Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Bridge House

Unit 16 The Point, Lions Way, Sleaford, NG34 8GG

Tel: 01529220300

Date of Inspections: 21 February 2013
19 February 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Lincolnshire Community Health Services NHS Trust
Overview of the service	Lincolnshire Community Health Services Trust provides community healthcare services for the whole population of Lincolnshire.The trust has it's headquarters at Bridge House, Sleaford and provides a range of services including community hospitals, dental services, weight loss clinics, smoking cessation services, out of hours services, sexual health, services for children and families, therapies, community nursing and specialist nursing services from multiple locations across Lincolnshire.
Type of service	Community healthcare service
Regulated activities	Diagnostic and screening procedures Nursing care Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 19 February 2013 and 21 February 2013, talked with staff and reviewed information we asked the provider to send to us. We reviewed information sent to us by other regulators or the Department of Health and reviewed information sent to us by other authorities.

What people told us and what we found

This report includes the evidence we gathered on our visit to Bridge House, the Headquarters of Lincolnshire Community Health Services Trust.

We spoke with four trained nurses, the general manager of one business unit and a member of the safeguarding team. We also spoke with the Chief Nurse / Head of Operations and the Chief Executive of the trust. We looked at some records and other information that was provided to us by the trust.

We found that the staff we spoke with were open, friendly and willing to engage in our inspection process.

We saw that patient's needs were assessed and their care planned and clearly documented.

Staff told us they felt supported to do their job and we saw both mandatory and specialist training had been put in place.

The trust had systems and processes for monitoring the quality of care. Some members of the public who had used the various services provided by the trust had been invited to share their experience with the trust governing board.

Incident reporting was seen to be robust and the trust board took an active approach in investigating serious untoward incidents. As a result of this, risks to patients were reduced.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

Patients' privacy, dignity and independence were respected. Their views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

In reaching a judgement on this outcome we were unable to speak with patients to obtain their views about their experience of the services provided by the trust.

We looked at the trust's website and found it to be easily accessible and contained a wide range of information about the trust, the services it provided and its policies and procedures that related to the care and treatment of patients.

Patients who use the service were given appropriate information and support regarding their care or treatment. We were shown the notes of some patients who were receiving care and treatment from community based nurses. We saw that consent to treatment and the sharing of information with other healthcare providers was clearly recorded.

There was good evidence that patients and relatives, where appropriate, had been involved in planning their care. We saw that one patient had given clear consent for their personal and medical information to be shared with a voluntary sector health care provider to facilitate additional care and support.

Staff we talked with spoke with confidence and knowledge about the Mental Capacity Act 2005 and best interest processes and were able to tell us of examples where it had been necessary to consider these issues during the care and treatment, in particular of a patient receiving end of life care.

Patients' diversity, values and human rights were respected. There were good systems in place to recognise patients' equality and diversity. Records we saw showed that treating patients with dignity and respect, identifying their likes and dislikes and involving them in their care was at the heart of the care process and was considered and addressed throughout their care and treatment. We saw that upon initial contact with the trust, staff were prompted by the patient record computer software to ask patients what they wished to be called and to record their personal choices and preferences.

Staff that we spoke with told us that some Health Care Support Workers who worked as part of the team delivering care to patients in the community spoke languages other than English and this had proved a valuable resource in engaging with patients.

Staff also told us that they also had access to telephone language translation services, in the event that they could not verbally communicate with a patient due to language difficulties.

We were told that the trust had good links into the community to access religious and pastoral care for a wide range of patients from diverse religious and cultural backgrounds.

Records we looked at showed that staff had received training in and equality and diversity.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Patients experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

Patient's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at patient records that were held on computer and found these had been updated with identified needs to ensure any changes in their condition or treatment were recorded. The records we saw were very clear, comprehensive and were easy to understand.

Staff that showed us the records were very familiar with the software and were able to quickly and accurately locate information, helping to eliminate errors or omissions as a result of not being able to properly see what care patients required.

The patient records held on computer had the ability to be shared with other health care professionals including General Practitioners, speech and language therapists and physiotherapists.

