provider should:

- that all areas of the Caterham Dene Hospital (particularly the physiotherapy gym) are cleaned in accordance with the national guidance.
- take action to ensure all nursing staff respond to call bells and patient requests for assistance in a way that meets patients' needs.

Summary of findings

Our inspection team

Our inspection team was led by:

Team Leader: Terri Salt, Inspection manager, Care Quality Commission

The team included CQC inspectors and a variety of specialists: community nurses and matrons, a GP, community children's nurse, health visitors, school nurse, a governance lead and an expert by experience.

Why we carried out this inspection

We inspected this core service as part of our comprehensive Wave 2 pilot community health services inspection programme.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the provider and asked other organisations to share what they knew. We carried out an announced visit on 20-22 March 2017. 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 use 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 use services. We met with people who use services and carers, who shared their views and experiences of the core service.

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?

At Caterham Dene Hospital we reviewed records of inpatients, looked at the quality of the care environment and observed how staff were caring for patients.

We visited community health services for adults in the area serviced by the provider including shadowing community nurses providing care in peoples homes and also those supporting the work of residential care homes. We visited podiatry clinics, a speech and language clinic, a pulmonary rehabilitation class and a falls clinic. We also met with the wider multidisciplinary team and reviewed the work of the intermediate care team and the dietitians, the physiotherapists and the stroke team.

We visited children, young people and families services in other community locations, including children's centres, schools and a traveller's site. We spent time with staff at a Baby Café, the 0-19 Advice Line, an immunisation clinic and a child health drop-in session.

We spoke with 52 patients (including children) and 43 relatives (including parents) who were using the service.

We received 52 feedback comment cards.

We spoke with 125 staff including nurses, occupational therapists, physiotherapists, podiatrists, Speech and Language therapists, therapy technicians and administrative staff.

We attended multi-disciplinary meetings.

We looked at 36 care and treatment records of patients.

Summary of findings

Information about the provider

First Community Health and Care CIC (First Community) provides services across the area of East Surrey and parts of West Sussex to a population of 178, 000. It provides the following core services:

Community Inpatients Services

Community Services for Children and Young People

Community Services for Adults (including end of life care)

First Community Health and Care CIC has a total of two registered locations, including one hospital site: Caterham Dene Hospital, Caterham, Surrey.

It is a staff owned social enterprise since 2011 with an annual turnover of £21million and 450 employees. The organisation re-invests any financial surplus from activities back into the business and local community.

The services provided for Children and Young People (CYP) included health visiting, school nursing, paediatric dietetics and children's safeguarding services including Looked After Children (LAC).

First Community provided a range of nursing and therapeutic services to the adult population of east Surrey. For adults, these services included district nursing, physiotherapy and podiatry. Local commissioning bodies purchased additional specialist nursing and therapy services, which included end of life care, Community Neuro Rehabilitiation Team (CNRT), frailty and falls prevention, continence, respiratory, heart failure, tissue viability and integrated rehabilitation services

First Community has not been inspected since registration in 2013. We have not had any concerns raised directly with the Commission since registration.

Surrey is the fifth least deprived county in England with 61% of the population falling into the least deprived quintile. However, there are pockets of significant deprivation across the county. Births in Surrey are characterised by relatively low rates of teenage pregnancy but high rates of live births to mothers aged 35+ which brings increased risk of pregnancy and birth complications.

People who identify as lesbian, gay, bisexual or transgender account for an estimated 5-7% of the population. This is between 7,500 and 10,500 people. Members of the Lesbian Gay Bisexual and Trans (LGBT+) Community have been found to have higher levels of riskier health behaviours.

What people who use the provider's services say

The patients and the family members that we spoke with were overwhelmingly positive about the staff and services they received. They spoke of staff who were exceptionally kind and helpful, who spent time explaining and helping patients make decisions. We heard about staff in CYP services who were like wise and well informed friends rather than purely professional workers. People said staff were trusted and approachable and tried their best to sort out any problems.

The feedback from patient surveys, the Friends and Family Test and NHS Choices website was entirely good and fulsome in its praise of staff from FHC. The most recent FFT results showed scores of 100% of patients would recommend the service.

The only slightly negative comments we received were from four patients at Caterham Dene Hospital where they felt some staff did not answer call bells quickly enough and were not always as kind as they might be.

Good practice

- There was a commendable proactive approach to understanding the needs of different groups of people and to deliver care in a way that meets these needs

Summary of findings

and promoted equality. This was most evident in the way the service met the needs of the vulnerable, homeless, Gypsy Roma and Traveller (GRT), refugee communities and those in vulnerable circumstances with complex social needs.

- There was an incredibly open culture with accessible leadership demonstrated by the 'Floor to Board in 5 minutes' initiative. Staff really could speak with a member of the executive management team within 5 minutes of identifying a concern or idea, if they had not managed to get local advice or resolution or if they felt their comments affected the entire organisation.
- Staff connected with the community through the provider Community Forum; a network of groups and organisations linking together to provide the best possible service locally.
- The provider was proactive in ensuring every patients voice could be heard. They shared 'live' feedback on their website/intranet. There had been 18,500 reviews over four years via iWantGreatCare..
- First Community re-invested company savings in a phlebotomy services for local house-bound patients. It proved so successful the services have now been commissioned.
- The provider holds an 'Outstanding' Unicef Baby Friendly Award for their work to support for breastfeeding mothers.
- The child and baby "Advice Line" allowed easy access to
- The NHS staff survey 2016 showed an Engagement score of 4.04 compared to 3.79 for NHS Trusts nationally – putting First Community among the best in UK for engagement.
- The service provided by specialist nurses was frequently described as a lifeline with care widened to include support for the patient and their relatives.

