

Freshney Green Primary Care Centre

Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Overall summary

We found the following areas of good practice:

- Patients were contacted or visited on the day of their referral. Patients and their relatives and carers spoke very appreciatively about the care and treatment they received from staff. Patients were treated kindly and with respect and dignity and their emotional needs were supported.
- Patients with a deteriorating condition received continuity of care. Policies to support the care of patients with deteriorating conditions were followed, including for patients with sepsis.
- The service used telemedicine to support the care of patients with wound care needs with positive outcomes for patients and a reduced number of GP and nurse visits and reduced clinic visits for the patient.
- No never events or serious incidents had been reported in the 12 months prior to our inspection. Learning was shared with teams following the investigation of a serious incident.
- Patients living with dementia and other mental health conditions, patients with a learning disability and bariatric patients were supported and specialist equipment was available.
- Complaints were investigated and the learning was shared, although no recent complaints were reported for the service.
- Staff understood their responsibilities as to safeguarding. Patient records were well maintained and linked electronically with most GP practices. Staff had completed their statutory and mandatory training.
- The service followed nationally recognised clinical guidance to ensure the effectiveness of treatment. The service maintained a library and training facility which staff and students used extensively as a resource to refer to clinical guidance.
- Staff new to the organisation received a comprehensive induction and staff development was supported through preceptorship. Staff had received an appraisal in the previous 12 months which was linked formally to their development programme and a development and education plan for the service.
- The service was located in excellent facilities co-located with GP practices and social services. Facilities were visibly clean and staff followed cleanliness and infection control procedures. Equipment was well maintained.

Summary of findings

- The service maintained a strategic risk register which identified the main risks to the service and operational risks were recorded. The risk register was monitored and reviewed to reflect new risks.
- The review and provision of services in conjunction with commissioners took account of quality and sustainability considerations. The quality of care and treatment provided was underpinned by the service's focus on the learning and development of staff. The service took account of the views of patients and staff in planning services.

However, we also found the following areas that the service needed to improve:

- Not all staff had received training in the requirements of duty of candour.
- In one instance we found staff were using equipment that had not been calibrated. Also, staff sometimes encountered a difficulty in obtaining equipment promptly for patients.
- Triage cover for incoming calls could be intermittent and calls were not always responded to in a timely way. Staff were not always kept informed by the out of hours service about care patients had received, which meant patients may be visited unnecessarily. Managers were already taking steps to address this at our visit.
- Although we confirmed that the service was not unsafe, staff were operating under pressure because of reduced staffing levels and increased caseload commitments.
- One to one training was available for staff to support their use of the iPad but additional training was needed to make the most effective use of the technology.
- Patient outcome information used to demonstrate health care improvements for patients was not routinely monitored.
- A clinical supervision policy was in place and staff received supervision although not all staff received regular one-to-one supervision.
- A draft job description was available for the community mental health care assistant role but competencies for this role needed to be formally agreed.
- Patient information was being used in a way that may not maintain patient confidentiality.
- Liaison within the team between community district nursing staff, community matrons and the mental health support team needed to be developed so that care for patients was consistently supported.
- The service did not have a chief executive in post and the position had been unfilled for most of the year prior to our inspection. We were unclear from our visit how some of the organisation's leadership and accountability arrangements were covered in the absence of a chief executive.
- Staff morale staff had been affected by recent changes in the service. Some staff did not feel valued or supported by managers and did not appreciate the attitude of managers. The service had not carried out a formal staff survey.

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.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Community health services for adults		Inspected but not rated

Summary of findings

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Freshney Green Primary Care Centre

Services we looked at

Community health services for adults

Summary of this inspection

Background to Freshney Green Primary Care Centre

Freshney Green Primary Care Centre provides community health services for patients who live in the North East Lincolnshire area of Grimsby and Cleethorpes and who are registered with the seven GP practices that form Yarborough Clee Care Ltd, which serves a practice population of approximately 40,000.

The services provided included district nursing, a community matron service to support patients with more complex needs and support services for patients living with dementia and their carers as well as support for patients with other conditions affecting their health and well-being, and their carers.

Our inspection team

The inspection team included three CQC inspectors, an assistant inspector and a specialist advisor in community health services for adults.

Why we carried out this inspection

We inspected this core service (community health services for adults) as part of our comprehensive community health services inspection programme.

How we carried out this inspection

To get to the heart of people who use services' experience of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Before visiting, we reviewed a range of information we held about the service and asked other organisations to share what they knew. We analysed both organisation-wide and service specific information provided by the organisation and information that we

requested to inform our decisions about whether the services were safe, effective, caring, responsive and well led. We carried out an announced visit on 28 February and 1 March 2017. We did not undertake an unannounced visit.

We visited The Freshney Green primary care centre service base and accompanied staff during 12 home visits. We observed how patients were being cared for and talked with 18 patients, carers and relatives who shared their views and experiences of the care they had received. We reviewed care and treatment records of adults who used the services. We spoke with 20 members of staff including the registered manager, A GP partner, and other managers and staff including staff in a focus group.

Summary of this inspection

Information about Freshney Green Primary Care Centre

Freshney Green Primary Care Centre has been registered with the Care Quality Commission since November 2011 to provide the regulated activities of Treatment of disease, disorder or injury and Diagnostic and screening procedures. The registered manager is John Noton.

Freshney Green Primary Care Centre was previously inspected by the Care Quality Commission in January 2014 when all standards were met. The service was not

rated. The constituent GP practices were inspected and rated separately by the Care Quality Commission. Dr KA Collett and Partners was inspected in March 2016 and rated as good. Dr STK Jafri and Partners was inspected in December 2015 and rated as good. Dr DE Hopper and Partners was inspected in October 2015 and also rated as good.

What people who use the service say

Patients and their relatives and carers spoke very appreciatively about the care and treatment they received from staff. They also spoke about the professional, caring, pleasant and friendly attitude of staff

as care was delivered. They told us that they felt involved with their care as staff kept them informed. Patients told us they had developed a bond with staff and they could confide in them.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found the following areas of good practice:

- No never events or serious incidents had been reported and the incidence of pressure ulcers had reduced.
- Learning was shared with teams following the investigation of a serious incident.
- Staff understood their responsibilities as to safeguarding.
- The community health services for adults service was located in excellent facilities co-located with GP practices. Equipment was well maintained. Medicines were stored safely and securely.
- Patient records were well maintained and linked electronically with most GP practices.
- Facilities were visibly clean and staff followed cleanliness and infection control procedures.
- Staff had completed their statutory and mandatory training.
- Patients with a deteriorating condition received continuity of care. Policies to support the care of patients with deteriorating conditions were followed, including for patients with sepsis.
- A business continuity plan was in place for the service which included arrangements for adverse weather.

