



Independent health template

Freshney Pelham Care Limited

Date of inspection: 07 June to 09 June 2022

Our findings

Overall summary

This service was previously unrated. We rated it as good because:

- Staff understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, checked that patients ate and drank enough, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and encouraged people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected and supported. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services.

However:

- Information systems and processes were not always operating effectively. Some central systems for recording supervision and training were not fully established to enable leaders to assess and monitor performance.
- The service had several vacancies which had an impact on staff wellbeing and morale was low. The service had a recruitment plan and processes in place for monitoring staffing, skill mix and managing workload.
- Mandatory training compliance with some courses was low. The service had a plan in place for staff to complete this training.

Background to inspection

Freshney Pelham Care Limited provides community health services for patients who live in the Grimsby, Cleethorpes and surrounding area and who are registered with the five GP practices that form the Freshney Pelham Federation, which services around 40,000 patients.

These practices are:

- Fieldhouse Medical Group
- Littlefield
- Woodford Primary Care Centre
- Pelham Medical Group and Humber View

The service is based within the Freshney Green Primary Care which in addition to three GP practices contains an adult social care team, an NHS dentist, children and family services and mental health services, among others.

The service provided included four community nursing teams, a long-term conditions team and a care home team.

Freshney Pelham Care Ltd had a registered manager and has been registered with the Care Quality Commission since November 2011 to provide the following regulated activities:

- Diagnostic and screening procedures
- Treatment of disease, disorder or injury

The service was previously inspected in January 2014 when all standards were met. The service was inspected again in February 2017 but not rated. Following this inspection we told the provider that it should make improvements, even though a regulation had not been breached, to help the service improve.

How we carried out this inspection

During the inspection visit, the inspection team:

- visited the main site, looked at the quality of the environment and the clinic room
- went on seven home visits

- spoke with the clinical lead, the practice educator, operational business manager and registered manager
- spoke with 12 other members of staff
- collected feedback from nine patients and seven family members
- collected written feedback from four partner organisations
- looked at 15 care and treatment records
- looked at a range of policies, procedures and other documents relating to the running of the service.

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

Outstanding practice

We found the following outstanding practice:

- The service operated a robust induction and preceptorship programme tailored to correspond to specific roles. The service ensured all staff were supported to be confident and competent in all aspects of their role.

Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service MUST take to improve:

- The service must ensure that all systems and processes are established to be able to assess, monitor and improve performance. The service must keep a central record of all supervision sessions and monitor the frequency of all supervision sessions to ensure all staff are fully supported. The service risk register must indicate current high risks and be regularly reviewed.

Action the service SHOULD take to improve:

- The service should continue with plans for staff recruitment and retention to ensure the service has sufficient numbers of staff who are suitably qualified, competent and skilled.
- The service should ensure that they have a compliance target for mandatory training and staff complete the mandatory training as planned.
- The service should ensure all copies of policies are kept up to date and ensure the review date is clear.

Community Health Service for adults

Summary of this service

This service was previously unrated. We rated it as good.

See the summary above for details.

Is the service safe?

This domain was previously unrated. We rated it as good.

Mandatory Training

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

Staff received mandatory training. Mandatory training compliance overall was 71% however there were six courses that all staff were due to update and they had until 31 July 2022 to complete the

training. Additional time to complete training had been awarded due to current staffing pressures. Staff compliance was also low with some courses as limited face to face training had been delivered during the COVID-19 pandemic. Online training for some courses was completed and some staff had completed face to face training in 2022 and the service was awaiting further dates for the remaining staff to complete the training.

The mandatory training was thorough, it included basic life support training which was 97% compliant and met the needs of patients and staff.

Managers monitored mandatory training, although they did not have an overall compliance target, they kept a log of dates and alerted staff when they needed to update their training.

Safeguarding

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

Staff received training specific for their role on how to recognise and report abuse. Staff received safeguarding adults and children training at level 2 which was in line with the Inter Collegiate document on the roles and competencies for healthcare staff. At the time of inspection staff were 88% and 85% compliant, respectively. Staff also received further training if required, for example staff identified hoarding issues within a patient's property which led to staff training on identifying clutter and an environmental risk assessment was introduced.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. The policy had recently been updated and was currently awaiting ratification from the chief operating officer. The policy was available both electronically and in paper form.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. The safeguarding lead kept a log of concerns and issues and those escalated or referred to the local safeguarding team. Between 01 March 2021 and 31 May 2022, the service had made 2 adult safeguarding referrals.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. The service employed a non-clinical safeguarding lead who was supported by the clinical safeguarding lead and linked in with the safeguarding adult lead for the clinical commissioning group. Staff told us that the safeguarding leads attended team meetings to give regular updates.