Areas for improvement

Action the provider MUST or SHOULD take to improve

Action the provider SHOULD take to improve

The provider should:

- ensure that all areas of the Caterham Dene Hospital (particularly the physiotherapy gym) are cleaned in accordance with the national guidance.
- take action to ensure all nursing staff respond to call bells and patient requests for assistance in a way that meets patients' needs.
- ensure that staff record that patients at high risk of pressures ulcers are reassessed within the timeframe contained within the policy guidance.
- Ensure that all staff know how to access the translation services and recommend that patients' relatives do not translate

First Community Health & Care C.I.C.

Detailed findings

Good

Are services safe?

By safe, we mean that people are protected from abuse * and avoidable harm

* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

Summary of findings

We rated the services at First Community as Good for safety because

- The organisational culture encouraged openness and transparency when things went wrong. The culture was to support staff across the organisation to learn from mistakes and incidents. There was evidence of good systems being in place to identify concerns and trends and to act on them.
- The Chief Operating Officer read every incident form submitted across the whole organisation.
- We were given numerous examples of where there had been shared learning from incidents.
- Safeguarding (and particularly child safeguarding) was a real strength of the service. There was evidence of good multi agency working to protect people from harm and abuse. Staff were well informed and had completed training at the appropriate level for their role. Child safeguarding supervision was in place to support staff in their work.
- Risks to people using services were assessed, monitored and managed on a day to day basis. Risk assessments were person centred and involved patients or their family in planning to mitigate against the risk. There was a culture of shared decision making and valuing patients as partners in care.
- Infection prevention and control was given sufficient priority and apart from a very few minor transgressions we saw that staff adhered to the infection prevention and control policies and procedures. There was adequate equipment and personal protective equipment to allow staff to complete their work and reduce the risk of cross infection.
- Across the whole organisation, medicines were well managed by operational staff and by robust governance arrangements of the supply and disposal arrangements. Staff were assessed as competent. There were innovative approaches to ensuring hard to reach groups received appropriate mediation such as immunisations.
- There were Business Continuity Plans and Major Incident Plans in place and known to staff.

However

Good

Are services safe?

By safe, we mean that people are protected from abuse * and avoidable harm

- Equipment in the physiotherapy gym at Caterham Dene hospital was not clean.
- We saw a very small minority of staff in CYP services who were not following the Bare Below the Elbows policy in clinical situations.

Our findings

Duty of Candour

- Staff across the organisation were aware of their responsibilities in discharging the duty of candour.
- There were policies to inform staff of actions required to meet the duty of candour and incident systems supported the identification of cases requiring a duty of candour response.
- We saw the duty of candour was being appropriately applied.

Safeguarding

- The provider had up to date policies relating to both adult and child safeguarding that were based on best practice and national guidance.
- There was a Band 8 Named Nurse for child safeguarding who was also the named nurse for looked after children. They formed a team with two other part-time nurse specialists who formed 1 WTE, two paediatric liaison health visitors and an administrator.
- The Named Nurses role encompassed a strategic role for making arrangements under section 11 of the Children Act (2004), oversight of child safeguarding training and a supportive role for First Community staff. They were also a member of the health sub group of the Local Safeguarding Children Board and deputised for the safeguarding lead on the full LSCB.
- All staff received appropriate levels of safeguarding training and staff attendance at training was compliant with targets.
- Additionally, 100% of on-call managers held safeguarding vulnerable adults level three training. This was in line with NHS England recommendations and meant staff had an appropriate level of training to allow them to identify and raise concerns.
- A safeguarding team was in place and staff were aware of the processes for reporting and escalating safeguarding issues to the team.
- Safeguarding incidents were monitored with appropriate senior oversight. Opportunities for learning from such incidents were taken.
- Staff we spoke with were able to identify the safeguarding adult's lead and knew how to raise concerns.
- Bespoke level three safeguarding training had been provided for specific staff including community dentists and dietitians where the focus had been on young children who were failing to thrive. There was evidence of this being effective in identifying children at risk who might otherwise have slipped through without a referral.
- There was a good process for working with education welfare staff and the acute hospital. All home educated children who attended the emergency department were discussed at the weekly safeguarding meeting. The local authority staff were now visiting and ensuring the children were safe.
- Action plans from Serious Case Reviews were monitored at the bi-monthly safeguarding group.The board were aware of all SCRs within the area served by First Community
- and also monitored the progress of the action plans.
- The number of safeguarding referrals and amount of safeguarding work individual practitioners were taking on was monitored closely. Each practitioner was required to submit figures each month. This allowed trends to be identified and ensures that potential underreporting or excess workloads were considered by managers.

Incidents

- There was an incident reporting system. Staff were aware of the system and had received training on its use.
- Incident reporting practice and processes were robust across all services. Staff were fully aware of systems, had access to feedback and opportunities to learn from incidents.

Good

Are services safe?

By safe, we mean that people are protected from abuse * and avoidable harm

- The provider undertook analysis of incidents and there was evidence of dissemination of learning from incidents across all services.
- Staff were able to give us examples of learning from incidents and subsequent changes to practice. This included a near-miss incident, where a member of agency staff almost gave a patient the wrong dose of medicine. As a result of this incident, the service introduced an observed drugs round for all new agency staff. We saw an updated version of the agency induction form. This required a signature from a permanent member of qualified nursing staff to confirm they had observed the agency worker carrying out a drugs round, and that they were competent in this area.
- Investigations into incidents were comprehensive and staff received feedback on the outcome of the investigations. We reviewed four root cause analysis (RCA) investigations for SIs in 2016. We saw senior staff had fully investigated SIs and identified areas for learning and improvement. We saw that the service made changes to practice to help prevent recurrences.
- The provider had not reported any Never Events in the last twelve months.
- The board were made aware of any serious incidents intially by telephone or text and followed up with more detailed information by email. They followed up and provided challenge around incident investigations.

