

# Central London Community Healthcare NHS Trust

## Inspection report

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

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

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

**NOTE:** This is a revised version of a report published in January 2018, correcting some errors.

## Ratings

### Overall rating for this trust

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

# Summary of findings

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

## Background to the trust

Central London Community Healthcare NHS Trust was formed in January 2010.

Central London Community Healthcare NHS Trust (CLCH) provides more than 70 different community healthcare services in London and Hertfordshire. The trust employs approximately 3,500 staff who care for two million patients.

CLCH provides community health services to around two million people in their own homes or in community based settings across London and Hertfordshire.

The trust has 12 locations registered with the CQC

## Overall summary

Our rating of this trust stayed the same . We rated it as **Good** ● → ←

## What this trust does

In 2016/17 the trust provided a broad range of services in nine different London boroughs plus specialist sexual health and respiratory services in Hertfordshire.

The trust provides the following services:

- Adult community nursing including 24 hour district nursing, community matrons and case management.
- Children and family services including health visiting, school nursing, community nursing, speech and language therapy, blood disorders and occupational therapy.
- Rehabilitation and therapies including physiotherapy, occupational therapy, podiatry, speech and language therapy, and osteopathy.
- End of life care supporting people to make decisions and to receive care at the end of their life.
- Long-term condition management supporting people with complex and substantial ongoing health needs caused by disability or chronic illness.
- Specialist services including delivering parts of long term condition management for people living with diabetes, heart failure, Parkinson's and lung disease, homeless health services, community dental services, sexual health and contraceptive services.
- Walk-in and urgent care centres providing care for people with minor illnesses, minor injuries and providing a range of health advice and information.

## Key questions and ratings

We inspect and regulate healthcare service providers in England.

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

# Summary of findings

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

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

## What we inspected and why

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

Between 26 September and 12 October, we inspected four of the seven core services provided by this trust.

We inspected Community end of life care because we rated the service as requires improvement at our last inspection in April 2015.

We inspected Community health services for adults and Community health services for children and young people because we received information giving us concerns about the safety and quality of these services.

We inspected Community health inpatient services as part of our continual checks on the safety and quality of healthcare services.

We did not inspect Community dental services or Urgent care because we rated them good at our last inspection in August 2015 and the information we reviewed about the services indicated no change in the safety and quality of these services.

We did not inspect Sexual health as the service was included in the Children, young people and families' service at our last inspection and we had no concerns about the safety and quality of the service.

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

## What we found

### Overall trust

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

- We rated safe, effective, caring, responsive and well-led as good. We inspected four of the trust's seven services and rated them as good. In rating the trust, we took into account the current ratings of the two services not inspected this time.
- We rated well-led for the trust overall as good.

### Are services safe?

Our rating of safe improved. We took into account the current ratings of services not inspected this time. We rated it as good because:

- The trust managed patient safety incidents well.
- The trust used safety monitoring results well.
- The trust controlled infection risk well.
- The trust had suitable premises and equipment and looked after them well.

# Summary of findings

- The trust prescribed, gave, recorded and stored medicines well.
- Staff kept appropriate records of patients' care and treatment.
- 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.
- The trust provided mandatory training in key skills to all staff and made sure everyone completed it.
- The trust had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- The trust planned for emergencies and staff understood their roles if one should happen.

## Are services effective?

Our rating of effective stayed the same. We took into account the current ratings of services not inspected this time. We rated it as good because:

- The trust provided care and treatment based on national guidance and evidence of its effectiveness.
- Staff gave patients enough food and drink to meet their needs and improve their health.
- The trust monitored the effectiveness of care and treatment and used the findings to improve them.
- The trust made sure staff were competent for their roles.
- Staff of different kinds worked together as a team to benefit patients.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.

## Are services caring?

Our rating of caring stayed the same. We took into account the current ratings of services not inspected this time. We rated it as good because:

- Staff cared for patients with compassion.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff provided emotional support to patients to minimise their distress.

## Are services responsive?

Our rating of responsive stayed the same. We took into account the current ratings of services not inspected this time. We rated it as good because:

- The trust planned and provided services in a way that met the needs of local people.
- People could access the service when they needed it.
- The trust took account of patients' individual needs.
- The trust treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

# Summary of findings

## Are services well-led?

Our rating of well-led stayed the same. We took into account the current ratings of services not inspected this time. We rated it as good because:

- The trust had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. The trust had recognised issues raised in the staff survey and had taken action to address cultural issues.
- The trust used a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The trust was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.

## Community health services for adults:

We rated safe, effective, responsive, caring as good and well-led as outstanding. The rating of well-led had improved since our last inspection. Our overall rating of this service stayed the same. We rated it as good because:

- The Trust had undertaken a number of effective and innovative measures for staff recruitment and retention since the last inspection.
- Staff assessed, monitored and managed risks to patients on a day-to-day basis. Risk assessments were person-centred, proportionate and reviewed regularly.
- Evidence-based guidelines, recommendations, best practice and legislation were applied to patients' treatment and care.
- Good multidisciplinary team working helped staff understand and meet the range and complexity of patients' needs.
- Staff were caring and motivated to deliver best quality service for their patients. They spoke with passion about their work and were proud of what they did. Staff treated patients with humanity in a compassionate, caring, and respectful way.
- Healthcare professionals of different backgrounds worked well together. Staff worked closely with the GPs and social services when planning care and treatment of patients.
- Local leaders were visible, approachable and supportive. They were driven to achieve continuous improvement and motivated staff to succeed.

# Summary of findings

- The vision and strategy for the service was developed and understood throughout the service. The aim was to deliver integrated services on a multi-disciplinary basis, relevant to the local population. Staff were involved in creating the strategic direction of the service.
- There was a strong governance framework to support the delivery of the strategy and good quality of care.
- There were excellent career development and progression opportunities for all staff levels. Throughout adult community services, we found staff focussed on continuous learning and improvement.

However:

- There were high vacancy rates for adult community staffing.
- The Friends and Family test result in September 2017 was 92.5% against a trust target of 95% and national average of 96%.
- The service did not meet Trust target for patients' involvement in care and treatment as much as they would have liked and for patients being informed of how to make a complaint or raise a concern.
- Waiting times for specialist services from referral to assessment/treatment did not always meet national target

## **Community health services for children, young people and families**

We rated safe as requires improvement and we rated effective, responsive, caring and well-led as good. These ratings had not changed since our last inspection. Our overall rating of this service stayed the same. We rated it as good because:

- The community health services for children, young people and families' service had systems for identifying, reporting, and managing safeguarding risks. The child safeguarding team provided good support to staff across children's services through supervision, training and monitoring of incidents.
- Professionals from different teams in the service worked well with each other and those from external organisations to make sure each child had the best possible care. Health centres housed a variety of services, which meant children's services were able to work closely with partners such as GPs. Children's services staff provided competent care in line with best practice and national guidance.
- The trust health centres and children centres we inspected were clean, tidy, and clutter free. Waiting rooms and clinic rooms were child friendly with toys, books and other resources appropriate for different ages.
- Staff treated patients with compassion, dignity and respect. Patients and their families felt listened to and involved with their care and treatment.
- Staff supported the patients and families they worked with, and provided patient-centered support in clinics and in homes. Staff planned and delivered services in line with local needs including for vulnerable patients and those who spoke limited English.
- Patients we spoke with told us they were very happy with the care and treatment provided and had good access to translation services.
- There were minimal complaints about the service and these had been dealt with in a timely manner.