However, we also found the following areas that the service needed to improve:

- Although staff were mainly familiar with how to report incidents, this was not consistent across teams. Staff rarely received feedback after reporting an incident.
- Although most staff understood the requirements of duty of candour and were open and honest in their interactions with patients, not all staff had received training in the requirements of duty of candour.
- Staff sometimes encountered a difficulty in obtaining equipment promptly for patients.
- Triage cover for incoming calls could be intermittent and calls were not always responded to in a timely way. The service was taking steps to address this at our inspection.
- Although we confirmed that the service was safe, staff were operating under pressure because of reduced staffing levels and increased caseload commitments.

Are services effective?

We found the following areas of good practice:

Summary of this inspection

- The service used National Institute for Health and Care Excellence (NICE), the Royal Marsden Hospital manual of clinical nurse procedures and supporting clinical guidelines and patient group directions to ensure the effectiveness of treatment.
- The service maintained a library and training facility which staff and students used extensively as a resource to refer to clinical guidance.
- Patient's pain symptoms were appropriately assessed and controlled and their nutrition and hydration needs were assessed and managed appropriately.
- The service used telemedicine to support the care of patients, with positive outcomes for patients.
- Staff new to the organisation received a comprehensive induction and staff development was supported, particularly through preceptorship.
- Staff had received an appraisal in the previous 12 months which was linked formally to their development programme and a development and education plan for the service.
- Staff demonstrated an appropriate understanding of legislation and guidance related to consent and the Mental Capacity Act (MCA).

However, we also found the following areas that the service needed to improve:

- Patient outcome information used to demonstrate health care improvements for patients was not routinely monitored.
- A clinical supervision policy was in place and staff received supervision although not all staff received regular one-to-one supervision.
- Different pain scoring systems were used which may result in different responses to treating the patient's pain symptoms.
- Staff were not always kept informed by the out of hours service about care patients had received, which meant patients may be visited unnecessarily.
- One to one training was available for staff to support their use of the iPad but additional training was needed to make the most effective use of the technology.
- A draft job description was available for the community mental health care assistant role but competencies for this role needed to be formally agreed.

Are services caring?

We found the following areas of good practice:

- Patients and their relatives and carers spoke very appreciatively about the care and treatment they received from staff.

Summary of this inspection

- Patients we observed were treated kindly and in a way that respected and upheld their dignity. Patients' needs were handled sensitively and patients' privacy was respected.
- Staff spent time listening to patients and care and treatment plans were explained to patients and carers so that they felt involved with their care.
- Staff helped patients and their relatives and carers to cope emotionally with their care and treatment and the emotional needs of patients were supported. Support was provided for palliative care patients.

However, we also found the following area that the service needed to improve:

- Patient information was being used in a way that may not maintain patient confidentiality.

Are services responsive?

We found the following areas of good practice:

- Patients were contacted or visited on the day of their referral.
- The mental health service team provided support for the health and well-being of patients living with dementia and other conditions.
- Patients with a learning disability were supported.
- The needs of bariatric patients were supported and specialist equipment was available.
- Complaints were investigated and the learning was shared, although no recent complaints were reported for the service.
- Planning of caseloads aligned with GP practices was resumed in March 2017 to support continuity of care for patients.
- Staff received training in equality and diversity as part of their mandatory training which was refreshed every two years.

However, we also found the following areas that the service needed to improve:

- Liaison within the team between community district nursing staff, community matrons and the mental health support team needed to be developed so that care for patients was more consistently supported.

Are services well-led?

We found the following areas of good practice:

- The service maintained a strategic risk register and risks were monitored and managed appropriately.
- Arrangements for the governance of the service were in place and actions were monitored and followed up.

Summary of this inspection

- Patients, relatives and carers were complementary about the service they received and the service held a regular patient participation group.
- The service took account of the views of patients and staff in planning services.
- The review and provision of services in conjunction with commissioners took account of quality and sustainability considerations. The quality of care and treatment provided was underpinned by the service's focus on the learning and development of staff.

However, we also found the following areas that the service needed to improve:

- The service did not have a chief executive in post and the position had been unfilled for most of the year prior to our inspection. Some staff felt the senior team needed to be strengthened.
- Inspectors received information from a small number of staff which stated that unrealistic expectations were placed on them and described a lack of communication by the management team.
- Staff morale had been affected by recent changes in the service. Some staff did not feel valued or supported by managers and did not appreciate the attitude of managers.
- The service had not carried out a formal staff survey.

Community health services for adults

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are community health services for adults safe?

Safety performance

- Never events are serious incidents that are entirely preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all healthcare providers. No never events had been reported in the service.
- CQC did not receive any notifications in relation to safety incidents for the service in the 12 months to December 2016.
- The service reported the incidence of pressure ulcers to commissioners quarterly. We found the number and severity of pressure ulcer incidents had reduced, which represented an improving picture.
- Performance information showed that in 2015-16 the service reported 37 pressure ulcer incidents, comprised of 25 grade two, three grade three and nine grade four pressure ulcers. In 2016-17, the service had reported just 13 pressure ulcer incidents (excluding quarter four) comprised of 12 grade two and one grade four pressure ulcers.
- We were informed the service had prepared some national comparative information but this was not available at the inspection.

Incident reporting, learning and improvement

- Incidents were reported using the format of an electronic reporting system also widely used in the NHS. The service had previously reverted to a paper based system to conform with commissioner requirements. Incidents were reported to commissioners, who provided feedback to the service.
- There were no serious incidents reported for the service in the 12 months prior to our inspection. The service

had reported 22 incidents in the 12 months, and two further incidents had been referred to the service for investigation. Pressure damage and unsafe discharges from acute services were the main causes of reported incidents.