Infection control, equipment and environment

- Areas inspected were largely visibly clean and supported by cleaning programmes.
- The provider had an up to date evidence based prevention of infection policy.
- Staff had access to the policy and also to personal protective equipment and cleaning agents.
- Observed practice met expected standards on all except a very few occasions.
- The environment and staff practice was subject to audit. Audit results were used to drive improvements.
- Staff had access to equipment that had been maintained and cleaned. Emergency resuscitation equipment was subject to regular checks.

Medicines and health records

- Medicines were stored securely with storage conditions monitored.
- Patient group directions (PGD's) were up to date and subject to review. They had been ratified by the lead CCG.
- Medicines management was subject to audit and results used to bring about improvements in medicines management in individual services.
- There was appropriate and sufficient access to pharmacy support for all services.

Training

- An extensive portfolio of mandatory and other training was available to staff and was delivered via on line and class room based training.
- The provider monitored attendance and compliance was very good across the workforce.
- Staff training was seen as a priority and staff were supported to attend and complete training.

Staffing

- The organistion used staffing planning tools to identify safe staffing levels. This was kept under regular review.
- Some services had developed newways of working and taken on additional work (notably in CYP). Whilst they were adequately resourced in the short term, they were areas of growth and increasing need.
- The ward at Caterham Dene Hospital relied on bank and agency staff to fill shifts. Data showed there were only two unfilled shifts in 2016. This was because agency staff did not arrive. On both occasions, the matron (who was usually supernumerary) filled the vacant shifts to maintain safe staffing levels.
- The ward used an evidence-based acuity tool to set safe staffing levels based on patients' acuity and dependency levels. To ensure patient and staff safety, the ward set a limit of six patients needing the assistance of two staff members for transfers. Staff reviewed patients' dependency levels daily at the morning handover meeting.
- Recruitment was acknowledged as one of the most significant risks the organisation faced and was on the

Good

Are services safe?

By safe, we mean that people are protected from abuse * and avoidable harm

risk register. Steps had been taken to mitigate against the risk and patient care was not compromised but there was an ongoing reliance on staff goodwill to provide cover.

- Health visitor caseloads were in line with national averages but did not meet the recommendations of the Laming Report (2010) orthe Institute of Health Visiting.

Major incident awareness and training

- Business continuity plans were in place across the provider services.

Are services effective?

Good

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 of findings

We rated the services at First Community as Good for effectiveness because

- The care and treatment provided by First Community was delivered in line with the organisational policies and with due regard for national evidence based practice, best practice guidance and the current legislative framework. We saw evidence that policies and protocols were updated in line with changes to the national guidance and that staff were made aware of any changes that affected their work.
- The staff completed very comprehensive assessments of patients' needs and these were used to create outcome based treatment and care plans. We saw some innovative approaches to engaging with patients to allow for a comprehensive assessment.
- The provider participated in relevant national and local audits to ensure that patient outcomes were monitored and shortfalls in care provision were identified.There was a planned programme of audits across the organisation which staff were encouraged to add to and develop through a formal audit bidding process.
- Education was valued and staff were encouraged to develop new skills through formal and informal learning. We heard about one member of staff who felt unable to continue to deliver end of life care following a bereavement. They were encouraged and supported to develop new skills and were now working as a clinical nurse specialist in another field.
- Bank and agency staff were provided with comprehensive organisational and local induction.
- Staff were supported through regular supervision and annual appraisal. The completion rates for appraisal was very high and staff reported finding them useful and supportive.
- There was strong evidence of effective multidisciplinary working across all services but particularly in CYP and where patients were receving end of life care in the community.
- Consent to care and treatment was obtained in line with the the current legislation and national guidance from the professional regulatory bodies. Staff had a very good knowledge of the Mental Capacity Act (2005) and how this impacted upon their work. Staff in CYP had a sound understanding of their role and responsibilities in seeking consent from children under 16 years of age.

However

- There were a very few members of staff who were not following the provider's infection prevention and control policy and who were not," Bare below the elbows" when delivering care. We also noted that the cleaning of equipment in the physiotherapy gym at Caterham Dene Hospital was unsatisfactory.
- There was no current method of following up any children whose parents failed to return the 'Child under 12 months self assessment form.

Our findings

Evidence based care and treatment

- All policies were within their review date. There was an electronic flagging system to alert senior staff when a policy was approaching its review date. The service based its policies on relevant and current evidence-based guidance and standards. This included the National Institute for Health and Care Excellence (NICE).
- First Community had an effective system for ensuring it followed up-to-date NICE guidelines. Every month, managers in the relevant area checked any updated NICE guidelines against existing protocols. Managers subsequently produced an action plan and addressed any areas of non-compliance.
- Caterham Dene Hospital had participated in national benchmarking exercises and performed favourably with respect to length of stay and readmission rates.
- We saw evidence of local audit activity within services and the analysis of audit results to further service improvement.

Are services effective?

Good

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.

- Staff were actively encouraged to be involved in auditing their own services. The provider had produced a guide on how to undertake clinical audit so that there was consistency of approach.