However,

- Not all staff in the service had received their mandatory training or an annual appraisal.
- Not all staff had up to date paediatric basic life support (PBLIS) training.
- Overall staff vacancy and turnover was high.

# Summary of findings

- There were still practitioners that had a caseload above the Lord Lamming 2009 recommended threshold. In addition to this, we were not assured that staff were clear of their own caseloads vs their team caseloads and were using the system effectively to manage their caseloads.
- Comprehensive father's details were not linked to the child's record and we found 13 gastrostomy care plans that were not reviewed since March 2017.

## **In Community health inpatient services:**

We rated safe, effective, responsive, caring and well-led as good. These ratings had not changed since our last inspection. Our overall rating of this service stayed the same. We rated it as good because:

- Our concerns regarding staffing and high turnover were addressed and managers explained the situation well. The trust was actively recruiting for staff and had managed to fill most vacancies.
- All patients we spoke with spoke positively in regards to cleanliness and hygiene. The trust scored a high PLACE score in this category also.
- The service had close multidisciplinary team working. There were daily MDT handovers and formal weekly MDT meetings. The service used a MDT progress sheets to record actions and tasks for all relevant professions.
- Patients were involved in their own rehabilitation, goal setting and discharge planning from their admission to the wards. Discharge dates were set and agreed as a goal and individual needs and rates of recovery were considered at multidisciplinary meetings.
- On all the units we visited, we saw staff were caring and compassionate towards patients. Staff treated patients with kindness, dignity and respect. We found that staff were sensitive to the needs of the patients and their families.
- The service took account of patients' individual needs, such as those living with dementia, patients that had non-English language requirements, cultural and religious beliefs.
- The shared governance system used an innovative approach to allow junior staff members and patients to actively engage with the trust's governance procedures.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. The service used information to improve the service.
- The service was very proactive in the use of risk assessments, all patients were routinely assessed by nurses and therapy staff. The use of assessments was actively monitored.
- The service prescribed, gave, recorded and stored medicines well. Patients received the right medication at the right dose at the right time.
- Staff we spoke with were aware of how to report incidents and the trust had a robust system of incident investigation and learning.
- We found that individual patients' pain was assessed and managed appropriately, however we found that pain scores were not always regularly completed.
- The service used the malnutrition universal screening tool. Patients were screened on admission for malnourishment and the dietician assessed all patients whose nutritional needs were highlighted.
- Inappropriate referrals from the acute setting were minimised by the employment of tracker nurses who screened and triaged all referrals.
- We observed that staff provided emotional support to patients when they displayed anxiety during rehabilitation activities.

# Summary of findings

- The majority of patients we spoke with confirmed that their care plans had been explained to them and they understood and agreed with the content.
- Patients had access to support from a psychiatrist if needed.
- The service planned and provided services in a way that met the needs of local people.
- During the 12 months prior to the inspection the trust had no bed moves for non-clinical reasons and also did not have any bed moves at night for the core service.
- Learning from complaints was discussed in morning MDT handovers and monthly staff meetings
- The trust had managers at all levels with the right skills and abilities to run the service.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff and patients.
- Nursing and allied health staff we spoke with across both divisions told us that the working culture has improved since that last inspection.
- The service engaged well with patients, staff and the public to plan and manage appropriate services, and collaborated with partner organisations effectively.

However:

- The Inner London division wards did not have a fully functioning call bell system, the service had put in mitigating actions, however all patients we spoke on those wards raised concerns regarding the situation.
- Nearly all patients we spoke with across all sites complained that the quality of food provided by the trust was not suitable.
- Although there was generally a good quality of documentation, some records we looked at were not completed as they should have been.
- The trust set a target of 95% for completion of mandatory training and the inpatient overall training compliance was 91% against this target.
- Between July 2016 and June 2017, 86% of permanent non-medical staff and 77% of permanent medical staff within the core service had received an appraisal compared to the trust target of 90%.

## **In Community end of life care:**

We rated safe, effective, responsive, caring and well-led as good. The ratings for safe, effective and well-led have improved since our last inspection. Our overall rating of this service improved. We rated it as good because:

- There had been a focus on continuous improvement across the service since our last inspection. There was now improved governance in end of life care, with a clear structure of accountability and audits and outcome measures in place.
- Appropriate measures were in place to keep patients safe from avoidable harm. Incidents and safety monitoring results were collated and shared to improve the service.
- Policies, procedures and ways of working had been brought into line with local and national guidance. Risk assessments and care planning for patients at the end of life had improved since the last inspection.
- There was good team working and morale across the service. Local managers supported their staff in their roles, with chances for professional development offered. Staff received the right additional training and support to care for patients at the end of life.

# Summary of findings

- Patients were provided with compassionate and person centred care, which took account of their individual differences and needs. Relatives and friends were involved in care planning wherever appropriate and recognised as part of the caring team. Volunteering roles and initiatives focused on adding extra value to the patient experience across the service.
- Staff across the trust worked hard to build effective partnerships with external agencies in order to coordinate care for each patient and improve patient pathways. Referrals into the service were managed appropriately and patients were seen in a timely manner.

However:

- Not all staff in the service had received their mandatory training or an annual appraisal.
- Although documentation had improved since our last inspection, there were still some problems with the consistency of patient records across the trust. In addition, there was currently no formalised consent process in place for the administration of bisphosphonate infusions at the Pembridge Unit.
- We found some minor issues with infection prevention control at the Pembridge Unit and staff did not always follow the procedure for monitoring the fridge temperature in the body store correctly.
- Some junior staff reported that the senior management team were not always visible.

## Ratings tables

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

## Outstanding practice

We found examples of outstanding practice in Community health services for adults, Community health services for children, young people and families, Community health inpatient services and Community end of life care.

We also found outstanding practice in the trust-wide inspection of the well-led question.

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

## Areas for improvement

We did not find any breaches of regulations that the trust must put right.

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

For more information, see the Areas for improvement section of this report.

## Action we have taken

We have not taken regulatory action following this inspection.

## What happens next

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

# Summary of findings

## Outstanding practice

### Trust-wide

- The trust had recently introduced shared governance as part of their new quality strategy. The trust described this as 'shared decision making based on the principles of partnership, equity, accountability and ownership at the point of service. Its aim is to give the people closest to a service the power to make improvements rather than having changes imposed on them'. The system allowed junior staff members and patients to actively engage with the trust's governance procedures.

### In Community health services for adults:

- The Homeless Health Team worked with the increasing homeless populations in Westminster. The team offered a nursing service within clinics and on the streets to engage and promote health and access to services for vulnerable adults. They also worked with podiatry and dental services to actively deliver care for the most challenging areas of health-delivery for this population.
- The tissue viability team and pressure ulcer working group were passionate and enthusiastic about their work, using different technologies available. The group had developed training and the team were highly motivated to teach others about prevention, care and treatment of pressure ulcers.

### In Community health services for children, young people and families:

- CLCH was the first provider to go live with e-Redbook and immunisation data flow. e-Redbook is the digital version of the Personal Child Health Record (PCHR) known as the "*Redbook*", which was given to all new parents in the UK to manage the health and development of their child in partnership with health professionals. On the eRedbook, parents will be able to store and access all of their child's health information through smartphones, tablets and computers.
- The school nursing staff for CLCH in Westminster received a Child Health Award at the RCNi for her work on the Health Matters website. Health Matters is an online resource providing confidential access to the school nurse and health and wellbeing advice for school aged children, plus immunisation forms, health policies and support for parents and carers. We saw that there was an option for young people to book appointments and access advice. The online 'Ask a Question' function enabled users to contact one of the health visitors and school nurses and received an answer to any health related question within 3 working days.