- We reviewed the investigation reports for two incidents that were reported in December 2016. The reports included action taken and lessons learnt.
- Staff were mainly familiar with how to report incidents, although this was not consistent across teams. Some teams told us they did not complete the incident report, but would report the incident to their manager. Few reportable incidents occurred in the service. Some staff informed us they rarely received feedback after reporting an incident, although they completed the request for feedback on the incident form.
- Learning was shared with teams following the investigation of a serious incident. Significant event analysis briefings were held following incident investigations. Staff in a focus group told us that they had found beneficial the learning session held at a team meeting following the completion of a recent investigation. Staff commented that no blame was apportioned. Staff also gave other examples where learning from the investigation of incidents was shared. Training action plans had been developed as a result of reported incidents.
- During the inspection an incident occurred in which the pharmacy had dispensed medication of an incorrect strength and we found an incident report was completed. We also observed that an incident of pressure damage which had been reported in the week prior to the inspection and which included actions to be taken was displayed on the staff notice board. However, the service was not reporting all incidents, for example

Community health services for adults

staffing shortages which may have adversely affected the safety of the service, or where a member of staff experienced verbal aggression due to patient conditions such as dementia.

- Actions taken following the investigation of incidents was reported to the monthly meeting of the clinical group for the service and the risk register was reviewed to take account of new incidents.

Duty of Candour

- The duty of candour is a regulatory duty that relates to openness and transparency. It requires providers of health and social care services to notify patients (or other relevant persons) of certain notifiable safety incidents and provide reasonable support to that person.
- Most staff understood the requirements of duty of candour and were open and honest in their interactions with patients. Duty of candour was taken into consideration during the investigation of incidents and we reviewed evidence of duty of candour being followed in providing feedback to patients and relatives during the previous 12 months.
- We found that not all staff had received training in the requirements of duty of candour.

Safeguarding

- CQC did not receive any notifications in relation to safeguarding alerts or concerns for the service in the 12 months to December 2016.
- Staff understood their responsibilities as to safeguarding. Patients at risk were identified at their initial assessment and during subsequent visits made by the service. The service had recently designated a member of the management team as safeguarding lead. We observed that contact information for safeguarding adults was displayed in the service. Patient information leaflets about safeguarding were available for staff to give to patients or their carers.
- Staff confirmed that there had been one safeguarding referral made by the service in the previous 12 months. Staff we spoke with confirmed that they had previously used the safeguarding service to refer patients, particularly following home visits.
- Safeguarding was included in mandatory training and staff confirmed they had completed safeguarding training levels one and two and refresher training was due to be attended by some staff in the week following

our inspection. The service provided evidence that safeguarding training was completed for all staff in 2016-17. The training included information about safeguarding children so that staff were aware of what to do if they encountered a situation which involved children during home visits.

- The service followed the multi-agency policy and procedures for safeguarding adults and children which was operated through a formal agreement with the local safeguarding board.

Medicines

- Medicines were stored safely and securely, with access restricted to appropriately qualified staff. We checked medicines storage arrangements at the service. Medicine storage was in balance with records of medicine stocks and storage cupboards were locked. Medicines checked were found to be in date. Temperatures for medicine storage were recorded daily and monitored to ensure they were within an acceptable range.
- Community nursing staff visiting the patient at home did not prescribe medicine, but requests for medication were notified to the patient's GP practice. We observed that the records kept in the patient's home included separate medication notes.
- Prescribed medicines were delivered to the patient's home by the pharmacy service. For some palliative patients, where controlled drugs were kept in the patient's home, two members of community nursing staff were involved in the home visit.
- Incidents which involved medicine prescriptions were discussed at the monthly clinical group meeting for the service.

Environment and equipment

- The community health services for adults service was based in the Freshney Green primary care centre, which provided excellent facilities co-located with three of the GP practices involved with the service. Work areas and meeting rooms for community nursing staff teams were situated in the building. A pharmacy and some other public facing health services, for example social services, were also located at the site. The service did not provide any clinics at the site, although patients could visit for an appointment by arrangement.
- An external building manager was located at the site and a planned maintenance schedule was in place for

Community health services for adults

the Freshney Green primary care centre building. Medical equipment was maintained through an arrangement with the medical physics department of a local NHS organisation, or through a shared practice arrangement. Staff were requested to return equipment in their possession, for example blood pressure machines, for regular testing. A system was in place for reporting faulty equipment.

- Equipment for patient's use could be ordered, and was delivered to the patient's home, between Monday and Friday. Equipment could be ordered out-of-hours but no weekend delivery service was available. Equipment was maintained and serviced through an arrangement with an external equipment library.
- Staff told us they sometimes encountered a difficulty in obtaining equipment promptly for patients. We were informed that patients sometimes waited for three days for the delivery of priority equipment, for example profiling beds. We were also informed that patients could be fast tracked for certain equipment requests which were serviced through the rapid response team. Smaller items of equipment could be collected locally by community nursing staff and transported to the patient's home in their vehicle.
- Dressings required for a patient visit were prescribed by the patient's GP practice and collected from the pharmacy (located in the same building as the nurses' base) by community nursing staff to take to the patient's home. This meant less equipment was stored in the patient's home and there was less wastage.
- We observed the store room at the Freshney Green primary care centre and found equipment stock items were well organised and within date. Stock checks of the equipment were completed and were up to date. The service operated a weekly staff rota for checking stock items.
- During accompanied home visits, we observed that community nursing staff supported patients and carers with information and demonstrations about the correct use of equipment.
- During an accompanied visit we found that a member of staff used a blood pressure machine that had not been calibrated. The equipment did not have in place a sticker to indicate when it had last been calibrated, or an asset register number. We alerted staff at the time of the inspection so that immediate action was taken to rectify this.

Quality of records

- Patient records were mainly stored in two electronic systems widely used within the NHS in both acute and primary care settings. The systems used reflected those used in the GP practices which the service supported. Staff valued the capability to link electronically with most GP practices.
- We reviewed 10 patient records in current use within the service. Patient consultations were mainly well documented and included a paper record with summary information which was left in the patient's home to provide basic care plan information for the family and other professionals. For some types of patients, for example, patients with mental health needs, a record was not left in the home. We observed that nursing staff reviewed the record before completing any procedures. Each record included the patient's previous medical history and details of their examination, diagnosis, treatment, current medication and any allergies. Risk assessments were completed appropriately.
- We observed that staff usually completed records following the patient visit and sometimes after they had returned to base. Records could also mainly be shared with the patient's GP practice but some other providers that staff liaised with did not use a compatible system, which meant it was more difficult for staff to communicate and to share patient information. Some records could be shared through the local single point of access, for example records relating to occupational therapy and mental health services.
- Audits of patient record documentation were completed six-monthly and a report aligned with each GP practice was prepared. Actions identified from the audit were discussed with the nursing team and a re-audit undertaken within six months to check improvement. We reviewed evidence of training for nursing staff in record keeping procedures to ensure compliance with documentation standards.
- A 2016-17 record keeping performance report was prepared for commissioners, which was linked to Commissioning for Quality and Innovation (CQUIN) performance standards.