Patient outcomes

- Tools such as Modified Barthel index (MBI), functional independence measure (FIM) and elderly mobility scale (EMS) were all in use to measure patient outcomes at Caterham Dene Hospital.
- One of the service's key performance indicators (KPIs) was discharge destination. KPI data for April to December 2016 showed 61% of patients (155) returned to their usual place of residence following discharge. This was better than the provider's target of 50% but lower than the average in the National Audit of Intermediate Care (2015).
- KPI data showed the average length of stay on the ward was 26.7 days between April 2016 and January 2017. This was slightly better than the national average of 28 days for other community inpatient services.
- Provider data showed there were no lost bed days because of delayed discharges.
- Provider data showed there were no readmissions to Caterham Dene ward following discharge to the community. National benchmarking data showed this was better than the England average unplanned readmission rate of 7%.
- In children and young people's services, good outcomes were being obtained in all areas of the service audited.
- Outcomes for people from hard to reach groups, including GRT an LAC, using CYP service were good and improving.

Multidisciplinary working

- We saw use of induction, competency frameworks, appraisal and personal development plans to maintain competence across all services.
- The appraisal rate was very high, reaching 100% in some service areas. Appraisal records, included a behaviours framework linked to the provider's values. Appraisals identified areas for improvement and agreed targets. This demonstrated a meaningful appraisal process, which encouraged continuous improvements in staff learning and performance.
- Staff were encouraged and supported to develop additional skills and widen their knowledge.
- There was a high degree of multidisciplinary working across the services provided. The staff were encouraged to develop effective links with other staff from inside First Community and across the wider health and social care economy.
- Regular MDT review occurred across all services.
- Services had ready access to specialist services including social workers, dietitians and speech and language therapists.
- Provider data showed 100% of nurses on the ward had up-to-date professional revalidation with the nursing and midwifery council (NMC). For agency staff, we saw that agencies supplied the ward with evidence of current NMC registration. This meant the service had assurances that all registered nurses met the practicing requirements of the NMC.
- New staff had a six-month probationary period, with monthly one to one meetings with their line manager during this period.
- Two members of staff were supported to achieve Florence Nightingale Foundation Scholarships.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff across all services (including CYP) were aware of the MCA and its implications for patients. They could identify when their practice needed them to consider capacity and how this affected the way they worked with a patient.
- Likewise, DoLS was well understood and where applied assessment, documentation and review met national and guidance.
- Processes for consent were well managed with appropriate arrangements in place for children and young people.

Are services caring?

Outstanding ☆

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

Summary of findings

We rated the services at First Community as outstanding because

- The organisational ethos and commitment of staff to deliver exceptionally person centred care was evident in all services but particularly in services for children and young people (CYP) and where patients receiving end of life care were being managed by community adult services.
- We heard numerous examples of where staff had used their initiative and personal resources to ensure the needs of the vulnerable were fully met.
- Staff were supported and encouraged to adapt service provision to meet the needs of individuals and hard to reach groups. Effective engagement with the Gypsy, Roma and Traveller (GRT) community existed through staff perseverance and skill in building trusting relationships. This had resulted in improved outcomes for this group who are often invisible to healthcare providers.
- Feedback from all areas of the service was very positive with people talking of staff for whom nothing was too much trouble and who found solutions to problems rather than ignore them.
- Feedback from the NHS Friends and Family Test was well above the national average and in many areas of the services had reached 100% at the time of the inspection.
- The Chief Nurse and Director of Clinical Standards read every item of patient feedback personally. This was about 800 items each month.
- Patients and families felt very much that their views were respected and used to design how services were provided. We were told staff were non judgemental and very flexible with an ability to meet the needs of those living in vulnerable circumstances. This was particularly true of CYP services where staff had used text messaging to locate a young mum who was homeless and slept on various friends' sofas throughout her pregnancy.

Our findings

The provider was rated as outstanding for caring. Children and young people's services and community adult services were rated as outstanding, whilst community inpatient services were rated as good.

Compassionate care

- Patient feedback from the February 2017 FFT showed 100% of patients gave a five star rating for dignity and respect on the ward at Caterham Dene Hospital. This was the best possible rating and showed patients felt staff treated them with dignity and respect.
- In the same survey, 100% of patients would recommend the service to family and friends
- People who used the CYP services were very complimentary about the staff and would recommend the service to their friends and family. Friends and Family Test data suggested 100% of those who's used the service between April 2016 and December 2016 would recommend it to others.
- During the inspection, we met parents who had accessed drop in clinics and baby massage sessions because of personal recommendations.
- We observed staff demonstrate good communication skills and deliver helpful advice in a way that was easily understood.This included using open questions that encouraged dialogue. The interactions we saw reflected a kind, caring and individualised approach, which promoted dignity and mutual respect.
- The provider encouraged staff to sign up to the iWantGreatCare website that allowed patients to feed back about the care they received from individual practioners. The member of staff encouraged patients to respond on paper copies at the time of their appointment or via the webform. Feedback seen was exclusively positive.
- The Chief Nurse and Director of Clinical Standards read every item of patient feedback personally. This was about 800 items each month.

Understanding and involvement of patients and those close to them

Outstanding ☆

Are services caring?

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

- The feedback we received demonstrated people felt involved and very much part of planning the care they received.
- Staff were encouraged to engage with any organisation that would be of benefit to those they served. For example, the local housing department, social services, local charities and support groups, the local NHS mental health trust and other healthcare professionals.
- The homeless team recognised the large GRT community that it served and worked closely with the community, local GRT representatives from other educational and local authorities to ensure it could meet all the healthcare needs of this group. This had included providing training days for First Community and the local NHS trusts to help staff understand the culture and health needs of the community.

Emotional support

- Caterham Dene Hospital had volunteer befrienders to support emotional wellbeing to patients. Volunteers also brought therapy dogs onto the ward to visit patients. Therapy pets can help improve patients' emotional wellbeing in hospital.
- There were appropriate systems that provided emotional support for parents, children and young people.
- Emotional support was provided by the nurses, therapists, and ancillary workers.
- We observed the homeless team listening to one person's emotional concerns regarding their social situation and addressing their stress. The nurse had taken it upon herself to liaise with the local housing services to stay informed and provide reassurance and support in this case.
- The CAMHS nurse was integrated in to the school nursing team and there was also a Parent Infant Mental Health practitioner who provided emotional support at the organisation.

