

HCRG Care Services Ltd

Virgin Care Luton

Inspection report

90 Tomlinson Avenue
Luton
LU4 0QQ
Tel: 01582709067






Date of inspection visit: 23 24 November 2021
Date of publication: N/A (DRAFT)

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Outstanding 

| | |
|--|---|
| Are services safe? | Good  |
| Are services effective? | Outstanding  |
| Are services caring? | Outstanding  |
| Are services responsive to people's needs? | Good  |
| Are services well-led? | Outstanding  |

Summary of findings

Overall summary

Luton Intermediate Care Rehabilitation Service (LICRS) provides community health services for adults over and under 65 years from two sites. The service provides rehabilitation for people within their own homes, who have had a stroke; rehabilitation in a 20 bedded unit at Capwell Grange, Luton for people who have suffered from illness or an accident and a county wide acquired brain injury service that strives to ensure that people who have complex needs following an acquired brain injury receive timely, person centred rehabilitation.

Our rating of this location improved. We rated it as outstanding because:


- Staff completed risk assessments for each patient on admission or engagement with the service, using a recognised assessment tool, and reviewed this regularly, including after any incident. We reviewed ten risk assessments during the inspection and saw that this was the case.
- Outcomes for patients were positive, consistent and met expectations, such as national standards. Staff used a nationally recognised outcome measure which measured patients' abilities. Staff at LICRS used a functional independence tool to measure levels of independence for self-care. We saw that in the previous quarter, July-September, independence levels between admission to the service and discharge from the service rose by 26 points and 24 points in the previous quarter.
- Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Managers told us about a robust recruitment process to ensure that high calibre staff were employed by the service. We saw that 19% of the workforce were on apprenticeship programmes, two staff were undertaking the assistant practitioner level five, two staff were undertaking the operations manager level five and four staff were undertaking the team leader level three.
- Staff received and kept up-to-date with their mandatory training. Mandatory training levels were at 92% at the time of the inspection. The mandatory training was comprehensive and met the needs of patients and staff.
- The approach of staff promoted a strong person centred approach and staff recognised the personal, social, physical and holistic needs of their patients. We observed a multi-disciplinary team meeting during the inspection and heard that staff identified concerns within the wider family which might impact on the patient's recovery. Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. Patients said staff treated them well and with kindness. We spoke with four patients and all spoke highly of the service and the caring supportive staff.
- Staff made sure patients and those close to them understood their care and treatment. With the patients' consent staff explained care and treatment to carers as well as patients and written information was provided. Staff found innovative ways to enable people to manage their own health and care when they could and to maintain independence as much as possible. We saw that staff asked the patient's permission to move household clutter to assist with service delivery and patients were given the choice on where they wanted to be assessed and what gender they preferred for the staff that visited. Staff also took great care to be mindful of peoples, religious and cultural choices along with any caring responsibilities and other relevant family dynamics.
- Staff planned patients' discharge carefully, particularly for those with complex physical, mental health and social care needs. They ensured that referrals were made to other services when required and families and carers were kept informed. Staff attended patients' homes prior to discharge from the rehabilitation unit to assess the patients' home needs and provide a trial run for the patient to support their discharge. Staff made timely referrals, such as to district nurses to support patients ongoing needs at home

Summary of findings

- Luton Intermediate Care Services had values which they believed helped them to constantly strive for outstanding care. They were: Think-drive for better, challenge and learn; Care - deliver a heartfelt service, inspire, understand and communicate and Do - team spirit, accountability and resilience. We observed that staff reflected these values in their behaviour and their approach used when caring for patients.
- There was compassionate, inclusive and effective leadership at all levels. Leaders demonstrated the high levels of experience, capacity and capability needed to deliver excellent and sustainable care. There were consistently high levels of constructive engagement with staff and with the people who used services, including all equality groups. Leadership development was deeply embedded into the service and there was a strong culture of staff development across all levels of service.
- The organisation had robust systems and processes in place to manage current and future performance. There was an effective and comprehensive process to identify, understand, monitor and address current and future risks. The organisation routinely reviewed its processes and ensured that staff at all levels had the skills and knowledge to use all systems effectively.