Community health services for adults

- Senior nursing staff informed us that the service was planning to change some aspects of the patient documentation in order to rationalise recording in electronic systems and to reduce duplication of information.
- We observed that staff printed a list of the names and addresses of patients requiring visits with the patients' key safe numbers shown. The service confirmed that secure document disposal (shredding) was used which followed the service's information handling policy, so that patient confidentiality was maintained.

Cleanliness, infection control and hygiene

- The Freshney Green premises we visited were visibly clean and cleaning schedules were followed. The facilities were cleaned by an external organisation. The equipment and supplies store was cleaned weekly by Freshney Green staff, following a rota. We observed cleaning records were completed for cleaning activities and a monthly audit of cleaning was undertaken. We reviewed evidence that actions were taken following audit.
- We observed that staff followed hand hygiene guidelines before and after patient consultations and alcohol based hand gel was available. During home visits we observed that staff followed hygiene procedures to maintain sterile methods of working and used alcohol gel between procedures. Staff used personal protective equipment (gloves and aprons) and disposed of used equipment appropriately. Staff followed bare below the elbows guidance. Clinical waste was disposed of appropriately. We also observed during a home visit that the member of nursing staff washed the patient's hands, which followed excellent practice.
- Infection control procedures were followed and infection control audits were undertaken annually. Clostridium difficile incidents were reported and the service confirmed that one clostridium difficile incident had occurred in the previous 12 months. The incident was investigated using root cause analysis and learning shared to support the ongoing care of patients with clostridium difficile.
- Nursing, support and administrative staff received training in infection control. Administrative staff were also included in infection control training which followed excellent practice.

Mandatory training

- A programme of mandatory and statutory training was available which staff undertook initially during their induction. We reviewed the 2017 training programme for new starters which confirmed that a comprehensive programme of induction training was in place.
- We reviewed the training programme for January to June 2017 which demonstrated that staff were supported with a planned programme of education and training activities. Staff in a focus group confirmed that they had completed their statutory and mandatory training. The service provided evidence that statutory and mandatory training was completed for all staff in the 12 months prior to our inspection.
- Staff received reminders of training they were due to complete so that staff attended update training as it fell due. Training that staff were due to attend was identified in the off-duty rota.

Assessing and responding to patient risk

- The service had in place a telephone triage interface to assess incoming calls. Incoming calls were received from a range of referral sources which included the local single point of access service, the NHS 111 service and the rapid response out of hours' service. Calls were also received from the ambulance service, social services, and carers and relatives. During triage the member of staff also liaised with triage nurses in the GP practices. Calls received out of hours were reviewed each morning by qualified nursing staff so that patient risks were responded to and escalated appropriately.
- Nursing staff covered the triage of incoming referrals from Monday to Friday between the hours of 8:30am and 4:30pm. However, the triage nurse also undertook some visits to patients in response to triage calls. This meant that cover for incoming calls could be intermittent and calls were not always responded to in a timely way. The service was reviewing the arrangements for triage cover at the time of our visit. The rapid response service covered calls between 8pm and 8am.
- The service had in place policies to support the care of patients with deteriorating conditions. Following the investigation of an incident which involved the care and treatment of a patient with sepsis, the service had

Community health services for adults

reviewed its procedures so that any deterioration in a patient's condition was monitored and documented consistently. Patients with a deteriorating condition received continuity of care.

- The NHS safety thermometer was completed monthly. Assessment and trigger tools were used for patients with certain conditions, for example wound assessment, tissue viability and diabetic foot care needs. Patients with tissue viability concerns were identified in a separate register. For patients who received regular visits from the service for pressure area care, the wound assessment was updated every four weeks. We reviewed a sample of five records that were completed for patients with these conditions which confirmed that risk assessments were up-to-date and patients were assessed and responded to appropriately.
- Where a patient was identified as presenting an elevated risk to visiting nursing staff, an alert was activated on the patient record to indicate that two members of staff were required for the visit.

Staffing levels and caseload

- We reviewed information which demonstrated that both the number of referrals to the service and the complexity of patients' conditions had increased, without a corresponding increase in staff resources. Staff in a focus group confirmed they felt the service was safe although they said because of staff shortages they could be rushed to complete patient visits.
- Prior to the inspection we received information which indicated staff regularly worked additional hours. Senior staff told us that recently, managing staff shortages had become more difficult for managers and staff. Staff in a focus group told us that some experienced staff had left the organisation because of recent changes in the service. Staff study leave had been cancelled for March 2017 due to staffing shortages. Staff told us this had not happened before.
- Managers confirmed that staff did regularly work additional hours to complete their workload. Managers also stated that patient care had not been compromised. Staff were paid for working additional hours or they took time back where this was possible.
- Staff sickness in the 12 months prior to our inspection was reported as 3.8%. In the 12 months prior to our inspection eight permanent members of staff had left the service, which represented a turnover rate of 14.3%.

- The service had two full time vacancies for nursing staff and three members of staff were taking maternity leave. The service was recruiting qualified nursing staff and two new members of staff were due to commence the week following our inspection. The service offered placements to student nurses as an incentive to join the service when they qualified. A further recruitment round was planned for September 2017. The service informed us they did not use bank or agency staff.
- Nursing staff rotas followed a pattern of early and late shifts between 8am and 8pm. Staff on the early shift usually worked from 8am to 4.30pm and on the late shift from 11.30am to 8pm. Staff in the mental health support team usually worked between 9am and 5pm. Managers held a weekly meeting to discuss staffing arrangements. The workload planning of the mental health support team was arranged separately. A caseload review audit was undertaken annually so that staffing levels were adjusted between teams to reflect changes in workload.
- Community matron staff involved with the triaging of incoming referrals told us there could be delays in responding to patients in their planned caseload because of urgent responses to triage patients. We were informed that the service was reviewing the resourcing arrangements for the triage service.