### In Community health inpatient services:

- The shared governance system used an innovative approach to allow junior staff members and patients to actively engage with the trust's governance procedures. A monthly quality council allowed staff and patients to contribute ideas to improve service provision at the trust, as well as a multidisciplinary team (MDT) innovation committee. Ideas pitched here were sent out to teams across the trust to see if anyone wanted to pilot them, with a view to wider trust distribution if successful. This new approach was encouraging junior staff to explore quality management and lead the drive for continual improvement within the trust.

### In Community end of life care:

- There was a focus on improving the experience for patients nearing the end of life. A monthly quality council allowed staff to contribute ideas to improve service provision at the trust, as well as a multidisciplinary team (MDT) innovation committee. Ideas pitched here were sent out to teams across the trust to see if anyone wanted to pilot them, with a view to wider trust distribution if successful.

# Summary of findings

- Staff were passionate about providing the best end of life care to patients that they could. It was clear from the range of initiatives and activities available that care was designed for each individual and family members and friends were seen as partners in providing care.

## Areas for improvement

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

### **Action the trust MUST take to improve**

We did not find any breaches of regulations that the trust must put right.

### **Action the trust SHOULD take to improve**

We told the trust that it should take action either to comply with minor breaches that did not justify regulatory action, to avoid breaching a legal requirement in future, or to improve services.

#### **In Community health services for adults:**

- The trust should ensure that patient documentation is complete to allow reliable access to key information.
- The trust should continue support adequate staffing levels of adult community nursing teams.
- The trust should ensure that all members of staff within adult community services receive an annual appraisal.
- The trust should ensure patients are involved in their care and treatment as much as they would have liked.
- The trust should ensure patients have been informed of how to make a complaint or raise a concern.
- The trust should review specialist services to improve waiting times from referral to assessment/treatment to meet national target

#### **In Community health services for children, young people and families:**

- The trust should ensure that all members of staff within children's services receive mandatory training on annual basis or as required.
- The trust should ensure that all members of staff within children's services receive an annual appraisal.
- The children's service should improve compliance with Friends and Family Test (FFT).
- The children's service should ensure that staff have manageable caseload and staff have clear understanding of their own vs team caseloads. Support staff in prioritising data cleansing to close non active caseloads.
- The children's service should ensure that comprehensive father's details are linked to the child's records.
- The trust should ensure that all relevant staff within children's services have up to date paediatric basic life support (PBLIS) training.
- The children's services should ensure that there are effective systems in place to review care plans.
- The children's services should ensure to have effective systems in place to reduce their vacancy rate.

#### **In Community health inpatient services:**

# Summary of findings

- The trust should ensure that all members of staff within inpatient services receive mandatory training on annual basis or as required.
- The trust should ensure that records are kept up to date and completed fully as required by trust policy.
- The trust should ensure that pain scores are completed regularly.
- The trust should ensure that all members of staff within inpatient services receive an annual appraisal.
- The trust should ensure that patients' privacy, dignity and wellbeing is upheld at all times and should address any issues hindering patient perspective on this matter.
- The trust should ensure that the quality of food served to patients is improved.
- The trust should ensure a fully functioning call bell system is installed as soon as possible in the required areas.

## **In Community end of life care:**

- The trust should ensure that all members of staff within end of life care services receive mandatory training on annual basis or as required.
- The trust should ensure that all portable equipment at the Pembridge Unit is cleaned on a regular basis.
- The trust should ensure that staff record the temperature of the fridge in the body store and report any issues as per trust guidance.
- The trust should ensure that documentation across the trust is standardised to maximise consistency and ease of access to key information.
- The trust should replace the wooden cupboard used to store controlled drugs at the Pembridge Unit.
- The trust should ensure that all members of staff within end of life care services receive an annual appraisal.
- The trust should ensure that there is a formalised consent process in place for the administration of bisphosphonate infusions at the Pembridge Unit.

## Is this organisation well-led?

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

We rated well-led at the trust as good because:

- The trust had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. The trust had recognised issues raised in the staff survey and had taken action to address cultural issues.

# Summary of findings

- The trust used a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The trust was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.

## Ratings tables

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

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

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

### Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Good ↑ Jan 2018	Good ↔ Jan 2018				

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

## Ratings for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good ↔ Jan 2018	Good ↔ Jan 2018	Good ↔ Jan 2018	Good ↔ Jan 2018	Outstanding ↔ Jan 2018	Good ↔ Jan 2018
Community health services for children and young people	Requires improvement ↔ Jan 2018	Good ↔ Jan 2018	Good ↔ Jan 2018	Good ↔ Jan 2018	Good ↔ Jan 2018	Good ↔ Jan 2018
Community health inpatient services	Good ↔ Jan 2018	Good ↔ Jan 2018	Good ↔ Jan 2018	Good ↔ Jan 2018	Good ↔ Jan 2018	Good ↔ Jan 2018
Community end of life care	Good ↑ Jan 2018	Good ↑ Jan 2018	Good ↔ Jan 2018	Good ↔ Jan 2018	Good ↑ Jan 2018	Good ↑ Jan 2018
Community dental services	Good Aug 2015	Good Aug 2015	Good Aug 2015	Good Aug 2015	Good Aug 2015	Good Aug 2015
Urgent care	Good Aug 2015	Good Aug 2015	Good Aug 2015	Good Aug 2015	Good Aug 2015	Good Aug 2015
Sexual Health	N/A	N/A	N/A	N/A	N/A	N/A
<b>Overall*</b>	Good ↑ Jan 2018	Good ↔ Jan 2018	Good ↔ Jan 2018	Good ↔ Jan 2017	Good ↔ Jan 2018	Good ↔ Jan 2018

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

# Community end of life care

Good  

A summary of our findings about this service appears in the Overall summary.

## Key facts and figures

Central London Community Healthcare (CLCH) NHS Trust provide end of life care services to adults across a large geographic area.

End of life care (EOLC) relates to patients who have been identified as having entered the last 12 months of their life or less. It refers to care of patients in the final hours or days of their lives, and to the care of all those with a terminal illness that has become advanced, progressive and incurable.

Palliative care is a multidisciplinary approach to specialised medical care for people with serious illnesses, both cancer and other illnesses. It focuses on providing patients with relief from the symptoms, pain, physical stress and mental stress of a serious illness. The goal is to improve quality of life for both the patient and the family.

We inspected the following services:

The Pembridge Palliative Care Unit, which provides specialist palliative care to adults in their own homes, as well as inpatient care in a 13-bedded ward. There is also a day hospice, with capacity for 15 patients.

The Merton EOLC/dementia team, who provided specialist care to patients living with dementia or who were approaching end of life (or both).

District nursing teams, who provide EOLC to patients in their own homes across all boroughs.

We inspected the whole service, looking at all five key questions.

Our inspection was conducted by short announcement (with 48 working hours' notice) to enable us to observe routine activity and to ensure that everyone we needed to talk to was available.