Outstanding ☆

Are services responsive to people's needs?

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

Summary of findings

We rated the services at First Community as outstanding because

- The planning and delivery of services was exceptionally person centred and focused on the needs of individuals and cohorts within the community served by the provider. Staff were committed to delivering a flexible service and making innovative adaptations to allow people to access services. This was expecially true of the CYP services who were very solutions focused and used pragmatism to overcome potential obstacles that people faced in accessing services.
- Staff were encouraged to network and develop relationships with staff in other agencies and organisations for the benefit of people using services provided by First Community. This gave staff the local knowledge to signpost effectively and allowed them to guide patients towards other support services through direct contacts with statutory and voluntary agencies.
- The entire board was committed to running an organisation that had equality for staff and patients at the heart of how it delivered services. The examples were too numerous to list but the current board appointed a part-time CEO who was able to role model work-life balance and who provided a strong message to staff about equality in the workplace. We heard many stories and met many staff who talked to us about how the organisation had found ways of enabling them to continue working or supported professional development in challenging circumstances.
- Staff and particulary staff working in CYP services worked with determination and perseverance to build relationships with hard to reach groups. The work they were doing to ensure children born to GRT familes received the same healthcare provision as children born to families in fixed accommodation was exemplary.
- The work of the homeless team was exceptional. The commissioned service was good but the staff took it beyond this level through each staff member's resolve and personal drive to making sure that families in incredibly challenging circumstances were protected and cared for.
- Complaints were few in number but well managed with the CEO having sight of each and every complaint that was received. Local resolution was encouraged and thre were no complaints that were escalated to the Parliamentary and Healthcare Services Ombudsman.
- People felt confident that if they had any concerns or comments that these would be listened to and addressed by the staff members caring for them. The majority view from patients was that complaints would not be necessary as they felt comfortable talking to the staff they knew.

Our findings

Service planning and delivery to meet the needs of local people

- The provider had contracts with local clinical commissioning groups (CCGs) and 100% of community inpatients were NHS-funded. The provider regularly engaged with commissioners, the local acute NHS trust and other local independent community healthcare providers. The provider also worked closely with local GP practices and other nursing services e.g. hospice and care homes. This helped provide a joined-up approach to meet the needs of the local population. The local area had a higher proportion of people aged over 65 than the England average
- First Community adapted its services to meet the needs of its demographics, because local healthcare needs were continuously assessed and reviewed through engagement with local stakeholders, service commissioners, and public feedback.
- The provider had participated in a one day system bed audit across the local health and social care economy in February 2017 and was now working jointly with other providers to review the best use of the bed capacity and reasons for delayed discharges from the acute hospital.

Outstanding ☆

Are services responsive to people's needs?

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

- Key performance indicators (KPI) data showed bed occupancy on the ward was 97.4% between April 2016 and January 2017. This was better than the target of 95% or above agreed with commissioners.
- The objective for the next financial year was a small planned underspend every year going forward, which allows for reserves to be accumulate to provide a safety net for services.
- Profit was re-invested for the good of the patients and local community. The way profit was reinvested was decided by staff submitting a business case application. Some of the ideas had led to strategic relationships such as with the local YMCA providing cardiac rehabilitation classes; domicillary flu jabs and phlebotomy to housebound patients. As part of the social value, First Community invested in the above services.
- Staff working in CYP had embraced modern technology to improve services and meet people needs. This had a direct impact on children who did not want to access face to face services, as well as those with changing social needs. For example, the homeless, were able to access the service in a way they were not able to do so with a conventional way healthcare model.
- The service addressed the care needs of hard to reach groups, for example, travellers, refugees, asylum seekers and ethnic minorities groups.
- There was an advice line in operation for parents of children aged 0-19 years old. This was in response to identifying east Surrey had a significantly high number of children attending emergency departments for minor ailments.
- Staff were able to provide information in different languages for ethnic minority groups, if required.
- Translation services were available and being used by staff. In community service for adults not all staff knew how to access the translation service and suggested they use relatives for translation.
- Buildings were easily accessible for people with limited mobility or who relied on a wheelchair to move around.

Meeting needs of people in vulnerable circumstances

- There were systems to ensure the service could meet the needs of Children and Young Persons (CYP) in vulnerable circumstances.
- The Looked after Children (LAC) team supported 'looked after' children, to improve their health and life chances; provide holistic and health educational approach to health assessments; and contribute to strategic planning to raise the profile of children and young people within the care system.
- There was a dedicated health visiting and school nursing service for CYP and families who were homeless or vulnerably housed in temporary hostel, guesthouse or refuge accommodation.
- The was a multidisciplinary team structure to ensure it was able to provide a wide range of skills and expertise. The team consisted of aSpecialist Community Public Health Nurse, aCommunity Staff NurseandCommunity Nursery Nurses.
- The homeless team had developed strong and productive links with the local council, education boards and GRT and refugee support groups.
- They had also established strong and trusted links with the GRT community to ensure they could meet their health needs. This collaborate working had seen the successful design of a traveller specific health information leaflet. Relationships with the GRT community were strong with the First Community staff being seen as welcome and respected visitors.
- We observed staff use role modelling and positive reinforcement effectively during home inpatients visits to empower the parents to do the same. Positive reinforcement can be defined as a technique used to modify children's behaviour by reinforcing desired behaviours.
- Staff at Caterham Dene Hospital attended equality, diversity and human rights training as part of their mandatory training programme. Provider data showed 92% of staff on Caterham Dene ward had up-to-date equality, diversity and human rights training at the time of our visit. This was better than the provider's target of 80%.
- The inpatient service had sufficient equipment to help wheelchair users' access services on an equal basis to

Outstanding ☆

Are services responsive to people's needs?