The clinical and non-clinical lead also attended and contributed to several strategy meetings in the locality and the safeguarding adult board quarterly.

Cleanliness, infection control and hygiene

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

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

Staff followed infection control principles including the use of personal protective equipment (PPE).

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

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well. When providing care in patients homes staff took precautions and actions to protect themselves and patients.

Staff carried out regular safety checks of specialist equipment. Equipment such as scales, portable electrocardiograph machine, doppler ultrasound device and Mesi device (used for locating vascular disease in patients).

Staff told us that the service had enough suitable equipment to help them to safely care for patients.

Staff disposed of clinical waste safely and had a procedure regarding the disposal of clinical waste in the community.

Assessing and responding to patient risk

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

Staff completed risk assessments for each patient on initial contact, these included pressure damage risk screening, pain assessment, malnutrition risk, falls screening risk assessment and frailty assessment. Staff reviewed these regularly, including after any incident and following a period in hospital.

Staff could identify deteriorating patients dealt with any specific risk issues. Staff underwent training such as heart failure and identifying sepsis training. Staff had access to equipment to enable them to undertake patient vital observations, they would escalate concerns appropriately and contact emergency services when necessary.

Staff shared key information to keep patients safe when handing over their care to others. The service kept up to date nursing records in the patient's home to enable out of hours staff or other agencies access to key information.

Shift changes and handovers included all necessary key information to keep patients safe. Staff told us patient visits were determined using a traffic lighting rating system. Team leaders updated worksheets monthly or when there was a significant change.

All staff told us that there were robust lone working processes in place. If risks were identified, then staff would visit in twos and all staff had access to personal alarms. No concerns were raised.

Staffing

The service had a high number of vacancies although existing staff had the right qualifications, skills, training and experience to keep patients safe from avoidable harm

and to provide the right care and treatment. Managers reviewed staffing and caseloads, adjusted skill mix and gave bank staff a full induction.

Managers and staff told us that the referrals to the service and the complexity of patients had increased but this didn't correspond to an increase in staff resources. In addition to this the service had 6.8 whole time equivalent vacancies and a further three nurses were working their notice period at the time of inspection. Managers and staff we spoke with felt the service was safe and that the care delivered to patients remained at a high standard. Staff told us that their planned daily visits were manageable however, when additional and urgent visits were added this extra workload increased and meant that they often completed their electronic notes and online learning at home in their own time. Staff also told us they had to pick up messages whilst undertaking visits. All visits were recorded in a paper diary, so staff did not have easy access to other staff's whereabouts. Some staff felt it would be helpful to have a duty worker or administrator who could pick up these calls and allocate the visit accordingly.

Managers told us that they used the NHS England operational pressures escalation levels framework as a system to show the current level of pressure being experienced by the service. They told us they were currently at level 4 which is the highest level. The service explained the impact on the service was such that they gave staff a longer time to complete training and used a prioritisation system for patient visits. The service told staff that some patient review visits were not a priority or could be done via telephone.

Managers reviewed the number and grade of nurses and nursing assistants needed for all shifts. Recently nursing staff had been informed that, due to vacancies, they would need to work further weekends until these posts were recruited to. There was no additional cover for the weekdays so this meant staff would pick up extra visits. We observed a daily allocations meeting which was managed well. We observed staff were supportive of each other and picked up visits where they had capacity to do so.

Managers limited their use of bank but requested staff familiar with the service and had no agency staff usage.

Managers made sure all bank staff had a full induction, training and understood the service.