Summary of findings

Our judgements about each of the main services

| Service | Rating | Summary of each main service |
|--------------------------------------|---|------------------------------|
| Community health services for adults | Outstanding  | |

Summary of findings

Contents

Summary of this inspection

Background to Virgin Care Luton

Page

6

Information about Virgin Care Luton

6

Our findings from this inspection

Overview of ratings

8

Our findings by main service

9

Summary of this inspection

Background to Virgin Care Luton

Luton Intermediate Care Rehabilitation Service (LICRS) provides community health services for adults over and under 65 years from two sites. People are eligible for the service if they are registered with a Luton General Practitioner (GP). There is a domiciliary service where rehabilitation is provided to people in their own home and at a 20 bedded unit within a local nursing home. Therapy is provided by Luton Intermediate Care Rehabilitation Service staff to patients being provided with commissioned nursing care by the nursing home staff.

The aim is to enable patients to become as independent as possible after an illness or accident by supporting them after discharge from hospital or helping them to stay at home.

Virgin Care Luton (VCL) is the parent company of Luton Intermediate Care Rehabilitation Service. VCL has been registered with CQC since 13 April 2015 and has been inspected once by CQC in February, March and April 2017. The service was rated as good.

In Luton, there are several services that provide intermediate care. The Luton Intermediate Care Rehabilitation Service (LICRS) works closely with these partner organisations.

There is a registered manager in post and the regulated activity is treatment of disease, disorder or injury. (TDDI)

How we carried out this inspection

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

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

Before visiting, we reviewed a range of information we hold about the provider and asked other organisations to share what they knew. We used this information to determine which locations would be visited to ensure we gained an accurate reflection of the overall quality of service provision.

During the inspection visit, the inspection team:

- visited both sites for this service, looked at the quality of the service delivery and observed how staff were caring for patients
- spoke with the registered manager, team leaders, senior managers and a director

Summary of this inspection

- spoke with other members of staff including one GP, three therapy technicians, one physiotherapist, one occupational therapist
- spoke with four patients who were using the service
- spoke with two carers
- attended one multidisciplinary team meeting and one operational team meeting
- looked at ten care and treatment records of patients
- looked at a range of policies, procedures and other documents relating to the running of the service
- conducted a specific review of incidents.

Outstanding practice

We found the following outstanding practice:

Staff went the extra mile when caring for their patients. We saw examples of care where staff went above and beyond their roles to ensure patients and their families were safe and their situations did not have a negative impact on their lives. The approach of staff promoted a strong person centred approach and staff recognised the personal, social, physical and holistic needs of their patients. We observed a multi-disciplinary team meeting during the inspection and heard that staff identified concerns within the wider family which might impact on the patient's recovery. Staff worked with carers to support them and made referrals and signposted them to other agencies. Staff routinely created information sheets for families to give to children such as safe internet usage, county lines and signposting to useful apps to promote safety.

Staff were aware that despite accessing appropriate services, some patients were really struggling financially to the extent that they were unable to afford shopping. A staff member carried out research in the local community and managed to secure food vouchers for those patients who were really struggling, thus enabling them to eat regularly.

During a routine home visit with a patient and their partner, the partner put their laptop down and the screen got broken. Although staff had not broken the laptop screen, the service took the decision to pay to replace it as they knew that it would impact badly on the family if they had no access to a laptop.

Our findings

Overview of ratings

Our ratings for this location are:

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|--------------------------------------|------|--------------------------|--------------------------|------------|--------------------------|--------------------------|
| Community health services for adults | Good | <div>☆</div> Outstanding | <div>☆</div> Outstanding | Good | <div>☆</div> Outstanding | <div>☆</div> Outstanding |
| Overall | Good | <div>☆</div> Outstanding | <div>☆</div> Outstanding | Good | <div>☆</div> Outstanding | <div>☆</div> Outstanding |



Community health services for adults

| | |
|------------|-------------|
| Safe | Good |
| Effective | Outstanding |
| Caring | Outstanding |
| Responsive | Good |
| Well-led | Outstanding |

Are Community health services for adults safe?

Good



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

Mandatory Training

The service provided mandatory training in key skills to all staff and made sure everyone

Staff received and kept up-to-date with their mandatory training. Mandatory training levels were at 92% at the time of the inspection.

The mandatory training was comprehensive and met the needs of patients and staff. We saw that the training topics were wide ranging and included topics such as safeguarding levels one to three, basic life support and health and safety as well as more specialised training relating to a varied patient group and social issues.

Clinical staff completed training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia.

Managers monitored mandatory training and alerted staff when they needed to update their training. Managers had easy access to electronic data and staff told us that they received a reminder when mandatory training was due to be updated.

Safeguarding

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

Staff received training specific for their role on how to recognise and report abuse. Safeguarding adults level two training was at 88% and safeguarding adults level three was at 100%. Safeguarding children level two was at 92% and safeguarding children level three was at 81%.