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others. The ward had an assisted bathroom accessible for wheelchair users. We saw sufficient equipment including hoists, grab rails and wheelchairs for patients who needed them.

- The inpatient service used the "blue butterfly" scheme. This was a national scheme, where staff placed a blue butterfly above the bed of patients living with dementia. This provided a discrete way of alerting staff to a patient's additional needs.
- The provider had developed services to support patients living with dementia in both inpatient and outpatient settings. Staff had received specific training to support this group of patients.

Access to right care at the right time

- The service's "integrated discharge team community bed state spreadsheet" showed the average waiting time for a bed at Caterham Dene Hospital once patients were medically fit for admission to the ward was 2.4 days in January to December 2016. This was slightly better than the national average for comparable community hospitals of 2.6 days. The service updated the integrated discharge team community bed state spreadsheet twice daily. This allowed up-to-date tracking of referrals until patients became medically fit for admission to the ward.
- Those who were referred to the Perinatal and Infant Mental Health practitioner (PIMH) waited less than six weeks for a one to one appointment or intervention.
- The service was completing 89% of new birth visits within 14 days.
- Data demonstrated the service was exceeding the national targets set for 12 month reviews and new birth reviews completed by 14 days and babies who were breastfed at 6-8 weeks assessments.
- The service had established a proactive approach to care for babies who were identified as tongue tied (is where the strip of skin connecting the baby's tongue to the floor of their mouth is shorter than usual and makes feeding difficult). First Community had worked with a local NHS provider to establish a direct referral pathway. A GP referral was not required as staff could refer directly to the trust. This meant appointments were received in a timelier manner.

Learning from complaints and concerns

- We saw written information about how to make a complaint in the ward information leaflet given to patients on admission. We also saw the provider's "valuing your views" leaflet, which gave information about the provider's complaints procedures. This included details of how to escalate a complaint if necessary, and well as contact information for advocacy services. We also saw information about how to make a complaint on the provider's website. This included a copy of the provider's complaints policy.
- The provider's policy was to acknowledge all formal complaints within two working days and provide a full written response within 25 working days. We saw that the service met the target response time for 100% of complaints between October 2015 and September 2016. This meant all patients received a prompt acknowledgement and response to their concerns.
- Provider data showed there were eight formal complaints relating to adult inpatients between October 2015 and September 2016. Of these, seven complaints were upheld. No patients escalated their complaint to the Parliamentary and Health Service Ombudsman (PHSO) during this period. This suggested all patients were satisfied with the provider's response. The number of complaints was similar to the previous year, when seven patients made a formal complaint.
- Staff received feedback from complaints at team meetings. This helped the service learn from complaints to improve patient care.
- Staff were able to give examples of learning from formal and informal complaints. This included a patient who informally complained that meal portions were too small for them. A matron discussed these concerns with the patient. The service subsequently provided two portions of food at mealtimes to meet the patient's needs.
- Staff were encouraged and empowered to facilitate local resolution of any concerns raised before they became complaints.
- Trends and themes from complaints were regularly reviewed at board level and triangulated with serious incident data.

Outstanding ☆

Are services responsive to people's needs?

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- All the complaints were reviewed and categorised by trend and theme by the clinical governance manager.
- The CEO reviewed every complaint when they were received, and signed off all the written responses

Are services well-led?

Outstanding ☆

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 of findings

We rated the services at First Community as outstanding because

- There was a clear and explicit vision 'Rejuvenating the wellbeing of our community' and strategic objectives that were known to staff across the organisation. It was very much a values led organisation which believed it offered "First rate care, by First rate people for First rate value".
- The entire board was committed to running an organisation that had equality for staff and patients at the heart of how it delivered services. The examples were too numerous to list but the current board appointed a part-time CEO who was able to role model work-life balance and who provided a strong message to staff about equality in the workplace. We heard many stories and met many staff who talked to us about how the organisation had found ways of enabling them to continue working or supported professional development in challenging circumstances.
- There were clear accountability and executive cover when the CEO was not working. The Chief Operating Officer and CEO were never on leave at the same time and there was an on call rota for senior managers.
- There was an effective assurance framework with a governance structure that allowed effective monitoring and challenge by a well informed board with a confident chair. Relationships between executive directors and non-executives were supportive and collaborative but also provided detailed challenge where the board felt they had not been fully assured.
- The board worked collegiately and understood the organisation and trusted each other. They knew the strengths and areas for development. They visited services in the community and spoke with staff and patients. They were available and accessible and shared information freely.
- The Floor to Board in 5 minutes initiative worked in practice. We saw staff making direct contact with senior staff and executive directors and were given examples of where the direct contact with an executive had been an effective way to resolve a difficult situation late on a Friday afternoon. The executive team knew their staff, had coffee and lunch in a shared kitchen and worked together in an open office. The feel of the organisation was definitely about everyone working to a shared purpose.
- There was the mobile phone number for contacting the on call director/ manager using the 'Speaking up at First Community' card which was shared with all staff.
- Innovation was encouraged and developed. Staff were supported to make local decisions and share learning where they had found solutions. Flexibility and adaptability were seen as key to the successful delivery of services.
- Staff were overwhelmingly positive about the services they provided and about working for First Community. The Council of Governors was an elected staff representative forum that was involved as partners in organisational development and service planning. Staff surveys showed outcomes for staff that were better than the national average for NHS community trusts.