Records

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

We reviewed 15 patient records during inspection and found patient notes were comprehensive and all staff could access them easily. Paper nursing records were kept in the patients home and records were uploaded to the electronic patient record system. Some staff told us that they found the duplication of paperwork difficult especially due to the staffing issues within the service. One member of staff told us that they sometimes had to arrange an extra visit to take a copy of an amended care plan so that the paper file was up to date. Managers told us that the paper nursing records were essential for other teams, such as out of hours staff and emergency services, to access the patient notes as not all services had access to the same electronic patient record system. Managers told us that they reviewed the paper nursing records to ensure that only the relevant information was captured.

Records were stored securely. All patients were given a leaflet regarding the safe storage of nursing records in the home and in care homes we observed that paper nursing records were stored in a locked cabinet.

Medicines

The service used systems and processes for safe management and administration of medicines.

The service did not store medicines.

The GP would prescribe medicines and staff followed systems and processes to ensure medicines were stored securely within the home and administer medicines safely, when required.

A patient's prescription was kept within their nursing notes in the home and also contained on the electronic system which was also used by the GP practices.

When patient's medicines needed a review, this was undertaken by the GP, but the service would provide advice to patients, carers and relatives about their medicines.

Staff followed good practice to check patients had the correct medicines when they were admitted or discharged from hospital.

Staff learned from safety alerts and incidents to improve practice. The service had a central alert system alert policy and process in place and relevant alerts were forwarded to the staff by the operations business manager.

Incidents

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

All staff knew what incidents to report and how to report them. Staff raised concerns and reported incidents and near misses in line with provider policy. All staff had an awareness of key incident themes.

Staff described an open and positive culture in relation to incident reporting and learning from incidents. Staff told us if documentation or medication errors occurred these were reported, and appropriate action taken. Staff told us that following an incident there may a reassessment of the staff members competency, training provided and reflection. Managers debriefed and supported staff after any serious incident.

Staff reported serious incidents clearly and in line with policy. Between 01 June 2021 and 01 June 2022, the service recorded two serious incidents. Staff received feedback from investigation of incidents, both internal and external to the service and met to discuss the feedback and look at improvements to patient care. All staff told us they were involved in any serious event analysis and managers held learning events.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. The service had a duty of candour leaflet which was given to all patients, all staff could describe the duty of candour process.

There was evidence that changes had been made as a result of feedback. Following a serious medication incident new forms were introduced regarding anticipatory medication and managers reviewed these forms to ensure the lowest dose was given in line with symptom and management guidelines.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations, where appropriate. Managers audited reported incidents and identified themes.

Is the service effective?

This domain was previously unrated. We rated it as good.

Evidence-based care and treatment

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

Staff followed policies to plan and deliver high quality care according to best practice and national guidance. Policies and standard operating procedures referred to Royal Marsden Manual of Clinical Nursing Procedures and National Institute of Clinical Excellence guidelines.

Managers benchmarked the service against relevant national standards. We observed that some of the current guidelines and toolkits were outdated however no newer national guidance or toolkits had been produced. The service adapted the existing toolkits to ensure they were relevant such as incorporating COVID-19 measures and where guidelines had changed.

Nutrition and hydration

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

Staff discussed with patients about food and drink and referred those with specialist nutrition and hydration needs.

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

Specialist support from staff such as dietitians and speech and language therapists was available for patients who needed it. Patients we spoke with told us that the dietician had been involved to support with weight loss or diabetes management. The dietician would print off visual charts to show progress and patients told us how this had contributed to diabetes reversal and better mobility.

Pain relief

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

Staff assessed patients' pain using a recognised tool. Patients received pain relief soon after requesting it and staff recorded pain relief accurately and the action taken.

We observed a home visit where a patient was experiencing pain, the nurse explained she would speak to the GP regarding pain relief. We accessed the patient's electronic record the following day which showed this action had been carried out and pain relief prescribed the same day.

Patient outcomes

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

The service participated in relevant national clinical audits.

Outcomes for patients were positive, consistent and met expectations. The service collated data on the NHS England commissioning for quality and innovation framework (quality improvement goals set for services to deliver better outcomes for patients.) Managers and staff used the results to improve patients' outcomes.

Managers and staff carried out a programme of repeated audits to check improvement over time, these included essence of care benchmarking, pressure ulcer audit, tissue viability competency framework, record keeping and caseload profiling.

Managers used information from the audits to improve care and treatment, specific themes and trends from the audits formed the basis of further education.