Managing anticipated risks

- The business continuity plan for the Freshney Green primary care centre included contingency arrangements for adverse weather. The service had in place risk sharing agreements with another local provider of services which included the use of four by four vehicles during adverse weather.
- The building manager attended a management meeting every two months at which contingency arrangements were reviewed. Fire drills were held every six months but other scenario training was subject to review at the time of inspection.

Are community health services for adults effective?

(for example, treatment is effective)

Evidence based care and treatment

- The service used National Institute for Health and Care Excellence (NICE), the Royal Marsden Hospital manual of

Community health services for adults

clinical nurse procedures and supporting clinical guidelines and patient group directions to ensure the effectiveness of treatment provided for patients. New NICE guidance was discussed at the monthly meeting of the clinical group.

- The clinical nurse manager worked closely with the GP clinical governance lead and other clinical managers for the service to review and approve policies, procedures and guidance for staff use. Guidance was subsequently incorporated into standard operating procedures for all nursing tasks and embedded in core care plan templates which were available on line, for example for venepuncture and blood pressure monitoring. Clinical guidelines were also incorporated into the electronic record systems used with the GP practices for staff reference. Training was arranged to support staff working within clinical guidelines, for example, for the wound care formulary.
- The service maintained a library and training facility which staff and students used extensively as a resource to refer to clinical guidance. The clinical lead nurse oversaw the library facility and provided support for staff with clinical guidance queries. Staff in a focus group spoke appreciatively of the arrangements in place to support evidence based care.
- Regular audits undertaken by the service included an annual catheter care audit, and tissue viability audits conducted in conjunction with the local tissue viability team, for example a leg ulcer audit was undertaken in September 2016. Audits also included an annual audit of infection control essential steps, an annual documentation audit, and a monthly audit of the NHS safety thermometer. We saw evidence that planned actions from audits were monitored.

Pain relief

- We observed community nursing staff as they undertook the initial assessment of patients. Staff asked the patient whether they were experiencing pain and whether they required pain relief. The patient's GP was alerted to prescribe medicine which was appropriate to alleviate the patient's pain symptoms. Patients we spoke with confirmed their pain had been assessed and they had been provided medication for pain relief.
- Staff in a focus group confirmed that the patient's pain symptoms were reassessed at each visit, medication for pain relief was offered to patients and this was documented in the patient's care plan.

- The patient's pain symptoms were scored. The patient records confirmed that pain scoring was undertaken. However, we found the recording of pain scores in the assessment record used by community nurses and the electronic system used in conjunction with the patient's GP practice was different as it followed an alternative scoring system. Different pain scoring systems were used which may result in different responses to treating the patient's pain symptoms.

Nutrition and hydration

- We observed community nursing staff as they undertook the initial assessment of patients which included completion of a risk of malnutrition score. The risk scoring tool used had been developed in conjunction with the local dietetic service.
- We observed that during patient visits nursing staff liaised and referred the patient to other professionals involved with supporting their nutrition and hydration. This included the dietetic service and a percutaneous endoscopic gastrostomy (PEG) nurse to support nil by mouth nutrition and hydration.
- Our review of patient records showed that the nutrition and hydration needs of patients were documented appropriately. Staff in a focus group told us that during visits to patients in residential care homes, community nursing staff liaised with carers as to the completion of diet and fluid charts. For patients receiving regular visits from the service, their risk of malnutrition was reassessed every four weeks.

Technology and telemedicine

- The service used telemedicine to support the care of patients with wound care needs. The service used an agreed care pathway for patients who met the referral criteria for the tele health service. The service adopted the use of telemedicine for patients with wound care needs after undertaking a pilot of the service in 2015. Staff followed an agreed wound care formula which included a monthly reassessment supported by photography. The pilot indicated there were positive outcomes for patients and a reduced number of GP and nurse visits and reduced clinic visits for the patient.
- Nursing staff were issued with iPads to record the visit information but not many staff chose to use them in the patient's home. The service provided one-to-one training for staff in the effective use of iPads to record information and more training was planned.

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Community nursing staff used their iPad for wound photography to support the referral of patients to the tele health service. Staff also accessed the patient's test results from their iPad and were able to follow up patient queries from their home during the visit. One to one training was available for staff to support their use of the iPad.

Patient outcomes

- The service collected and reported information monthly for commissioners as to the numbers of face-to-face contacts seen and the number of non-face-to-face contacts that engaged with the service. The data collection demonstrated year on year increases in the numbers of patients that engaged with the service. The contact information was reported each quarter as part of the Commissioning for Quality and Innovation (CQUIN) framework. Other CQUIN indicators reported included pressure care outcomes, infection control audit results, and record keeping audit results.
- Actions identified from audit were discussed with the nursing team and a re-audit undertaken within six months to check improvement. For the record keeping audit for example, we reviewed evidence of training for nursing staff in record keeping procedures to ensure compliance with documentation standards.
- Patient caseload profile information was reported to commissioners quarterly. The information included the nursing hours input and the skill mix of staff specifically for patients with identified complex conditions, for example multiple sclerosis, Parkinsonism, Motor Neurone disease and Cerebral Palsy; and for patients with a range of chronic diseases including diabetes, coronary heart disease, Chronic Pulmonary Obstructive Disease (CPOD), pernicious anaemia and Lymphoma. Information for patients with other conditions included palliative care, wound care, continence care and catheterisation.
- The caseload profile information also informed the reporting of patient outcomes for particular services, for example the diabetes service. The service was participating in the national diabetes audit for 2017 which was in progress at the time of our visit so that it was too early for actions to have been developed.
- We were informed that patients referred to the tele health service for their wound care needs experienced improved outcomes particularly for patients with complex care needs.

- The NHS safety thermometer was completed monthly so that the proportion of patients who received harm free care was collected as part of national reporting.
- We found that the service did not routinely monitor patient outcome information used to demonstrate health care improvements for patients.