Our findings

Vision and strategy

- First Community was a values led organisation and the values were shared and known by staff across all services. These were "first rate care", "first rate people" and "first rate value".The very few staff who did not know all the values told us described one of the values as "people first". This demonstrated that the value of putting patients and people first was embedded amongst staff.
- The corporate vision was "rejuvenating the wellbeing of our community". The provider had three strategic priorities for 2017-2020. These were securing a future

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workforce with the skills to deliver new models of care; financial stability and sustainability; and forging a role at the heart of integrated community health provision with other providers in east Surrey.

- Inpatient service leaders demonstrated engagement with the workforce strategy. This objective included career development, recruitment and retention, and developing future leaders. The service manager and matrons told us about progress against the workforce strategy. This included a successful recruitment day in November 2016. This event resulted in the recruitment of three healthcare assistants (HCAs) for the ward. The service was also considering using external recruitment agents more widely following the successful recruitment of a specialist nurse through this route.
- Staff in CYP services told us about an 'uncertainty' moving forward as a new and major contact commenced in April 2017. However, they were adamant that they would 'overcome the challenges it would throw at them' and would continue to deliver the services to the highest standards possible.

Governance, risk management and quality measurement

- The provider had a clinical governance structure in place with clear accountability and information flow pathways. The integrated governance committee provided quality and safety assurances to the board of directors. Six other groups fed into the integrated governance committee. These were the infection prevention and control group, the Clinical Quality and Effectiveness (CQ&E) Group, the safeguarding adults and children's group, the research and development group, the health and safety group, and the information governance group.
- A CQC programme board sat alongside the integrated governance committee. The purpose of this group was to ensure compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- The provider was a staff-owned social enterprise. All staff were entitled to a symbolic non-financial single share in the organisation. This meant staff could hold the board of directors to account.
- A council of governors sat alongside the Board of Directors. The Council of Governors were elected staff members who represented the voice of staff. The Council of Governors met every other month and representatives attended board meetings. The Council of Governors held the board of directors to account and were involved in the recruitment of the chief executive and non-executive directors.
- Governance and performance management systems and processes were proactively reviewed and reflected best practice.
- There was a Clinical Governance Lead who had complete oversight of all the incidents in the services. Trends and themes were analysed to prevent recurrence and learning from these were widely shared.
- We found very effective use of the service of risk registers. Risks were RAG rated. RAG can be defined as a method ofratingfor risks based on Red, Amber (yellow), and Green colours used in a traffic lightratingsystem. Risks were regularly reviewed at service and board level, and staff were aware of the risks relevant to their services. Staff were fully informed on the risks on the register and were able to provide details on how the risks were being mitigated.
- Staff were able to escalate concerns to the risk registers and felt able to influence how risks were managed and monitored.
- First Community had electronic live performance dashboards. Staff had their own log-ins and were actively encourage to log in to review their achievements and areas for improvements. Staff were using this facility not only to drive up standards but to get a sense of achievement from what their teams achieved.
- There was a positive culture and approach to audit in the organisation. Staff were complimented when they performed well and encouraged to make improvements when appropriate.
- Complaints trends and themes were reviewed at board level and linked to Serious Incident (SI) data to ensure robust risk management and learning.

Leadership of the provider

Are services well-led?

Outstanding ☆

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.

- The chair demonstrated sound understanding of broader healthcare strategies and their role in engagement. The chair also described the developmental needs of the board and modes of accountability for non-executive directors.
- Non-executive directors possessed appropriate experience for the role and chaired sub -committees. A continuous programme of clinical walkabouts was conducted by non-executive directors.
- When a non-executive role became available, the provider undertook a comprehensive skills gap analysis to identify the core skills the current board was lacking. They then recruited looking for specific experience and achievement.
- There was a model of financial control and oversight that took due account and diligence of clinical service risk and opportunities for organisational growth.
- All members of the leadership team showed a very strong commitment to the ethos of the provider as a social enterprise and eloquently described its link to organisational success, high standards of patient care and staff satisfaction. As well as shared values there was also a shared and consistent understanding of strategic plans, priorities of the organisation and strategic risk.
- There was a clear management structure below the executive team that facilitated direction throughout the organisation and provided clear accountability.
- Staff reported that the executive team was both visible and responsive and expressed a high degree of confidence in their leadership. Similarly, service level leadership was also well regarded.
- Staff told us about the 'flat hierarchy' that was perceived as pivotal to the inclusive culture they experienced. They also told us that the lack of a perceived hierarchy made them feel very valued and an important part of the service.
- First Community had a 'floor to board in 5 minutes' approach for staff to escalate concerns. Board to floor in 5 minutes was a concerns escalation process used by the organisation. It meat that serious concerns could be raised with board level management within 5 minutes of a concern being raised. Staff told us that this communication system worked effectively.
- There was a values based framework that was developed by, and well understood by staff. It contained a very impressive perspective and guidance for difficult conversations which was presented in a way that was easily understood.
- The leaders of the organisation were not afraid to make difficult decisions. We were told by one executive director that the organisation was far too small to be able to carry someone who was not upholding the values and behaviours of First Community. There was evidence of referral to the professional regulatory bodies and NHS counterfraud in the rare cases where it was necessary.
- The accountable officer was the Chief Executive.
- The Caldicott Guardian was the Chief Nurse and Director of Clinical Standards.
- The CQC registered manager was the Deputy Chief Nurse and the CQC Nominated Individual was the Chief Nurse.