Managers shared and made sure staff understood information from the audits and staff confirmed this was discussed in team meetings. We saw evidence of action plans following benchmarking and assurance audits.

Competent staff

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

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

Managers gave all new staff a full induction tailored to their role before they started work, which included mandatory training courses, pressure ulcer prevention training, tissue viability framework competency, fundamentals of record keeping, duty of candour and incident reporting.

All staff told us that managers supported them to develop through one to one sessions, clinical supervision, when required, and yearly constructive appraisals of their work. However, the service did not keep a central record of all supervision sessions and the clinical supervision policy did not specify the number or frequency of clinical supervision sessions. The service informed us that the six team leaders kept a record of supervisions however this data was only produced for some teams so overall compliance data was not available. Staff told us they kept their own individual records of clinical supervision and could source this from the most relevant person, i.e. a community diabetic nurse. The team leaders and managers told us that they offered clinical supervision to their team.

The clinical educators supported the learning and development needs of staff. The service forward planned regarding development. Managers supported and assessed practice of staff through courses such as specialist district nursing degree, preceptorship (a period of structured transition to guide and support all newly qualified staff) and prescribing modules.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. The service held monthly team meetings, weekly care home meetings and weekly GP practice meetings.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Staff told us there were good development opportunities and told us about courses that they were undertaking and confirmed the service supported them with time and funding.

Managers made sure staff received any specialist training for their role, such as Syringe Pump training, end of life care, chronic oedema, immunisations and vaccinations, diabetic foot review, respiratory and nutrition.

Multidisciplinary working

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

Staff told us that they had good links with a range of staff and services which included dietician, tissue viability nurses, diabetes care, health and wellbeing team, social services, mental health services, palliative care team, occupational therapist and physiotherapist.

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. The service had good links with the GP practices and staff told us they could task a GP on the electronic patient system and had a direct number to GP out of hours to enable an immediate response.

Health promotion

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

The service had relevant information promoting healthy lifestyles and support.

Staff assessed each patient's health when admitted and provided support for any individual needs to live a healthier lifestyle.

The service supported patients and their families to manage wounds, educated patients on self-care, diet, administering insulin and checking blood levels. The service also referred patients to the health and wellbeing team, dietician and smoking cessation.

Staff within the care home team also told us how they supported and educated care home staff.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff told us about a mini mental state exam they undertook with patients and the service had produced flash cards to ensure patients understood and consented to vaccinations.

Staff gained consent from patients for their care and treatment in line with legislation and guidance.

When patients could not give consent, staff made decisions in their best interest, taking into account patients' wishes, culture and traditions. Staff supported the completion of a ReSPECT form (recommended summary plan for emergency care and treatment) for patients, which also involved other relevant agencies and the patients family.

Staff made sure patients consented to treatment based on all the information available. All patients signed a nursing care consent form on their initial assessment.

Staff clearly recorded consent in the patients' records.

Staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards.

Staff could describe and knew how to access policy and get accurate advice on Mental Capacity Act and Deprivation of Liberty Safeguards.

Managers monitored how well the service followed the Mental Capacity Act and made changes to practice when necessary. The service had a process in place to ensure they monitored patients who lacked capacity, had deprivation of liberty safeguards applied and lasting power of attorney through the care homes to ensure that staff knew which patients they were seeing with a care need and this legislation applied.

Is the service caring?

This domain was previously unrated. We rated it as good.

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. Patients and family members told us that although they knew the staff were busy the visits were never rushed. They told us that visits always went ahead as planned and additional visits were made if required.

Patients said staff treated them well and with kindness.

Staff followed policy to keep patient care and treatment confidential.

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

Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it. The seven family members we spoke with told us how staff always had time for them and made sure they were always supported and well informed.

Staff undertook training on breaking bad news and demonstrated empathy when having difficult conversations. Staff also visited a patient's family after the death of their loved one. Family members told us that they valued this visit and told us that staff supported them with organising items to be recollected such as a profiling bed which told us they were grateful for.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. Patients we spoke with described that the service

delivered a holistic approach, for example patients were referred to other healthcare professionals and the team had access to health and wellbeing coaches as part of the primary care network. The close working relationship with this team, GPs, paramedic, dietician and then other agencies and teams such as palliative care teams, diabetes care teams and tissue viability nurses meant that patients felt their needs were met. Patients we spoke with told us that they felt staff went above and beyond for them.