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

During the inspection visit, the inspection team:

Visited the inpatient ward and the day hospice at the Pembridge Unit, looked at the quality of the environment and observed how staff were caring for patients

Accompanied nursing staff on four home visits and observed patient care

Spoke with 13 patients who were using the service and nine relatives or carers

Spoke with nine managers and divisional leads across each of the services inspected

Spoke with 35 other staff members; including doctors, nurses, healthcare assistants, volunteers, social workers, pharmacists, porters, domestic staff, administrative staff and allied health professionals

Observed two referral meetings and a multidisciplinary meeting

Reviewed 14 patient records and nine do not attempt cardiopulmonary resuscitation (DNACPR) forms

Reviewed 11 medication administration records

Carried out a specific check of the medication management

# Community end of life care

Looked at policies, procedures and other documents relating to the running of the service.

## Summary of this service

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

- There had been a focus on continuous improvement across the service since our last inspection. There was now improved governance in end of life care, with a clear structure of accountability and audits and outcome measures in place.
- Appropriate measures were in place to keep patients safe from avoidable harm. Incidents and safety monitoring results were collated and shared to improve the service.
- Policies, procedures and ways of working had been brought into line with local and national guidance. Risk assessments and care planning for patients at the end of life had improved since the last inspection.
- There was good team working and morale across the service. Local managers supported their staff in their roles, with chances for professional development offered. Staff received the right additional training and support to care for patients at the end of life.
- Patients were provided with compassionate and person centred care, which took account of their individual differences and needs. Relatives and friends were involved in care planning wherever appropriate and recognised as part of the caring team. Volunteering roles and initiatives focused on adding extra value to the patient experience across the service.
- Staff across the trust worked hard to build effective partnerships with external agencies in order to coordinate care for each patient and improve patient pathways. Referrals into the service were managed appropriately and patients were seen in a timely manner.

However:

- Not all staff in the service had received their mandatory training or an annual appraisal.
- Although documentation had improved since our last inspection, there were still some problems with the consistency of patient records across the trust. In addition, there was currently no formalised consent process in place for the administration of bisphosphonate infusions at the Pembridge Unit.
- We found some minor issues with infection prevention control at the Pembridge Unit and staff did not always follow the procedure for monitoring the fridge temperature in the body store correctly.
- Some junior staff reported that the senior management team were not always visible.

## Is the service safe?

**Good**  

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

- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. 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.

# Community end of life care

- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. The service used information to improve the service.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean, apart from some minor issues. They used control measures to prevent the spread of infection.
- The use of risk assessments and associated documentation had improved since our last inspection.
- The service prescribed, gave, recorded and stored medicines well. Patients received the right medication at the right dose at the right time.
- The specialist end of life services had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.

However:

- The trust set a target of 95% for completion of mandatory training and their overall training compliance for end of life care (EOLC) staff was 87% against this target.
- Staff did always not follow the procedure for monitoring the fridge temperature in the body store at the Pembridge Unit correctly.

Although documentation had improved since our last inspection, there were still some problems with the consistency of patient records across the trust.

## Is the service effective?

**Good**  

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

- Since our last inspection, the service had updated policies and procedure to provide care and treatment based on national guidance and evidence of its effectiveness. The service had improved how it monitored the effectiveness of care and treatment since our previous inspection and now used the findings to improve.
- Staff gave patients enough food and drink to meet their needs. They used special feeding and hydration techniques when necessary. Processes relating to nutritional assessment had improved since our last inspection.
- Pain assessment and documentation had improved since our last inspection of the service.
- All staff worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care. There was evidence of good working relationships with external agencies.
- A wide variety of training took place across the trust in relation to end of life care.
- Staff understood their roles and responsibilities under the Mental Capacity Act 2005.

However:

- Not all staff had received annual appraisals. Between July 2016 and June 2017, 72.7% of EOLC permanent non-medical staff and 65.8% of permanent medical staff within EOLC had received an appraisal (against a trust target of 90%).
- There was currently no formalised consent process in place for the administration of bisphosphonate infusions at the Pembridge Unit. We raised this with nursing staff, who recognised that this was a gap in the documentation of care.

# Community end of life care

## Is the service caring?

Good ● → ←

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

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff provided emotional support to patients to minimise their distress. Bereavement support had recently been a focus of improvement across the service.
- There were many examples of volunteer roles, events and initiatives that enhanced the experience of patients at the end of life and supported their families.

## Is the service responsive?

Good ● → ←

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

- The service planned and provided services in a way that met the needs of local people.
- People could access the service when they needed it. Waiting times from treatment were and arrangements to admit, treat and discharge patients were in line with good practice.
- The service took account of patients' individual needs, especially those living with dementia.
- Although there had been no formal complaints relating to end of life care in the 12 months before our inspection, there were processes in place that demonstrated the service treated concerns and complaints seriously. Lessons learned from the results of investigations were shared with all staff across the trust.

## Is the service well-led?

Good ● ↑

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

- The trust had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- Following concerns from our last inspection, the trust had improved governance in end of life care services. The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.

# Community end of life care

However:

- Some junior staff reported that the senior management team were not always visible.

## Outstanding practice

- There was a focus on improving the experience for patients nearing the end of life. A monthly quality council allowed staff to contribute ideas to improve service provision at the trust, as well as a multidisciplinary team (MDT) innovation committee. Ideas pitched here were sent out to teams across the trust to see if anyone wanted to pilot them, with a view to wider trust distribution if successful.
- Staff were passionate about providing the best end of life care to patients that they could. It was clear from the range of initiatives and activities available that care was designed for each individual and family members and friends were seen as partners in providing care.

## Areas for improvement

- The trust should ensure that all members of staff within end of life care services receive mandatory training on annual basis or as required.
- The trust should ensure that all portable equipment at the Pembridge Unit is cleaned on a regular basis.
- The trust should ensure that staff record the temperature of the fridge in the body store and report any issues as per trust guidance.
- The trust should ensure that documentation across the trust is standardised to maximise consistency and ease of access to key information.
- The trust should replace the wooden cupboard used to store controlled drugs at the Pembridge Unit.
- The trust should ensure that all members of staff within end of life care services receive an annual appraisal.
- The trust should ensure that there is a formalised consent process in place for the administration of bisphosphonate infusions at the Pembridge Unit.

# Community health services for adults

Good   

## Key facts and figures

Central London Community Healthcare (CLCH) NHS Trust provided community health services to around two million people across London and Hertfordshire. Community services for adults covered services provided to adults in their homes or in community based settings. The services were focussed on providing planned care, rehabilitation following illness or injury, ongoing and intensive management of long-term conditions, coordination and management of care for people with multiple or complex needs, acute care delivered in people's homes and health promotion.

The core service included community nursing services and integrated care teams, including district nursing, community matrons and specialist nurse services.

During this inspection, the inspection team visited different community health centres, looked at the quality of the environment and observed how staff were providing care and treatment for patients in clinics. We spoke with in excess of 80 managers and other staff members representing a range of roles and seniority, including district nurses, specialist nurses, nurse practitioners, matrons, healthcare assistants and allied health professionals. We accompanied nursing staff on eight home visits and observed patient care. We spoke with 36 patients and relatives who were using the service. We observed a nurse handover and reviewed 15 patient records. We looked at policies, procedures and other documents relating to the service.