Competent staff

- Staff new to the organisation received a comprehensive induction. A programme of training was available which staff undertook initially during their induction. We reviewed the 2017 training programme for new starters which confirmed that a comprehensive programme of induction training was in place. As part of the preceptorship programme, the clinical lead nurse met with each new member of nursing staff every four weeks to review their progress. We also reviewed evidence of the induction programme for administrative staff.
- Staff were supported to develop their clinical skills. Several members of staff gave examples of how their development was being supported. Some members of nursing staff were supported through preceptorship. A practice teacher joined the service during 2016 that did not carry a caseload. The practice teacher's role included mentoring post-registration specialist practice district nurse students and supporting the education and development of nurse prescribers.
- For health care assistant staff, the Royal College of Nursing (RCN) first steps programme was used to support induction and training. The duration of the programme was usually 12 weeks. Some staff in the mental health support team were trained counsellors. Unqualified nursing staff in the team had extended skills to support their role. A draft job description was available for the community mental health care assistant role although staff told us they felt competencies for their role needed to be formally agreed.
- The service provided evidence that managers, nursing and support staff had received an appraisal in the previous 12 months. Staff felt their appraisal was a meaningful exercise. When staff appraisal was completed, the clinical lead nurse prepared a development and education plan for the service. We reviewed the plan for January to December 2017. The development plan was prepared following a review of each staff appraisal conducted during 2016.

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- A clinical supervision policy was in place and staff received supervision although it was carried out informally for some members of staff, for example through team meetings. Each member of staff had a supervision folder. However, not all staff received regular one-to-one supervision.
- Professional revalidation of nursing and medical staff was supported and arrangements for revalidation of each member of qualified staff were included in the development and education plan.

Multi-disciplinary working and coordinated care pathways

- The service worked collaboratively with GPs, practice managers and other staff in each of the GP practices the service supported. Nursing staff attended meetings held with the GP practice they were aligned with. We observed a multi-disciplinary meeting held in the GP practice in which information about the care of patients was exchanged effectively. Mental health support staff also liaised closely with staff in the GP practices to promote effective multi-disciplinary working as to the patient's care.
- The service liaised with the local single point of access service, the NHS 111 service and the rapid response out of hours' service to ensure incoming referrals were triaged effectively. Staff spoke positively about their contact with the rapid response service but they told us they were not always kept informed by the out of hours service about care patients had received, which sometimes meant a patient was visited unnecessarily.
- The service also liaised with the local acute hospital, other local health care providers, residential care providers, the ambulance service and social services to ensure care pathways for patients were coordinated effectively. For example, multidisciplinary meetings for palliative care patients were attended by each health care professional involved with their care. Social services staff were co-located at the Freshney Green primary care centre and social service staff told us multi-disciplinary working with the service had improved; for example staff in each service liaised about joint patient assessments.

Referral, transfer, discharge and transition

- Patients were referred to the service by the GP practices and by other providers of health care services. The service followed agreed referral criteria for the transfer of patients to other health care services which supported the continuity of effective care for patients.
- The community matron service liaised with local acute hospitals to support the effective discharge of patients from acute care, and to prevent the unnecessary admission of patients. Staff told us that information the service received from the hospital to support the patient's discharge was not always clear or informative.
- We observed as a community matron visited a patient with complex care needs who was discharged from acute care the previous day. The service had been made aware of the discharge. The discharge summary provided by the hospital was reviewed and used by the community matron to inform their reassessment of the patient's needs. The discharge summary was subsequently scanned into the patient's notes. The community matron liaised with other health care professionals about arrangements for the continuing care and treatment of the patient.

Access to information

- Staff accessed information about their work allocation through an on-screen appointment book which reflected the availability of staff and was updated weekly.
- The service maintained a library and training facility which staff and students used extensively as a resource to refer to clinical guidance. The facility could also be accessed on-line. A protocol was used for staff to read and sign to say they had read and understood a policy, which also confirmed that the current version of the policy was being used.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff we observed demonstrated an appropriate understanding of legislation and guidance related to consent and the Mental Capacity Act (MCA). The service used the current policies for MCA and the Deprivation of Liberty Safeguards (DOLs) which were followed by local commissioners, in common with other local health and social care providers. Staff had received training and were able to describe the relevance of the MCA and DOLs policies. Staff also used easy read guides to support their understanding. When a DOLs was required

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staff worked closely with the local commissioning lead and other providers involved in the patient's care. The service being co-located with the adult social care team supported this joint approach.

- When we observed care being given we found informed consent was obtained at each stage of care delivered. Staff were able to explain when they used verbal consent. The patient records we reviewed showed consent information was completed appropriately and included consent to share information.
- Staff received training in MCA and DOLs as part of their induction and subsequently received updates as part of their mandatory training.

Are community health services for adults caring?

Compassionate care

- Patients and their relatives and carers we spoke with during the home visits we observed spoke very appreciatively about the care and treatment they received from staff. They also spoke about the professional, caring, pleasant and friendly attitude of staff as care was delivered.
- We observed as staff delivered care and treatment to patients in their own home, in residential care settings and in one instance in the community nurse base. During the staff contact with patients we observed patients were treated kindly and in a way that respected and upheld their dignity. Patients' needs were handled sensitively and patients' privacy was respected. Staff did not appear rushed and although we were aware that staff were busy they demonstrated a patient and caring attitude whilst maintaining good humour.
- An information leaflet was available for patients about their right to confidentiality. However, when we visited the nursing staff base we observed that the names of patients with certain conditions were displayed in the staff area. Although patients did not have access to the staff area, we also observed patient names on a display board in the room where a patient assessment was undertaken. We discussed our concerns as to patient confidentiality with staff during the inspection, as patient information was being used in a way that may not maintain patient confidentiality.

Understanding and involvement of patients and those close to them

- Care and treatment plans were explained to patients and carers. Patients and their relatives and carers told us that they felt involved with their care as staff kept them informed. For example, they always knew the day of their nurse's visit.
- We observed that staff spent time listening to patients and their relatives and carers and responded to them appropriately with helpful information. We observed that staff consulted with patients as they undertook their care and treatment. For example, we observed as a member of nursing staff applied a wound care dressing. The member of staff interacted well with the patient and discussed how the wound was improving. They asked the patient which size of dressing they preferred and applied the dressing of the patient's choice. The nurse asked the patient how they liked the dressing and how effective it was.
- Staff provided information for carers so that they could provide care for the patient when normal arrangements to receive care and treatment were unavailable, for example, when the patient was on holiday. For a patient requiring wound care, we observed as a member of staff taught the relative and observed the technique used.
- A patient information pack was given to the patient that included helpful information about the service and included an information leaflet for patients entitled, "Caring for you" which explained what the patient could expect from the community nurse visit to their home. Staff in the mental health support service gave a contact card to the patient or carer.