Community health services for adults

Medical staff received training specific for their role on how to recognise and report abuse.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff had received training on topics such as equality and diversity, domestic abuse and modern slavery. They were experienced in working with patients who had mental health issues, physical disabilities and other protected characteristics and referred to other agencies for specialist support if it was required.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff had a good relationship with the local safeguarding board and regularly made safeguarding referrals. Staff gave an example of a recent safeguarding which was raised regarding the financial abuse of a patient. Safeguarding examples and lessons learned from other parts of the organisation were shared with staff at LICRS.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. The service had safeguarding champions whom staff could go to for initial advice and guidance.

Staff followed safe procedures for children visiting the rehabilitation unit.

Cleanliness, infection control and hygiene

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

The rehabilitation unit areas were clean and had suitable furnishings which were clean and well-maintained. There was an infection prevention champion who ensured that COVID-19 measures were followed.

We saw that cleaning records were up-to-date and demonstrated that all areas were cleaned regularly.

Staff followed infection control principles including the use of personal protective equipment (PPE). We saw that staff were regularly testing for COVID-19, face masks were being used and social distancing was in place where possible. Staff had received training in donning and doffing with compliance at 100% and in infection control with compliance at 90%.

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

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

Patients could reach call bells and staff responded quickly when called.

The design of the environment followed national guidance.

All specialist equipment belonged to the rehabilitation unit. Nursing staff carried out daily safety checks of specialist equipment.



Community health services for adults

The service had suitable areas for patients to meet with relatives and carers.

The rehabilitation unit service had access to enough suitable equipment to help them to safely care for patients. This included assessment rooms with couches and parallel bars.

Staff disposed of clinical waste safely.

Assessing and responding to patient risk

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

Staff used a nationally recognised tool to identify deteriorating patients and escalated them appropriately.

Staff completed risk assessments for each patient on admission or engagement with the service, using a recognised assessment tool, and reviewed this regularly, including after any incident. We reviewed ten risk assessments during the inspection and saw that this was the case.

Staff knew about and dealt with any specific risk issues. This included completing a recognised assessment to assess activities of daily living, falls risk assessment, moving and handling risk assessment, pressure ulcers and indicators for sepsis.

The service had 24-hour access to mental health liaison and specialist mental health support if staff were concerned about a patient's mental health.

Staff completed, or arranged, psychosocial assessments and risk assessments for patients thought to be at risk of self-harm or suicide.

Staff shared key information to keep patients safe when handing over their care to others. In particular this included worked closely with the patient's own GP and with families and carers.

Shift changes and handovers included all necessary key information to keep patients safe.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.

The service had enough staff to keep patients safe.

Managers accurately calculated and reviewed the number and grade of staff needed for each shift in accordance with national guidance.

The manager could adjust staffing levels daily according to the needs of patients.



Community health services for adults

The number of staff matched the planned numbers.

The service had low vacancy rates with two physiotherapy positions vacant, one occupational therapy position vacant and one administrator post needing to be filled. This did not impact on the service as there were adequate staff in place. The service was actively recruiting and there was an ongoing recruitment process in place with virtual open days being held to assist with recruitment.

The service had low turnover rates of 3%.

The service had low sickness rates of 5%.

The service had low rates of agency staff and had only used one recently to carry out a specific task within the service.

Managers limited their use of agency staff and requested staff familiar with the service.

Managers made sure all agency staff had a full induction and understood the service.

Medical staffing

The service had enough medical staff to keep patients safe at the rehabilitation service. The requirement for the service was one General Practitioner. There were no medical staff at the main office site.

The medical staff matched the planned number at the rehabilitation unit.

Sickness rates for medical staff were low.

The service had low rates of bank and locum staff.

Managers could access locums when they needed additional medical staff.

Managers made sure locums had a full induction to the service before they started work.

The service always had a GP on call during evenings and weekends.

Records

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

We reviewed ten patient care records during the inspection.

Patient notes were comprehensive, and all staff could access them easily. All staff had log in details to access records on the electronic database. Most staff had laptops to use for record keeping.

When patients transferred to a new team, there were no delays in staff accessing their records.



Community health services for adults

Records were stored securely on the electronic database.

Medicines

The service used systems and processes to safely prescribe and record medicines.

Staff followed systems and processes when safely prescribing and recording medicines. All medicines were prescribed by the GP only.

Staff reviewed patients' medicines regularly and provided specific advice to patients and carers about their medicines.