Understanding and involvement of patients and those close to them

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

Staff made sure patients and those close to them understood their care and treatment. Patients were provided with an information leaflet 'caring for you' which included key contact numbers, the aims of the service and the role of the teams. All nine patients we spoke with told us that they were fully informed about their care and had access to their notes and care plans which were kept within the home.

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. The service had developed flash cards to help aid communication with patients who were having difficulty hearing or understanding.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. All patients were given a compliments, comments and complaints leaflet. We spoke with nine patients and seven family members who all told us that they knew who to speak to if they had any concerns.

Staff supported patients to make informed decisions about their care and supported patients to complete a ReSPECT form, where appropriate to make advanced decisions about their care.

Patients gave positive feedback about the service.

Is the service responsive?

This domain was previously unrated. We rated it as good.

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

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

Managers planned and organised services so they met the changing needs of the local population. The service had to adapt during the COVID-19 pandemic and external capacities reduced. As a result, the service established a care home team to support those patients with a care need within care homes and this provision has continued.

Facilities and premises were appropriate for the services being delivered. The service had good office space and meetings rooms for staff to offer a productive working environment. Staff car parking was available, a gym and kitchen / dining area for breaks.

The service had systems to help care for patients in need of additional support or specialist intervention. The service had links and robust pathways in place to refer to specialist services. Staff we spoke with told us that there were no issues with referring patients and could also request specialist equipment when required. Staff had access to equipment stored at Freshney Green Primary Care Centre to enable them to take tests in the home.

Managers monitored and took action to minimise missed appointments. All patients that we spoke with told us that visits always took place when they were scheduled to.

The service relieved pressure on other departments when they could support patients in their own home.

Meeting people's individual needs

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

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. Staff told us that they would link in with family or supporters, other local or specialist services such as speech and language therapists and sensory services. Staff told us resources were available and ordering of specialist equipment was uncomplicated.

The service had information leaflets available in languages spoken by the patients and local community and could obtain leaflets in different languages if required.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. Staff told us they had not had a need to access an interpreter but would know how to access one if required.

Access and flow

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

Managers made sure patients could access services when needed and received treatment within agreed timeframes and national targets. Referral into the service was triaged by a team leader or deputy and referrals were prioritised using a traffic light risk rating system. For those less urgent referrals contact would be made within a week and a visit arranged. Worksheets for patients on the caseload were updated monthly which included removing discharged patients and amending patients with an increase or decrease in visits. Allocations meetings were held daily to ensure all visits were planned.

Managers and staff worked to make sure patients did not stay longer than they needed to, for example patients' needs were reviewed regularly and visits could be increased or decreased depending on need. If patients became more mobile and / or a condition improved a patient would be discharged and referred to the GP surgery for ongoing health monitoring. Patients were also supported to manage their own conditions.

Managers worked to keep the number of cancelled appointments to a minimum. All patients and relatives that we spoke with told us that visits were never cancelled.

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

be transferred to care homes or into general hospital, for example. If patients transferred to hospital for a short episode of care they would be put on hold and then reassessed on discharge from hospital and visits resumed. The ward would also be contacted to inform them of the patients care needs, for example B12 injections or a catheter change.

Learning from complaints and concerns

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

Patients, relatives and carers knew how to complain or raise concerns. The service gave patients a leaflet explaining compliments, comments and complaints policy and contact details were included. All nine patients and seven relatives we spoke with told us they would know who to speak with if they had any concerns.

Staff understood the policy on complaints and knew how to handle them. The service had received three complaints between 01 June 2021 and 01 June 2022. The service had investigated each complaint and sent copies of the reports to the relevant parties.

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

Managers shared feedback from complaints with staff and learning was used to improve the service, such as staff entering clearly in patient notes their presentation on departure and ensuring any observations are recorded, i.e. the temperature of patients.

Is the service well-led?

This domain was previously unrated. We rated it as requires improvement.

Leadership

Leaders had the skills, knowledge and abilities to run the service.

Managers understood and managed the priorities and issues the service faced.

They were visible and approachable in the service for staff. All staff told us managers were visible within the service and most told us that they were approachable. Although staff knew the registered manager, as a director for one of the five GP practices, some did not associate the registered manager role with them.