Emotional support

- Staff helped patients and their relatives and carers to cope emotionally with their care and treatment. Patients told us they had developed a bond with staff and they could confide in them.
- We observed staff as they provided emotional support during home visits. A patient told us of an instance when they were very upset and the staff member sat with them and listened while the patient disclosed information.

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- We found staff arranged visits to support the emotional needs of patients. In one instance we observed the patient was due to attend the hospital the next day and had requested an earlier visit. Staff took steps to ensure the earlier visit was achieved.
- Counselling support was provided for carers by arrangement with the mental health support team. The service also signposted people to an external carer support service.
- Staff in a focus group told us that they provided emotional support for palliative care patients and their carers and they felt that palliative care was one of the things that the service did best.

Are community health services for adults responsive to people's needs? (for example, to feedback?)

Planning and delivering services which meet people's needs

- Caseloads had been planned to coincide with area zones since 2016. At the time of inspection the service was due to discontinue the zonal arrangement in March 2017. Planning of caseloads aligned with GP practices was resumed in March 2017 to support continuity of care for patients.
- Further changes were planned to take place from April 2017. The service was to discontinue the community nursing service provided for two GP practices in Cleethorpes and also from April 2017 to commence the service for an additional GP practice in Grimsby.
- Community nursing services were mainly provided for housebound patients by arranging to visit the patient's home. Visits were also arranged at the primary care centre for certain procedures, for example catheter change, which were not provided by nursing staff in the GP practice.
- The service participated in the advanced community care team pilot for long term conditions during 2016. Following completion of the pilot, the community matron service recommenced as a separate service for patients with complex care needs.
- The mental health service team within the community adult's service provided counselling and support for the

health and wellbeing needs of patients living with dementia and other conditions. As well as home visits, patients could arrange to visit the primary care centre for counselling sessions.

- The service was reviewing how services were provided to patients in care homes at the time of inspection. Named nurses were to be aligned with named care homes and were planned to follow a zonal system. The change was due to be introduced from April 2017.
- Staff in a focus group told us that liaison within the team between community district nursing staff, community matrons and the mental health support team presented some challenges for staff in each group. Managers and staff were aware they needed to do more to develop effective liaison within the service to ensure care arrangements for patients were supported consistently.

Equality and diversity

- The service completed an equality impact assessment for community nursing in 2016 and rated itself amber. A separate equality impact assessment was completed for the mental health service. The service was preparing an action plan to address risks identified in the impact assessments.
- Staff in a focus group confirmed that the patient's cultural and religious needs were included in their initial assessment. An interpreter service was used to support the care of patients whose first language was not English.
- Staff received training in equality and diversity as part of their mandatory training which was refreshed every two years.

Meeting the needs of people in vulnerable circumstances

- Patients with mental health needs used services provided by the mental health team within the community adults' service. With the patient's consent, we observed the support and counselling services provided by the mental health team. The patient's carer was present for the assessment and both the patient and their carer told us how they appreciated the support of the service. Patients with mental health needs could also be referred to external mental health services.
- For patients living with dementia, support services were available through the mental health team. With consent, we observed a dementia review visit provided by the

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mental health team. Patients and their carers were complementary about the service. Staff shared examples of how patients using the service were supported with their daily living needs. Patients requiring formal diagnosis of dementia were referred to external mental health services. Patients with social care support needs were referred to social services. Dementia review visits were undertaken every three months.

- Patients with a learning disability received a full holistic assessment and community nursing staff liaised with other services involved in the patient's care. Staff gave examples of how patients with a learning disability were supported.
- Two members of staff were used for home visits to bariatric patients. Specialist equipment was available to support bariatric patients, including bariatric mattresses, beds and bed extenders. Bariatric ambulances were available for patient transport.

Access to the right care at the right time

- The service informed us it followed referral criteria which were categorised as; firstly, urgent, where contact is necessary within four hours; secondly, non urgent, where contact was established within 24 hours and a visiting date agreed, and thirdly, routine, where contact was made within 48 hours and a visiting date agreed.
- Staff confirmed that they followed the referral criteria categories. Staff on the late shift made any visits that were unfulfilled by the early shift, so that patients were contacted or visited on the day of their referral. This included routine referrals.
- We were informed that commissioners had criteria for response times, although information shared with commissioners related to the number of patient contacts seen and the duration of visits. Reports to commissioners did not include referral and response time information.

Learning from complaints and concerns

- No complaints were reported for the service in the 12 months prior to the inspection and managers and staff confirmed this was correct. Patients and carers we spoke with were aware of how to make a complaint but told us they were happy with the service and did not need to make a complaint.
- Managers told us that complaints were handled by the GP practices. When a complaint occurred, the

investigation of the complaint and learning from the investigation was discussed at the meeting of the clinical group. Senior staff described the investigation of a complaint which involved pressure care and the action taken as a result which included further training for staff.

- A complaints procedure was in place which described the steps the service took when a complaint was received. The procedure included how the complaint was investigated, how the complainant was involved in the investigation, the preparation of an action plan and steps taken to implement these actions.
- A complaints leaflet was given to patients as part of the patient information pack which explained the process to follow when making a complaint. Staff in a focus group told us that patients who wished to make a complaint were advised to put their complaint in writing and send their letter to the operations manager.

Are community health services for adults well-led?

Leadership of this service

- Freshney Green Primary Care Centre was owned by the GPs who formed Yarborough Clee Care Ltd and the GPs provided oversight and overall leadership as directors of the service.
- The registered manager of the service was also a practice manager. The registered manager covered some of the responsibilities of a chief officer in collaboration with the partners of the GP practices as members of the board and in conjunction with the other practice managers.
- Three senior operational managers, an operational business manager, a clinical lead manager and an operational nurse manager each had a defined role with leadership responsibilities. The community nursing teams were each led by a senior nurse or team leader. The mental health team was led by a team co-ordinator. Community matrons were not included directly in these arrangements.
- Staff knew the names of the partners but they told us they would go to the registered manager or other managers as they were accessible. Staff from each team told us they were well supported by their managers. However, some staff we spoke with felt the senior team needed to be strengthened. During our visit inspectors

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received information from a small number of staff which stated that unrealistic expectations were placed on staff and described a lack of communication by the management team.