We inspected the following locations:

- Parkview Centre for Health and Wellbeing
- St Charles Centre for Health and Wellbeing
- Colville Health Centre
- South Westminster Centre for Health
- Honeypot Lane Health Centre
- Worlds End Health Centre
- East Barnet Health Centre
- Edgware Community Hospital
- Finchley Memorial Hospital
- Merton Civic Centre
- Parsons Green Centre

Our inspection was conducted by short announcement (with 48 working hours' notice) to enable us to observe routine activity and to ensure that everyone we needed to talk to was available.

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

# Community health services for adults

## Summary of this service

We rated safe, effective, responsive, caring as good and well-led as outstanding. The rating of well-led had improved since our last inspection. Our overall rating of this service stayed the same. We rated it as good because:

- The Trust had undertaken a number of effective and innovative measures for staff recruitment and retention since the last inspection.
- Staff assessed, monitored and managed risks to patients on a day-to-day basis. Risk assessments were person-centred, proportionate and reviewed regularly.
- Evidence-based guidelines, recommendations, best practice and legislation were applied to patients' treatment and care.
- Good multidisciplinary team working helped staff understand and meet the range and complexity of patients' needs.
- Staff were caring and motivated to deliver best quality service for their patients. They spoke with passion about their work and were proud of what they did. Staff treated patients with humanity in a compassionate, caring, and respectful way.
- Healthcare professionals of different backgrounds worked well together. Staff worked closely with the GPs and social services when planning care and treatment of patients.
- Local leaders were visible, approachable and supportive. They were driven to achieve continuous improvement and motivated staff to succeed.
- The vision and strategy for the service was developed and understood throughout the service. The aim was to deliver integrated services on a multi-disciplinary basis, relevant to the local population. Staff were involved in creating the strategic direction of the service.
- There was a strong governance framework to support the delivery of the strategy and good quality of care.
- There were excellent career development and progression opportunities for all staff levels. Throughout adult community services, we found staff focussed on continuous learning and improvement.

However:

- There were high vacancy rates for adult community staffing.
- The Friends and Family test result in September 2017 was 92.5% against a trust target of 95% and national average of 96%.
- The service did not meet Trust target for patients' involvement in care and treatment as much as they would have liked and for patients being informed of how to make a complaint or raise a concern.
- Waiting times for specialist services from referral to assessment/treatment did not always meet national target

## Is the service safe?

Good   

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

- The Trust had undertaken a number of effective measures since the last inspection to tackle staffing issues.

# Community health services for adults

- The service prioritised patient protection and there were defined systems, processes and standard operating procedures to keep people safe and safeguarded from abuse.
- We saw evidence of open and transparent culture in relation to incident reporting. Staff felt comfortable and encouraged reporting incidents.
- The locations we visited were clean and there were infection control and prevention audits, which showed good scoring outcomes.
- Training levels were in line with trust targets as a whole and staff competence was apparent during inspection.
- Staff assessed, monitored and managed risks to patients on a day-to-day basis. Risk assessments were person-centred, proportionate and reviewed regularly.

However:

- There were high vacancy rates for adult community staffing.
- Not all electronic patient records we reviewed had a completed allergy status.

## Is the service effective?

Good ● → ←

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

- Evidence-based guidelines, recommendations, best practice and legislation were applied to patients' treatment and care.
- Staff assessed patients' needs well, including consideration of clinical, mental and physical needs as well as nutrition and hydration needs.
- Staff were qualified and had the skills they needed to carry out their roles effectively and in line with best practice. Clinical practice development staff helped identifying learning and training needs of staff.
- Regular multidisciplinary team working helped staff understand and meet the range and complexity of patients' needs.
- There was a programme of clinical audits to measure patient outcomes.

However:

- Not all staff had received annual appraisals. Between July 2016 and June 2017, 86.61% of permanent non-medical staff within the community health services for adults core service had received an appraisal compared to the trust target of 90%.

## Is the service caring?

Good ● → ←

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

- Staff were caring and motivated to deliver best quality service for their patients. They spoke with passion about their work and were proud of what they did.

# Community health services for adults

- We saw staff treating patients with humanity in a compassionate, caring, and respectful way.
- Feedback from patients we spoke with was very positive. Patients said that staff responded compassionately to their needs and were skilled in dealing with vulnerable individuals with complex needs.
- Patients told us that staff included them in decision-making and listened to their wishes. We observed staff discuss care options and treatments, and provide choice to patients. Staff gave patients emotional support and tried to optimise patients' condition holistically.
- Relatives said they felt involved and had the opportunity to speak with staff when required.

However:

- The Friends and Family test result in September 2017 was 92.5% against a trust target of 95% and national average of 96%.
- Trust wide data showed that 79% of patients questioned (795) definitely felt involved in care and treatment as much as they would have liked. This was against a trust target of 85%.

## Is the service responsive?

**Good** ● → ←

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

- Managers were aware of issues in their service areas and developed planning and delivery processes to enable services to meet the needs of the local population.
- The needs of different people were taken into account when planning and delivering services.
- Most adult community health services met national referral to treatment targets.
- Healthcare professionals worked well together. Staff worked closely with the GPs and social services when planning care and treatment of patients.
- The service responded to complaints and concerns in a timely way, with improvements made to the quality of care as a result.

However:

- Waiting times from referral to assessment/treatment were longer than national target for Podiatry services in Inner and South division, Diabetes and continence services in Inner division and neuro-therapies in South division.
- The Trust did not meet the target of 60% or above of patients reporting they had been informed of how to make a complaint or raise a concern.

## Is the service well-led?

**Outstanding** ☆ ↑

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

- Local leaders were visible, approachable and supportive to staff. They were driven to achieve continuous improvement and motivated staff to succeed.

# Community health services for adults

- The vision and strategy for the service was developed and understood throughout the service. The aim was to deliver integrated services on a multi-disciplinary basis, relevant to the local population. Staff were involved in creating the strategic direction of the service.
- There was a strong governance framework to support the delivery of the strategy and high quality person-centred care, reflecting best practice.
- There was a programme of clinical and internal audits, which was used to monitor performance and safety and identify where action should be taken.
- The risk register was well maintained and reviewed regularly.
- We found a supportive and enthusiastic culture in various teams. Staff were proud of the quality of service they delivered and spoke positively about the organisation. There were high levels of constructive engagement with staff, including all equality groups and staff at all levels were encouraged to raise concerns.
- There were excellent career development and progression opportunities for all staff levels. Throughout adult community services, we found staff focussed on continuous learning and improvement.
- Innovative approaches were used to gather feedback from people who used the service.
- There were a number of examples within the community adult services of innovative service development; for example, the Homeless Health Team, the 'Always Event' project and the care of people with dementia.

## Outstanding practice

- The Homeless Health Team worked with the increasing homeless populations in Westminster. The team offered a nursing service within clinics and on the streets to engage and promote health and access to services for vulnerable adults. They also worked with podiatry and dental services to actively deliver care for the most challenging areas of health-delivery for this population.
- The tissue viability team and pressure ulcer working group were passionate and enthusiastic about their work, using different technologies available. The group had developed training and the team were highly motivated to teach others about prevention, care and treatment of pressure ulcers.

## Areas for improvement

- The trust should ensure that patient documentation is complete to allow reliable access to key information.
- The trust should continue support adequate staffing levels of adult community nursing teams.
- The trust should ensure that all members of staff within adult community services receive an annual appraisal.
- The trust should ensure patients are involved in their care and treatment as much as they would have liked.
- The trust should ensure patients have been informed of how to make a complaint or raise a concern.
- The trust should review specialist services to improve waiting times from referral to assessment/treatment to meet national target.