They supported staff to develop their skills and take on more senior roles. Several staff we spoke with told us that they had been given growth, progression and confidence working in the service. Staff had developed and progressed within the service. Appraisals were used as a platform to identify training needs and development opportunities. Although some staff we spoke with told us that they didn't feel their previous experience was always taken into consideration and some staff told us if they were not interested in progressing into a specialist district nurse role then progression was more limited.

Vision and Strategy

Staff knew and understood the service's vision and values and how they applied to the work of their team.

The service had a vision for what it wanted to achieve and a service development plan to turn it into action, developed with all relevant stakeholders. During the COVID-19 pandemic the service had adapted its service provision and the care home and long-term conditions team were evolving to meet the needs to the local population. The service also planned to develop a continence service and palliative care team. The primary care network had introduced roles such as the health and wellbeing team, paramedic, physiotherapist and dietician who worked closely with the service to meet individual needs and increase access to treatment.

The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy in order to reduce health inequalities, develop staff and evaluate and monitored progress and outcomes for patients.

Marketing was included within the service development plan, the website had been redesigned and the service linked in with universities and recruitment fairs.

Culture

Most staff felt respected, supported and valued however morale in the service was low.

All staff we spoke with described the morale within the service as low due to the current staffing levels and workload pressures. The service were recruiting staff although four of these staff were student nurses who would not qualify until September 2022. All staff told us that the impact was on them and their wellbeing. Managers recognised the pressures staff were facing and described several actions taken to support staff, such as:

- Flexible working options
- Counselling sessions to address work-related and non-work-related stressors
- Appointed and trained a mental health first aider within the team
- Thank you gestures
- Staff had access to gym equipment and a kitchen and dining area which we observed being well utilised for lunch breaks, which was encouraged by the service.

Staff had made a suggestion regarding an extra annual leave day as recognition for the extra work they were doing and staff confirmed this had been taken on board by managers.

The service also held interviews with staff who planned to leave or were leaving to establish if there was anything further the service could do to retain them and if there were any improvements that could be made to the service. The service undertook staff surveys which monitored staff morale and job satisfaction. The most recent questionnaire in July 2021 had 40 respondents and at this time 31 respondents felt that the service took positive action on health and wellbeing.

All staff were focused on the needs of patients receiving care and told us there was no impact on the delivery of patient care. We spoke with nine patients and seven relatives who all told us that staff never missed a visit, if they contacted the service with concerns staff would respond in a timely way and the visits never seemed rushed.

Staff also described to us that they liked working in a service that was not task based but one that provided holistic care. This was confirmed by the 16 patients and family members that we spoke with during inspection.

The service promoted equality and diversity in daily work and provided opportunities for career development. In the most recent staff survey 100% of staff stated that they hadn't experienced any harassment or bullying at work. The service had an open culture where patients, their families and staff could raise concerns without fear although some feedback received from staff was that there was not a neutral member of staff to speak to or raise concerns.

Governance

Our findings from the other key questions demonstrated that some systems and processes were missing or unclear. Performance and risk were managed well and governance processes in place operated effectively.

The service had a process in place regarding policies and standard operating procedures. However, we found that this process was not always clear. Some policies were out of date and some of the review dates on policies were unclear. Managers explained to us that the service worked within policies written by other organisations. They kept a log of some policies, when they required review and evidenced that they requested updated policies from other organisations.

We found that the services risk register did not indicate current high risks such as staffing and vacancies, poor discharges and inappropriate referrals which was having an impact on the service. However, managers told us they were aware of these concerns, staffing and vacancies were discussed weekly in management team meetings, monthly leadership meetings and directors' meetings and we saw evidence of this. The risk register in place identified working conditions, workplace activities and environmental factors.

On our previous inspection of the service we found that staff were not receiving regular one to one supervision. During this inspection we found that, although staff received supervision, managers did not centrally record compliance and therefore did not have good oversight of this. Staff we spoke with told us they were well supported and received one to one supervision, clinical supervision and appraisals. We saw evidence of one to one meetings and clinical supervision notes of recently held meetings.