- The service did not have a chief executive in post and the position had been unfilled for most of the year prior to our inspection. We were unclear from our visit how some of the organisation's leadership and accountability arrangements were covered in the absence of a chief executive.

Service vision and strategy

- The service had in place a mission statement with aims and key objectives which was shared with each member of staff.
- We were informed the mission statement had been in place since 2008, although it had recently been reviewed and updated. Staff said they were aware of the mission statement and felt it was patient focussed. Each new member of staff was made aware of the mission statement and each member of staff had their own copy of the document. We observed that the mission statement was displayed in the service.
- Staff in a focus group told us that the numbers of staff quoted in the mission statement document did not include the community matrons or the mental health team.

Governance, risk management and quality measurement

- The service maintained a strategic risk register, which identified the main risks to the service such as the financial deficit, increased demand on the service with more complex patients and the recruitment and development of experienced staff. Operational risks were recorded. Actions from the risk register were monitored, the register was reviewed to reflect new risks and staff were alerted.
- A meeting of the clinical group was held monthly attended by GP partners representing each practice, practice managers, and senior managers of the service. The clinical group was normally chaired by the registered manager. Lead responsibilities for key areas were shared by senior managers, including lead roles for quality of services and staff, safety, safeguarding and the Mental Capacity Act, and patient experience and complaints. Operational management of the service

was included in the agenda for the meeting. Meetings were recorded and a review of the minutes showed that governance issues for the service were discussed and actions were followed up.

- A meeting of the tenants of the Freshney Green primary care centre was held every second month which was attended by the registered manager and other operational managers of the service. Environmental concerns and risks were included in the agenda. Meetings were recorded and action was taken and followed up.
- Operational managers of the service held a quarterly meeting with the registered manager although we did not review the minutes of these meetings. Senior staff nurse meetings were held weekly. Community nursing teams aligned with GP practices and the mental health team met informally for peer support and handover.

Culture within this service

- Managers described the culture as hard working and patient focussed in which they felt personally valued within the organisation. Managers said they knew staff were under pressure and confirmed that morale was low because staff had been unsettled by recent changes in the service.
- Staff told us they worked in a culture in which staff worked well together and had supported each other during recent difficulties experienced in the service. Staff told us they enjoyed their job.
- A lone worker policy was in place which provided for staff to travel with another member of staff if they were working the late shift, particularly during the winter months. Community nursing staff were also allocated a personal alarm.
- During our visit inspectors received information which stated that there were concerns with low staff morale in the service. Some staff in a focus group told us they did not feel valued or supported by managers and did not appreciate the attitude of managers. Staff appreciated the support they experienced working in their own team.

Public engagement

- The service completed the NHS friends and family test monthly. The results were analysed by team and showed consistently that a very high proportion of patients were extremely likely or likely to recommend the service.

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- During accompanied visits with staff, we spoke with patients, relatives and carers who were all complementary about the service they received.
- We were informed that a patient survey was last undertaken in 2015-16. The patient survey had not been undertaken in 2016-17 but a patient survey for 2017-18 was planned.
- The service convened a regular patient participation group. The service had held a recruitment day for prospective members and we observed a notice in the reception area which invited new members to join the group. The service also worked with local patient involvement groups.
- The service listened to the views of patients in planning services. For example, in 2016 the mental health service was extended by commissioners as a result of engagement with patients. In 2017 the views of patients as to continuity of care influenced the service in resuming the alignment of teams with GP practices.

Staff engagement

- During 2016 several communications meetings were held for engagement with staff about topical issues. The agenda included staffing issues.
- The service took account of the views of staff in planning services. In 2017 managers listened to staff as to lack of continuity of care for patients under the zoning arrangement which influenced the service in resuming the alignment of teams with GP practices. However, staff in a focus group told us they were not well informed about changes in the service related to zoning.
- The service had not carried out a formal staff survey.

Innovation, improvement and sustainability

- The review and provision of community health services for adults in conjunction with commissioners took account of quality and sustainability considerations in the redesign of services. Financial considerations were not being used to compromise the quality of care. The quality of care and treatment provided was underpinned by the service's focus on the learning and development for staff, which was supported by commissioners.

- The clinical nurse manager worked closely with the GP clinical governance lead and other clinical managers for the service to review and approve policies, procedures and guidance for staff use. Guidance was subsequently incorporated into standard operating procedures for all nursing tasks and embedded in core care plan templates which were available on line, for example for venepuncture and blood pressure monitoring. Clinical guidelines were also incorporated into the electronic record systems used with the GP practices for staff reference. Training was arranged to support staff working within clinical guidelines, for example, for the wound care formulary.
- The service maintained a library and training facility which staff and students used extensively as a resource to refer to clinical guidance. The clinical lead nurse oversaw the library facility and provided support for staff with clinical guidance queries. Staff in a focus group spoke appreciatively of the arrangements in place to support evidence based care.
- Staff new to the organisation received a comprehensive induction. A programme of training was available which staff undertook initially during their induction. The 2017 training programme for new starters provided a comprehensive programme of induction training. As part of the preceptorship programme, the clinical lead nurse met with each new member of nursing staff every four weeks to review their progress.
- Staff were supported to develop their clinical skills. Several members of staff gave examples of how their development was being supported. Some members of nursing staff were supported through preceptorship. A practice teacher joined the service during 2016 that did not carry a caseload. The practice teacher's role included mentoring post-registration specialist practice district nurse students and supporting the education and development of nurse prescribers.
- The mental health service team within the community adults' service provided counselling and support for the health and wellbeing needs of patients living with dementia and other complex conditions in conjunction with community matrons. As well as home visits, patients could arrange to visit the primary care centre for counselling sessions and included support for carers.

Outstanding practice and areas for improvement

Outstanding practice

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Areas for improvement

Action the provider SHOULD take to improve

Staff receive training in the requirements of duty of candour.

Equipment used by staff is calibrated before use.

Staff are kept informed as far as possible by the out of hours' service about care patients have received.

Additional one to one training is made available for staff to support their use of the iPad.

Patient outcome information is monitored routinely to demonstrate health care improvements for patients.

All staff receive regular one-to-one supervision.

Competencies for the community mental health care assistant role are formally agreed.

Patient information is used in a way which maintains patient confidentiality.

Liaison between community district nursing staff, community matrons and the mental health support team is developed so that care for patients is consistently supported.

A formal staff survey is undertaken.

The accountability framework and leadership arrangements for the service are clear.