Culture within the provider

- There was a very open, non-hierarchical and positive culture in all services across the wider First Community.
- The provider had produced a set of core behaviours that were the basis for all staff and patient communications, including during supervision and appraisal. The framework set out very explicitly and in detail the expected behaviours of the staff and maintained a patient focus at the core.
- Staff felt extremely valued at all levels of the organisation. The flat board structure and floor to board communication method meant staff were engaged with the strategy and goals of the organisation. They also demonstrated a genuinely positive, endearing and infectious upbeat and inclusive attitude towards their work.
- There was trust between the staff and the leadership, which meant staff, felt they could share their ideas and suggestions openly. It also meant that there was ample good will amongst teams. The leadership proactively nurtured and supported staff to think 'outside the box' to impact service delivery. Evidence of these innovations has been mentioned elsewhere in the report.

Are services well-led?

Outstanding ☆

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.

- Staff at Caterham Dene Hospital spoke positively about the culture. One member of staff said, "The team are fantastic". Staff felt supported by their line managers and found the executive team to be approachable. Staff gave us examples of managers supporting them, for example, with a phased return to work following sick leave.
- There were various examples shared throughout the report of staff going beyond what was expected of them to ensure that the CYP using their services regardless of any obstacles that may present. This was evidence of a very patient centred service being delivered by staff who were completely committed to their roles.
- Staff described First Community as a flexible organisation. We were given examples of this, such as staff being offered sabbaticals to travel as a way of retaining staff. The chief executive (CEO) worked part time and staff we talked with had working hours that empowered a healthy work life balance.
- The staff were actively involved in the new CEO's induction to the organisation.
- There were staff representatives from each team that met with the board regularly to voice the opinions of staff. We saw documentary evidence of this process.
- We saw a real example of the organisational culture when one member of staff asked to speak to us about how much they enjoyed their work and how their job had transformed their life. The member of staff sat for over an hour waiting to speak to us (we didn't realise he was waiting for us).After the interview, we went to speak with the executive directors to find the staff member was engaged excitedly in conversation with the CEO and chief nurse about what they had told us; they were hugging the CEO and she was reassuring the staff member that they had done very well with the inspectors and should feel very proud. The staff member was employed for one session a week to assist with laminating, photocopying non-confidential information and stapling papers together. They had been working at First Community since it was set up and were a well-known and much valued member of staff employed on the same terms and conditions as other staff.

Fit and proper persons (NHS Trusts only)

- The board and executive directors were aware of the Fit and Proper Persons requirement and there were processes in place that were used when recruiting to applicable posts.
- First Community had appropriate processes for assessing and checking that all candidates for executive and non-executive director post held the required qualifications and had the competence, skills and experience required. There were formal recorded checks of qualifications and prior experience.
- All directors were subject to an enhanced DBS check prior to appointment.

Staff engagement

- The provider commissioned a staff survey in October 2016 through a third party provider. This enabled benchmarking of results and comparison with other community trusts. The staff survey indicated a high level of staff engagement. The overall response rate was 63.2%. This was better than the average response rate of 50.9% for other community trusts that participated in the survey.
- The staff survey 2016 results reflected the positive culture we observed. For example, 65% of staff who responded said they often or always looked forward to going to work. This was significantly better that the average score of 58% for this question for other community trusts. Seventy-three per cent of staff said they would recommend First Community Health and Care C.I.C. FHCas a place to work. This was significantly better than the average score of 55% for this question for other community trusts.
- Staff were able to provide feedback via numerous methods, including at regular supervision sessions, team huddles and through staff representatives.
- Staff were able to contact any board member directly and could speak with the director they felt might be best placed to resolve their specific issue. The Floor to Board in 5 minutes initiative worked in practice and we were given several examples of where direct contact had been made.
- First Community had a Freedom to Speak Up Guardian in post. Guardians have a key role in helping to raise the profile of raising concerns in their organisation andprovide confidential advice and support to staffin

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relation toconcerns they have about patient safety and/or the way their concern has been handled. Staff were aware of who the guardian was and the various ways to make contact should they need to.

- Staff were actively encouraged to engage in quality improvements and to bring new initiatives to the organisation. At the annual quality improvement day, staff were asked to vote for the best initiative to receive a small voucher as a token of gratitude from the executive board.
- The organisation had an awards programme to recognise and reward staff recognised staff achievement.
- The organisation had a Council of Governors who were elected staff representatives who together fed information into the governance structure and assurance framework. They had specific responsibilities enshrined within the organisations Terms of Reference and were involved in recruitment of executive directors and organisational policy.
- The provider had recently held a staff focus group on staff health and wellbeing. We saw that the service took the views of staff into account. For example, the service provided free tea and coffee for staff and had recently upgraded the quality of coffee following staff feedback.

Public engagement

- There were systems for members of the public to express their views on the service. We saw numerous posters encouraging people to provide feedback. The tools used were adapted for different cohorts and included feedback forms for children.
- We also saw the results of the last patient survey for CYP displayed in the health centres we visited.
- Various communication methods were used to gather feedback about the quality of the service. This included emails, text and social media.
- The service engaged with various young carers associations and youth groups in the locality.
- Communication methods with the public included emails and texted invitations to course and events.
- Feedback tools were adapted for different groups to capture as many patient experiences as possible.
- Feedback we received from the public about the methods used was positive.
- The provider had an active community forum, with over 200 members. These included patients, relatives and carers, GPs in the local community and representatives from voluntary associations. The community forum held specific focus groups to seek the views of patients and the public on a range of subjects. These included care of people living with dementia.
- The service sought patient feedback through an online site for healthcare reviews, as well as the NHS Friends and Family Test (FFT). The website immediately sent any two star (out of a possible five) or lower ratings to the provider's complaints manager. The complaints manager subsequently referred this feedback to the service manager for investigation.
- Different services shared learning from patient feedback across the organisation at the monthly Clinical Quality and Effectiveness (CQ&E) Group. The service manager received monthly reports relevant to inpatient services, which included FFT quantitative and qualitative comments. This allowed the service to make continuous improvements that took the views of patients into account.