The records we saw showed that patients' consent to receive care and treatment had been clearly recorded.

There were arrangements in place to deal with foreseeable emergencies. We were told by staff that a paper copy of the patients care plan was held in patients' homes for them to refer to. This also acted as a back in the event that the computer stored records were unavailable as a result of technical issues.

Care and treatment was planned and delivered in a way that was intended to ensure patient safety and welfare. Prior to any care or treatment being delivered to patients we saw that a thorough assessment of all identifiable needs was carried out which included medication, allergies, nutrition, risk of falls, tissue integrity and moving and handling. A universal assessment was used for every patient first contact and in short duration intervention cases further assessments were normally deemed unnecessary. In more complex cases additional assessments, specific to the presenting condition were undertaken.

We saw that the care plan software in use alerted staff when assessment reviews were required although the nurses we spoke with told us that this was a guide only and that they

constantly reviewed patients for any changes.

The nurses we spoke with told us that with consent of the patient, cameras were used to photograph and record any area of skin that was showing signs of becoming a pressure sore. They said this had the advantage of providing a clear record of the problem area but as importantly enabled them to show the patient, which gave them a clearer understanding of the affected area and resulted in them taking more care themselves to prevent a worsening of the sore and promoted better healing.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

Patients who used the service were protected from the risk of abuse, because the trust had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

Patients who used the service were protected from the risk of abuse, because the trust had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. The trust responded appropriately to any allegation of abuse. We were aware that matters that had given cause for concern had been referred to the local authority safeguarding vulnerable adults' team. The trust had worked with the local authority safeguarding team and taken appropriate action to resolve them.

The trust was able to demonstrate that it had a robust safeguarding policy and employed knowledgeable staff to deal with any issues that gave cause for concern.

Nurses that we spoke with were fully aware of their responsibilities in recognising areas giving cause for concern and the appropriate action to take to report it. They told us, and managers that we spoke with confirmed that staff made any safeguarding referrals directly to the local authority safeguarding team and that the Trust's own safeguarding staff monitored the process.

Nurses told us that they were kept informed of the progress and the outcome of any such referrals. They were very clear that that they reported all safeguarding concerns, albeit that most were not as a result of the service being delivered on behalf of the trust, for example when they may have had suspicion of domestic abuse.

We spoke with the Named Nurse for Safeguarding Children who worked in the trust's safeguarding team. They told us how they monitored all safeguarding reports to identify trends at an early stage. They stated that better reporting had resulted in a higher incidence of reports but that the levels of potential harm were lower. We looked at records of the meetings of the Safeguarding Governance Group, attended by senior members of staff which addressed matters that related to the safeguarding of children and adults.

Staff that we spoke with and records we saw showed that all staff were required to complete safeguarding training in respect of adults and children. Senior managers explained that the level of their training was dependent upon the employees staffing grade and job description.

We saw that all staff provided suitable references and a satisfactory criminal records bureau
check before they started work with the trust.

Staff that we spoke with confirmed that every new member of staff received thorough induction training prior to commencing work with patients. Records we saw showed that staff had completed both induction and mandatory training.

The Deprivation of Liberty Safeguards (2007) were only used when it was considered to be in the person's best interest. This legislation is used to protect people who might not be able to make informed decisions on their own. Staff that we spoke with were knowledgeable. One nurse told us of an example where the provisions contained within the Act had been considered in respect of the covert administration of medicines.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

Patients were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Members of the staff team that we spoke with told us that training was a priority for the trust and the training they received was good and appropriate for their role.

Records we saw confirmed that staff had completed training in a wide range of subjects and that refresher and updating of training was well planned. Staff informed us they were prompted to undertake their mandatory training (training that has to be done by everyone) but also encouraged to do specialist training.

Members of staff that we spoke with told us that they thought there had been an over reliance on e-learning. They told us that face to face training sometimes entailed what they considered to be excessive travel for a limited period of training input. They told us that the trust was now planning to provide training in an annual four day block of training which they said was likely to be more efficient and useful. We spoke with senior management who confirmed that this was correct and that they had responded to staff calls for a revised training model.