# Community health inpatient services

Good   

## Key facts and figures

Central London Community Healthcare (CLCH) NHS Trust provided inpatient services to adults at four locations across London.

Inpatient core service relates to adult patients who are cared for on inpatient wards run by a community provider. Care provided could include the following settings; rehabilitation, intermediate care, inpatient nursing/medical care for people with chronic conditions, progressive or life-limiting conditions or people who are elderly/frail and lastly care could also include minor surgical procedures.

We inspected all inpatient locations at the trust as follows:

Jade and Ruby wards at Edgware Community Hospital, which were a 37 bedded mixed gender wards which provided general rehab and neuro level 3 rehab in addition to a 'step up' facility, enabling patients to be admitted from the community or directly from A&E facilitating admission avoidance, and a 'step down' facility where patients can be admitted following periods of care in an acute hospital. This location was a part of the North London division.

Marjory Warren ward at Finchley Memorial Hospital, which was a 34 bedded mixed gender ward provided both a 'step up' facility, enabling patients to be admitted from the community or directly from A&E facilitating admission avoidance, and a 'step down' facility where patients can be admitted following periods of care in an acute hospital. This location was a part of the North London division

Athlone House Rehabilitation Unit, which was a 22 bedded mixed gender ward provided multidisciplinary care packages in an inpatient setting to adults with complex health needs who have been assessed as suitable for periods of intensive therapy and support that could not safely be offered unsupervised in the community setting. This location was a part of the Inner London division.

The Alexandra Rehabilitation Unit, which was an 11 bedded mixed gender ward, provided short to medium term goal directed therapy to clients. This location was part of the Inner London division.

We inspected the whole service, looking at all five key questions.

Our inspection was conducted by short announcement (with 48 working hours' notice) to enable us to observe routine activity and to ensure that everyone we needed to talk to was available.

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

During the inspection visit, the inspection team:

Spoke with 25 patients who were using the service and nine relatives or carers.

Spoke with the divisional and area leads across each of the services inspected.

Spoke with 20 other staff members; including doctors, nurses, healthcare assistants, volunteers, social workers, pharmacists, porters, domestic staff, administrative staff and allied health professionals.

Reviewed 15 patient records.

Carried out a specific check of the medication management.

Looked at policies, procedures and other documents relating to the running of the service.

# Community health inpatient services

## Summary of this service

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

- Our concerns regarding staffing and high turnover were addressed and managers explained the situation well. The trust was actively recruiting for staff and had managed to fill most vacancies.
- All patients we spoke with spoke positively in regards to cleanliness and hygiene. The trust scored a high PLACE score in this category also.
- The service had close multidisciplinary team working. There were daily MDT handovers and formal weekly MDT meetings. The service used a MDT progress sheets to record actions and tasks for all relevant professions.
- Patients were involved in their own rehabilitation, goal setting and discharge planning from their admission to the wards. Discharge dates were set and agreed as a goal and individual needs and rates of recovery were considered at multidisciplinary meetings.
- On all the units we visited, we saw staff were caring and compassionate towards patients. Staff treated patients with kindness, dignity and respect. We found that staff were sensitive to the needs of the patients and their families.
- The service took account of patients' individual needs, such as those living with dementia, patients that had non-English language requirements, cultural and religious beliefs.
- The shared governance system used an innovative approach to allow junior staff members and patients to actively engage with the trust's governance procedures.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. The service used information to improve the service.
- The service was very proactive in the use of risk assessments, all patients were routinely assessed by nurses and therapy staff. The use of assessments was actively monitored.
- The service prescribed, gave, recorded and stored medicines well. Patients received the right medication at the right dose at the right time.
- Staff we spoke with were aware of how to report incidents and the trust had a robust system of incident investigation and learning.
- We found that individual patients' pain was assessed and managed appropriately, however we found that pain scores were not always regularly completed.
- The service used the malnutrition universal screening tool. Patients were screened on admission for malnourishment and the dietician assessed all patients whose nutritional needs were highlighted.
- Inappropriate referrals from the acute setting were minimised by the employment of tracker nurses who screened and triaged all referrals.
- We observed that staff provided emotional support to patients when they displayed anxiety during rehabilitation activities.
- The majority of patients we spoke with confirmed that their care plans had been explained to them and they understood and agreed with the content.
- Patients had access to support from a psychiatrist if needed.
- The service planned and provided services in a way that met the needs of local people.

# Community health inpatient services

- During the 12 months prior to the inspection the trust had no bed moves for non-clinical reasons and also did not have any bed moves at night for the core service.
- Learning from complaints was discussed in morning MDT handovers and monthly staff meetings
- The trust had managers at all levels with the right skills and abilities to run the service.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff and patients.
- Nursing and allied health staff we spoke with across both divisions told us that the working culture has improved since that last inspection.
- The service engaged well with patients, staff and the public to plan and manage appropriate services, and collaborated with partner organisations effectively.

However:

- The Inner London division wards did not have a fully functioning call bell system, the service had put in mitigating actions, however all patients we spoke on those wards raised concerns regarding the situation.
- Nearly all patients we spoke with across all sites complained that the quality of food provided by the trust was not suitable.
- Although there was generally a good quality of documentation, some records we looked at were not completed as they should have been.
- The trust set a target of 95% for completion of mandatory training and the inpatient overall training compliance was 91% against this target.
- Between July 2016 and June 2017, 86% of permanent non-medical staff and 77% of permanent medical staff within the core service had received an appraisal compared to the trust target of 90%.

## Is the service safe?

Good   

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

- All patients we spoke with spoke positively in regards to cleanliness and hygiene. The trust scored a high PLACE score in this category also.
- Our concerns regarding staffing and high turnover were addressed and managers explained the situation well. The trust was actively recruiting for staff and had managed to fill most vacancies.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. The service used information to improve the service.
- The service was very proactive in the use of risk assessments, all patients were routinely assessed by nurses and therapy staff. The use of assessments was actively monitored.
- The service prescribed, gave, recorded and stored medicines well. Patients received the right medication at the right dose at the right time.
- Staff we spoke with were aware of how to report incidents and the trust had a robust system of incident investigation and learning.

# Community health inpatient services

However:

- The trust set a target of 95% for completion of mandatory training and the inpatient overall training compliance was 91% against this target.
- Although there was generally a good quality of documentation, some records we looked at were not completed as they should have been.

## Is the service effective?

Good ● → ←

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

- The service had close multidisciplinary team working. There were daily MDT handovers and formal weekly MDT meetings. The service used a MDT progress sheets to record actions and tasks for all relevant professions.
- We found that individual patients' pain was assessed and managed appropriately, however we found that pain scores were not always regularly completed.
- The service used the malnutrition universal screening tool. Patients were screened on admission for malnourishment and the dietician assessed all patients whose nutritional needs were highlighted.
- Patients were involved in their own rehabilitation, goal setting and discharge planning from their admission to the wards. Discharge dates were set and agreed as a goal and individual needs and rates of recovery were considered at multidisciplinary meetings.
- Inappropriate referrals from the acute setting were minimised by the employment of tracker nurses who screened and triaged all referrals.

However:

- Between July 2016 and June 2017, 86% of permanent non-medical staff and 77% of permanent medical staff within the core service had received an appraisal compared to the trust target of 90%.