Staff stored and managed prescribing documents in line with the provider's policy.

The GP followed current national practice to check patients had the correct medicines.

The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely.

Decision making processes were in place to ensure people's behaviour was not controlled by excessive and inappropriate use of medicines. Additional guidance was sought from the pharmacist if required.

Incidents

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

All staff knew what incidents to report and how to report them. Staff reported incidents to managers, recorded incidents on an electronic system which was then reviewed and signed off by managers.

Staff raised concerns and reported incidents and near misses in line with provider policy. We completed a specific review of incidents during the inspection.

There were no never events within the service. Managers shared learning with their staff about never events that happened elsewhere.

Staff reported serious incidents clearly and in line with policy. This was done by the electronic recording system following escalation to managers. Serious incidents were also reviewed by a learning panel who conducted a deep dive into the incident.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. We saw evidence in staff meeting minutes and lessons learned of when staff had apologised to patients and their families when mistakes had been made.

Staff received feedback from investigation of incidents, both internal and external to the service.



Community health services for adults

Staff met to discuss the feedback and look at improvements to patient care. Feedback was discussed at clinical governance meetings, team meetings and in supervision.

There was evidence that changes had been made as a result of feedback. A patient's discharge letter was sent to the wrong address, so a more robust checking system was introduced to minimise reoccurrence.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations. We carried out a review of incidents during the inspection and saw that there was a robust process in place.

Managers debriefed and supported staff after any serious incident. They were also offered additional support from the wellbeing team if required. A staff member told us about an incident with a patient who had been aggressive. The patient was removed from the staff members caseload and managers dealt with the situation promptly, giving additional support to the staff member. There was a lone working policy in place and staff worked in pairs where the level of risk indicated.

Safety Thermometer

The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

The service continually monitored safety performance. Managers had immediate access to robust service performance data and could act upon the results.

Are Community health services for adults effective?



Our rating of effective improved. We rated it as outstanding.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. They followed the national institute for health and care excellence guidelines (NICE).

Staff protected the rights of patients subject to the Mental Health Act and followed the Code of Practice.

At handover meetings, huddles and multidisciplinary team (MDT) meetings, staff routinely referred to the psychological and emotional needs of patients, their relatives and carers. We attended a multidisciplinary team meeting during the inspection. Leaders encouraged the safe use of innovative and pioneering approaches to care and how it was delivered. A staff member from the local hospital dialled into each MDT meeting and provided real time updates on patients' progress in hospital and how soon they would be discharged. Staff at the MDT meeting would then diarise first meetings



Community health services for adults

with soon to be discharged patients, ensuring that first contact was provided swiftly and including on Saturdays. During assessments, staff focussed on the patients wishes and feelings and supported them to lead on their care. They helped patients to identify their “goals,” rather than care plans and ensured that goals were subjective and entirely reflective of the patients’ voice.

Nutrition and hydration

Staff at the rehabilitation service gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients’ religious, cultural and other needs.

Staff made sure patients had enough to eat and drink, including those with specialist nutrition and hydration needs. They checked whether water was within reach of the patient and liaised with carers if appropriate.

Staff fully and accurately completed patients’ fluid and nutrition charts where needed.

Staff used a nationally recognised screening tool to monitor patients at risk of malnutrition. We saw in patient records that staff completed the malnutrition universal screening tool (MUST) during the assessment process.

Specialist support from staff such as dietitians and speech and language therapists were available for patients who needed it. The service employed a speech and language therapist.

Pain relief

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

Staff assessed patients’ pain using a recognised tool and gave pain relief in line with individual needs and best practice. They also assessed whether patients were competent to swallow medication and sought support from the pharmacist if required.

Patients received pain relief soon after requesting it. Staff at the rehabilitation unit raised any concerns about pain or symptoms with the GP who attended daily, throughout the day.

Staff prescribed, administered and recorded pain relief accurately. We saw this during the review of patients records and medication charts.

Patient outcomes

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

The service participated in relevant national clinical audits including infection control, medicines safety, safeguarding and environmental. An environmental audit undertaken in November scored 92%. Risk of harm audits were routinely carried out for people on the waiting list and were reviewed monthly at the clinical governance meeting.



Community health services for adults

Outcomes for patients were positive, consistent and met expectations, based on nationally recognised audit tools. Staff used an assessment tool as a measure of disability for a variety of populations. Managers and staff used the results to improve patients' outcomes. One example was that staff noticed that family members were moving a patient at home using unsafe methods. They raised this with the family and supported family members to undertake a moving and handling course to minimise risk. Staff used a functional independence tool to measure levels of independence for self-care. We saw that in the previous quarter, July- September, independence levels between admission to the service and discharge from the service rose by 26 points and 24 points in the previous quarter.