The service recorded training both mandatory and non-mandatory however the service didn't keep an overall compliance or have a compliance target to measure performance against. As a result of this when we asked for compliance rates some of the mandatory training was below 75%. There was some mitigation regarding this in terms of current staffing pressures so staff had been given a longer period of time to complete some training.

We found those local governance arrangements that were in place supported the delivery of good quality care. The service developed and operated systems and processes to monitor the quality and safety of the service. For example, the commissioners of the service did not request outcome data from the service or stipulate any key performance indicators however the service routinely monitored outcomes.

The service mitigated risks relating to the health, safety and welfare of staff and patients, collected and collated survey data from staff and patients and undertook regular audits to demonstrate health care improvements for patients.

There were effective processes and protocols in place with partner organisations. We received feedback from four external teams who told us that they had good working relationships with the service, have good communication, confirmed good referral pathways and have found staff to be friendly and professional.

Staff at all levels were clear about their roles and accountabilities. The service had a robust induction and preceptorship programme which ensured staff were well supported, confident and competent in all duties and responsibilities.

All staff told us they had regular opportunities to meet, discuss and learn from incidents, investigations and the performance of the service.

Management of risk, issues and performance

Teams had access to the information they needed to provide safe and effective care and used that information to good effect.

Leaders and teams used systems to manage performance effectively although some performance systems were not in place.

The service had a risk register in place however this identified working conditions, workplace activities and environmental factors and was reviewed annually or sooner if required. This register did not reflect the current organisational risks, such as staffing, inappropriate referrals or poor discharges from hospital and the impact of COVID-19. We spoke with leaders who explained that these risks were standing agenda items as part of a weekly management meeting. The service had a COVID risk assessment which was regularly reviewed however the policy on COVID and staff swabbing was due for review in October 2021 and was out of date. Since inspection the service have confirmed that this policy is now obsolete and has been removed.

It was evident on speaking with managers that they were aware of, identified and escalated relevant risks and issues and identified actions to reduce their impact. For example, monthly data was pulled together regarding number of visits per team and the breakdown of this in terms of unplanned visits, appropriate referrals, etc. This was reviewed to look at ways to improve referrals and reduce impact on caseloads.

The service had plans to cope with unexpected events and we saw a copy of the business continuity and emergency response plan which was reviewed annually. Managers asked staff to contribute to decision-making to help avoid financial pressures compromising the quality of care.

Information Management

The service collected and analysed data about outcomes and performance.

Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements.

The information systems were integrated and secure.

The service managed both paper and electronic records well. Staff told us they sometimes felt paperwork was duplicated which added to workload. Managers reviewed this, had streamlined the paper records and ascertained this was a safer way of working to ensure all agencies involved in the care of a patient had access to the most relevant information. On the electronic system templates were standardised across all teams and GP surgeries in the primary care

network. The service reviewed templates to keep them up to date and to ensure essential criteria was being captured for data collection and reviewing patient outcomes.

The service completed yearly caseload profiling audits which looked at the complexity of patients for example and helped the service to forward plan in terms of patient needs, staffing requirements and skill mix.

Data was consistently submitted to external organisations as required. For example, the service reported all pressure damage to the clinical commissioning group, including those that were externally acquired. Internal investigations were conducted, and reports shared.

Following discussion, the service were clear about the notifications that needed to submitting to CQC in line with guidance.

Engagement

Leaders and staff actively and openly engaged with patients, staff and local organisations to plan and manage services.

The service sent out regular emails within the service and a weekly communication email was sent to all staff. The service had several meetings within individual teams, as a service, management team, leadership team and with the directors. The service conducted surveys for staff, patients and relatives and analysed the results.

They collaborated with partner organisations to help improve services for patients.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. Staff told us they could make suggestions to improve the service which was listened to, for example a member of staff had suggested a referral form into the long term conditions team so that they could ensure appropriate referrals were being made and ensure the most appropriate care for the patient.

The service were involved with the clinical commissioning group in a safeguarding dashboard being created across the locality.

Managers told us that they had self-assessed the service against the CapitalNurse preceptorship framework which provides a recommended set of standards based on best practice. A preceptorship quality mark was available for organisations who met 75% of the standards and the service were going to apply for this quality mark. The service had also benchmarked itself against the queens nursing institute voluntary standards for district nurse education and practice. The standards were designed to provide expected best practice, standards and guidance for nurses.