## Is the service caring?

Good ● → ←

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

- On all the units we visited, we saw staff were caring and compassionate towards patients. Staff treated patients with kindness, dignity and respect. We found that staff were sensitive to the needs of the patients and their families.
- We observed that staff provided emotional support to patients when they displayed anxiety during rehabilitation activities.
- The majority of patients we spoke with confirmed that their care plans had been explained to them and they understood and agreed with the content.
- Patients had access to support from a psychiatrist if needed.

# Community health inpatient services

## Is the service responsive?

Good ● → ←

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

- The service planned and provided services in a way that met the needs of local people.
- The service took account of patients' individual needs, such as those living with dementia, patients that had non-English language requirements, cultural and religious beliefs.
- During the 12 months prior to the inspection the trust had no bed moves for non-clinical reasons and also did not have any bed moves at night for the core service.
- Learning from complaints was discussed in morning MDT handovers and monthly staff meetings

However:

- The Inner London division wards did not have a fully functioning call bell system, the service had put in mitigating actions, however all patients we spoke on those wards raised concerns regarding the situation.
- Nearly all patients we spoke with across all sites complained that the quality of food provided by the trust was not suitable.

## Is the service well-led?

Good ● → ←

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

- The trust had managers at all levels with the right skills and abilities to run the service.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff and patients.
- Nursing and allied health staff we spoke with across both divisions told us that the working culture has improved since that last inspection.
- The service engaged well with patients, staff and the public to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The shared governance system used an innovative approach to allow junior staff members and patients to actively engage with the trust's governance procedures.

## Outstanding practice

- The shared governance system used an innovative approach to allow junior staff members and patients to actively engage with the trust's governance procedures. A monthly quality council allowed staff and patients to contribute ideas to improve service provision at the trust, as well as a multidisciplinary team (MDT) innovation committee. Ideas pitched here were sent out to teams across the trust to see if anyone wanted to pilot them, with a view to wider trust distribution if successful. This new approach was encouraging junior staff to explore quality management and lead the drive for continual improvement within the trust.

# Community health inpatient services

## Areas for improvement

- The trust should ensure that all members of staff within inpatient services receive mandatory training on annual basis or as required.
- The trust should ensure that record are kept up to date and completed fully as required by trust policy.
- The trust should ensure that pain scores are completed regularly.
- The trust should ensure that all members of staff within inpatient services receive an annual appraisal.
- The trust should ensure that the quality of food served to patients is improved.
- The trust should ensure a fully functioning call bell system is installed as soon as possible in the required areas.

# Community health services for children and young people

Good   

A summary of our findings about this service appears in the Overall summary.

## Key facts and figures

Central London Community Healthcare NHS Trust children's division provides services to children and young people up to the age of 19 and mothers across nine boroughs including: Westminster, Hammersmith and Fulham, Kensington and Chelsea, Barnet, Brent, Richmond, Hounslow, Harrow and Merton.

The service varies slightly from borough to borough depending on the commissioners' specification. The health visiting service delivery is based on the national mandated Healthy Child Programme and the teams have links to GPs, Children's Centres and Early Help services.

The different services provided are: Health visiting; School nursing (except Westminster and Kensington and Chelsea); Speech & Language Therapy, Community Children's Nursing, Specialist Therapies (Occupational Therapy and Physiotherapy), Orthotics; Family Nurse Partnership, Looked After Children; Special School Nursing and Therapies; Orthoptics; Complex Children's Nursing; Child Development Centre service; Haemoglobinopathy (only in Hammersmith and Fulham, Westminster and Kensington and Chelsea); Nutrition & Dietetics and Immunisation service.

The services are delivered at home, in clinics and health centres, in children's centres, GP premises' and schools.

During this inspection, we visited a number of locations, including:

- Merton Civic Centre, Morden SM4 5DX
- Colville Health Centre, London W11 1PA
- Parkview Centre for Health and Wellbeing, London W12 7FG
- Richford Gate Primary Care Centre, W6 7HY
- Oak Lane Clinic, London N2 8LT
- The Medical Centre, London W9 3XZ

We inspected the whole service, looking at all five key questions.

Our inspection was conducted by short announcement (with 48 working hours' notice) to enable us to observe routine activity and to ensure that everyone we needed to talk to was available.

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

During our inspection, we spoke with 130 staff members including, senior managers, team leaders, therapists, health visitors, school nurses, clinical professional leads, community children nurses, other nursing staff, administrative staff and 40 parents, children and young people.

We observed staff practice in clinics, in schools and with the consent of patients, in patient homes. We looked at 17 patient records, including clinical records and care plan. Prior to and following our inspection we analysed information sent to us by the organisation.

# Community health services for children and young people

## Summary of this service

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

- The community health services for children, young people and families service had systems for identifying, reporting, and managing safeguarding risks. The child safeguarding team provided good support to staff across children's services through supervision, training and monitoring of incidents.
- Professionals from different teams in the service worked well with each other and those from external organisations to make sure each child had the best possible care. Health centres housed a variety of services, which meant children's services were able to work closely with partners such as GPs. Children's services staff provided competent care in line with best practice and national guidance.
- The trust health centres and children centres we inspected were clean, tidy, and clutter free. Waiting rooms and clinic rooms were child friendly with toys, books and other resources appropriate for different ages.
- Staff treated patients with compassion, dignity and respect. Patients and their families felt listened to and involved with their care and treatment.
- Staff supported the patients and families they worked with, and provided patient-centered support in clinics and in homes. Staff planned and delivered services in line with local needs including for vulnerable patients and those who spoke limited English.
- Patients we spoke with told us they were very happy with the care and treatment provided and had good access to translation services.
- There were minimal complaints about the service and these had been dealt with in a timely manner.

However,

- Not all staff in the service had received their mandatory training or an annual appraisal.
- Not all staff had up to date paediatric basic life support (PBLIS) training.
- Overall staff vacancy and turnover was high.
- At the last inspection, health visiting (HV) staff caseload exceeded the Lord Lamming 2009 recommended caseload level of 300 families per whole time equivalent (WTE) health visitor for the majority of staff. The children's services had introduced safer staffing tool for case load management since last inspection. Post inspection we were informed that the average caseload per HV were not comparable to a traditional caseload as the trust was using skill-mix model. The trust was working with tri-borough local authority to improve the caseload management for health visitors by improving the health visiting services skill mix. However, we were not assured that staff were clear of their own caseloads vs their team caseloads and were using the system effectively to manage their caseloads.
- Comprehensive father's details were not linked to the child's record and we found 13 gastrostomy care plans that were not reviewed since March 2017.

## Is the service safe?

**Requires improvement**   

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

# Community health services for children and young people

- Children's services mandatory training and compliance was 93.4% and below trust target of 95%.
- The service reported an average completion rate of 87.7% for paediatric basic life support (PBLs). This was below the trust target of 95%.
- Between and , the trust reported an overall vacancy rate of 26% in community services for children, young people and families.
- Between and , the trust reported an overall turnover rate of 27.42% in community services for children, young people and families. However, we were informed that this was due to changes in commissioning of mainly speech and language therapy services.
- At the last inspection, health visiting (HV) staff caseload exceeded the Lord Lamming 2009 recommended caseload level of 300 families per whole time equivalent (WTE) health visitor for the majority of staff. Though children's services had introduced safer staffing tool for case load management since last inspection. Post inspection we were informed that the average caseload per HV were not comparable to a traditional caseload as the trust was using skill-mix model. The trust was working with tri-borough local authority to improve the caseload management for health visitors by improving the health visiting services skill mix. However, we were not assured that staff were clear of their own caseloads vs their team caseloads and were using the system effectively to manage their caseloads.
- Comprehensive fathers' details were not linked to the child's records. During one health visit, we observed that father's details were limited to name, date of birth and NHS number. We reviewed two records of health visitors, in one record father's information was not on the electronic system and in the other record information was on the system but not linked to the child's record. However, the head of safeguarding acknowledged that CLCH services did not gather and record sufficient information about fathers in their assessments and contacts with mothers and children and actions been taken to strengthen this process.
- During our visit to a special school in Westminster, we found that 13 gastrostomy care plans were due for review since March 2017. We highlighted this to the service manager who ensured to review these within the next two weeks.
- Staff told us that they were working extra hours to update records.