Nurses we spoke with told us they were well supported by their line managers and confirmed that they received annual appraisal. Appraisals are a way that managers assess and monitor employees' performance and identify any training and development needs.

Prior to our inspection we had received information supplied by the trust that the percentage of staff appraised in the previous 12 months was below the national average. During the inspection the trust produced records which showed that the percentage of staff receiving appraisals showed a steady increase in the six moths leading up to the inspection and that some business units in particular had shown considerable improvement. We saw evidence that work was in hand to address any overdue or outstanding appraisals by the end of the year.

Clinical supervisions are meetings held between members of staff with the aim of improving clinical outcomes for patients, to share best practise and to help staff understanding of personal responsibility. They can be completed in one to meetings, group meetings, individual supervision or by peer supervision. We were aware that there were inconsistencies across the trust in the frequency of supervisions and that some staff had

not received any recently.

Nurses that we spoke with at Bridge House told us they had a one to one supervision meeting with a senior member of staff every six weeks and they also undertook peer supervision and clinical supervisions on a monthly basis.

The manager from Family and Healthy Lifestyles told us that one to one supervisions for staff in that business unit occurred every three months and that the monitoring of supervision took place through the Clinical Governance Scrutiny Group.

The trust has provided us with copies of the Management and Supervision Policy, the Clinical Supervision Framework and the Improvement Plan to be implemented in the year 2013 / 2014 aimed at ensuring that all staff across the trust received the appropriate supervision.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The trust had an effective system to regularly assess and monitor the quality of service that patients received and had an effective system in place to identify, assess and manage risks to the health, safety and welfare of patients who used the service and others.

Reasons for our judgement

We did not speak directly with patients for this outcome but have considered patients comments on their experience throughout the inspection as part of the assessment.

As part of this review we looked at records of audits and quality assurance carried out by the trust. We looked at how the trust managed and oversaw quality of care at an organisational level as well as at the local level. This is because many of the policies, procedures and processes were designed to gather information and give guidance trust wide.

We saw that the trust conducted a wide range of audits to continuously monitor and assess the service to enable good quality, safe care to be delivered to patients. For example we saw that the trust carried out pressure ulcer trend analysis which identified the origin of the ulcer and the grade, enabling trends to be identified.

The trust took account of complaints and comments to improve the service. Records that we saw showed that the trust recorded complaints about the service and responded appropriately and without undue delay. We saw evidence that 100% of complaints received in the month prior to our inspection had been dealt with in accordance with the National Health Service Complaints (England) Regulation 2009. We saw written evidence that the number of complaints received by the trust were decreasing over time. Those that had been upheld following investigation mirrored the decline in complaints overall.

There was evidence that learning from incidents / investigations took place and was shared across the various business units via the clinical governance managers. Any changes in practice to be made as a result was cascaded to staff. A 'lessons learned' group had been set up to formalise the process which had held its first meeting in October 2012.

Members of the public who had used the various services provided by the trust had been invited to share their experience with the trust governing board, in private, on a bi-monthly basis. This had been done to allow the board to hear first hand what people were

experiencing and to use that information in improving the service.

The trust had undertaken a variety of processes to gain peoples views about the service they received and their experience all aimed at measuring and improving the quality of the service provided. These included asking in-patients to keep a diary detailing their stay in hospital, patients being interviewed to capture their experience as well as conducting patient satisfaction surveys.

The trust has utilised the 15 Steps Challenge which is a tool designed to enable the voice of the patient to be clearly heard and to promote partnership working between stakeholders. It is a way of understanding a patient's first impression and involved a small team undertaking a walk around the patient environment to gain first hand the patient experience. The team then gave structured feedback and used it to create positive improvements. The tool had been used in several area of service delivery by the trust and was to be introduced into home visiting services and community nursing during 2013.

We have looked at records supplied to us by the trust that detailed the quality assurance processes they had conducted and we saw that the results were encouraging and overwhelmingly positive.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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