However:

- There were safeguarding systems in place to protect children and young people from harm. All CLCH practitioners had access to timely advice and support from a safeguarding team member. Staff were experienced in safeguarding children and recognising risk, and safeguarding supervision took place on a regular basis.
- The trust health centres and children centres we inspected were visibly clean, tidy, and clutter-free.
- CYP services completed regular infection control audits across locations, and most staff demonstrated good hygiene and adherence to infection control procedures.
- We saw that children's clinics were generally provided in appropriate clinical settings. There were systems in place to ensure that equipment was regularly serviced and maintained.
- There had been no never events between July 2016 and July 2017. Incidents were investigated and reported in line with policy. We saw evidence of the service sharing learning with staff and there was evidence of changes to practice in response to serious case reviews.

## Is the service effective?

Good   

# Community health services for children and young people

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

- CYP practitioners provided competent, thorough and evidence based care and treatment in home visits, clinics, development reviews and therapy sessions. Staff delivered care in line with national guidance.
- We saw evidence of effective multi-disciplinary working within the service and with external partners.
- Information technology supported mobile working and a single electronic patient record that was accessible to the multidisciplinary team.
- The organisation was measuring patient outcomes using a number of different indicators. Some of these, such as face to face new birth visit within and after 14 days by a health visitor were not always met however patient and parent choice impacted upon these measures.
- There were effective referral arrangements in place for children and young people transferring between services.
- Staff were aware of the principles of consent and we observed this in practice when attending clinics and home visits. Staff followed the Gillick competence and Fraser guidelines to ensure that people who used the services were appropriately protected.

However:

Not all staff had received an annual appraisal. The overall appraisal rate for the service between and was below trust target of 90% at 81.6% for permanent non-medical staff and 81% for permanent medical staff.

## Is the service caring?

Good  → ←

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

- Most of the patients and families we spoke with said they were happy with the care and treatment received and would recommend the service to others.
- Staff treated patients with compassion, dignity and respect. Patients and their families felt listened to and involved with their care and treatment.
- We observed compassionate care being delivered in clinic, school and home settings.
- We attended home visits with health visitors and saw that new mothers received appropriate emotional support.
- We saw many examples of staff giving clear explanations to children and their families and involving them in discussions about their treatment goals.
- Parents told us that they felt they could ask for advice and trusted the information that they were given.

## Is the service responsive?

Good  → ←

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

# Community health services for children and young people

- Staff told us and we saw children's services planned and delivered care to meet the unique needs of the child/young person and their parents. Care was well organised and managed keeping the child at the centre of treatment and care. The trust worked together with commissioners to plan and meet the needs of the local population.
- Staff we spoke with had a clear focus on the needs of children, young people, carers and parents.
- There was access to translation and interpreting services and staff said that they had knowledge of trust interpreting policy.
- Services were easily accessible for children and their families. There was flexibility in how these were provided to suit individual need.
- We observed that where CLCH operated family nurse partnership (FNP) the support offered was strong.
- There were few complaints about the service and these had been dealt with in a timely manner.

## Is the service well-led?

Good   

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

- The service vision and aims were aligned with the corporate vision and staff were passionate about delivering a high quality service. All staff we spoke with told us that they were proud to work for CLCH.
- Leaders at executive and service level were visible and open to staff engagement. Staff told us that service leaders were supportive, accessible and approachable.
- The staff we met reflected the trust values and vision. The culture supported the development of caring and compassionate services.
- The service had a strategy that reflected the needs of people using the service and the changes happening in local health and social care services. This reflected current best practice in providing services for children, young people and families. At the last inspection, some staff were unclear whether the organisation had a strategy for children and young people's services. At this inspection we found that the trust had made progress in this regard and there was better awareness of children's service strategy among staff.
- The service consulted and worked in partnership with the local community and other commissioners and stakeholders to improve services and health outcomes.
- The trust had robust governance structures and systems for the review of performance and risk management information.
- There was a designated non-executive director with responsibility for linking with the children's division.
- Staff really valued working for the trust and told us that the trust involved staff in different ways; for example, focus groups during the development of the trust values.
- According to the national NHS Survey 2016, results for children's division showed that 14% of staff reported they have personally experienced (1-2 times) harassment, bullying, or abuse at work. However, all staff members we spoke with disagree with this and that they have not experienced any bullying and harassment.
- The service was constantly innovative and actively took part in quality improvement projects. For example, the evidence-based Thomson screening tool used by school nurses to deliver National Child Measurement Programme (NCMP) measurements, Health Matters website and using e-Redbooks.

# Community health services for children and young people

However:

- The April 2017 to September 2017 Friends and Family Test (FFT) results for children's services showed that 93.6% of people would recommend the service. This was below the trust target of 95%.
- The annual NHS staff survey 2016 results for children's services showed that 22% staff disagreed and 15% strongly disagreed that senior manager act on staff feedback. 23% staff disagreed and 17% strongly disagreed that senior manager try to involve staff in important decision.

## Outstanding practice

- CLCH was the first provider to go live with e-Redbook and immunisation data flow. 'e-Redbook' is the digital version of the Personal Child Health Record (PCHR) known as the "Redbook", which was given to all new parents in the UK to manage the health and development of their child in partnership with health professionals. On the eRedbook, parents will be able to store and access all of their child's health information through smartphones, tablets and computers.
- The school nursing staff for CLCH in Westminster, received a Child Health Award at the RCNi for her work on the Health Matters website. Health Matters is an online resource providing confidential access to the school nurse and health and wellbeing advice for school aged children, plus immunisation forms, health policies and support for parents and carers. We saw that there was an option for young people to book appointments and access advice. The online 'Ask a Question' function enabled users to contact one of the health visitors and school nurses and received an answer to any health related question within 3 working days.

## Areas for improvement

- The children's service should ensure that all members of staff within children's services receive mandatory training on annual basis or as required.
- The children's service should ensure that all members of staff within children's services receive an annual appraisal.
- The children's service should improve compliance with Friends and Family Test (FFT).
- The children's service should ensure that staff have manageable caseload and staff have clear understanding of their own vs team caseloads. Support staff in prioritising data cleansing to close non active caseloads.
- The children's service should ensure that comprehensive father's details were linked to the child's records.

# Our inspection team

Nicola Wise, CQC Head of Hospital Inspection chaired this inspection and Michelle Gibney, CQC Inspection Manager led it.

The team included eight inspectors, one assistant inspector, two pharmacist specialist inspectors, 15 specialist advisers, and two experts by experience.

Specialist advisers are experts in their field who we do not directly employ. Experts by experience are people who have personal experience of using or caring for people who use health and social care services.