Patient waiting times had reduced to six weeks with the input from an agency locum physiotherapist. The average length of stay had reduced across the service. Patient contacts had increased by 200 in October 2021.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. This included peer consultation reviews following a review of patient records and care plans or onward referral audits.

Managers used information from the audits to improve care and treatment. The Clinical Governance Committee facilitated the sharing of audit outcomes to enable learning across services and to help standardise auditing processes.

Managers shared and made sure staff understood information from the audits. These were discussed at staff meetings and supervision.

Improvement was checked and monitored by managers at the clinical governance meetings. This included identifying that lanyards pose an infection control risk, so staff refrained from using them when seeing patients.

Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Managers told us about a robust recruitment process to ensure that high calibre staff were employed by the service. We saw that 19% of the workforce were on apprenticeship programmes, two staff were undertaking the assistant practitioner level five, two staff were undertaking the operations manager level five and four staff were undertaking the team leader level three.

Managers gave all new staff a full induction tailored to their role before they started work. The induction lasted for three to four weeks and included mandatory training, shadowing other staff and familiarisation around the case recording systems and organisational policies.

Managers supported staff to develop through twice yearly, constructive appraisals of their work. Appraisal compliance was at 100% at the time of inspection.

Managers supported staff to develop through regular, constructive supervision of their work. Supervision took place every six weeks in line with the providers supervision policy. Managers also operated an open door policy so that staff could raise any queries or concerns with them at any time. Supervision compliance was at 100% at the time of the inspection.



Community health services for adults

The clinical educators who were employed by the service, supported the learning and development needs of staff. We spoke with student physiotherapists who shadowed qualified staff and were given support, supervision and guidance during their placement.

Managers made sure staff attended monthly team meetings or had access to full notes when they could not attend.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. The service had a learning academy and staff were encouraged to access this and undertake apprenticeship programmes, leadership programmes, specialised training and the care certificate course.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. The service had supported many of the staff through the completion of apprenticeship roles or enabled staff to go to university to complete physiotherapy or occupational therapy courses.

Managers made sure staff received any specialist training for their role. Staff that we spoke with told us that leaders encouraged them to develop specialist skills and supported them through this process. The continuing development of the skills, competence and knowledge of staff was recognised as being integral to ensuring high quality care. Staff were proactively supported and encouraged to acquire new skills, use their transferable skills, and share best practice.

Managers identified poor staff performance promptly and supported staff to improve. We saw evidence of performance management during the inspection.

Multidisciplinary working

Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

Staff, teams and services were committed to working collaboratively and found innovative and efficient ways to deliver more joined-up care to people who used services.

Staff held regular and effective weekly multidisciplinary meetings to discuss patients and improve their care. These were attended by the GP, Luton intermediate care service therapy staff and other professionals such as nurses and the social worker who was employed by the council.

Staff worked across health care disciplines and with other agencies when required to care for patients. This enabled access to good and timely services and increased independence for patients. Staff routinely liaised with GP's, housing, district nurses and provided support to apply for a blue badge.

Staff referred patients for mental health assessments when they showed signs of mental ill health, depression. They had access to a council social worker and the community mental health team and worked closely with patients GP's. This level of communication reduced stress and anxiety for patients and carers who were unfamiliar with the mental health system.

Patients had their care pathway reviewed by relevant consultants.

Seven-day services



Community health services for adults

Key services were available six days a week to support timely care and support over weekends.

The GP led daily ward rounds on the rehabilitation unit and patients were reviewed by the GP depending on the care pathway. The service opened on a Saturday to provide prompt support to patients newly discharged from hospital, even though this was not a contractual requirement.

Staff could call for support from doctors and other disciplines, including social work, mental health services and diagnostic tests, 24 hours a day, seven days a week.

Health promotion

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

Staff were consistent in supporting people to live healthier lives, including identifying those who needed extra support, through a targeted and proactive approach to health promotion.

The service had relevant information promoting healthy lifestyles and support at the rehabilitation unit. Leaflets were also given out to patients using the service.

Staff assessed each patient's health when referred to the service and provided support for any individual needs to live a healthier lifestyle. This included smoking cessation, weight management and diabetes management.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used measures that limited patients' liberty appropriately.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They had a good understanding of the five principles

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

When patients could not give consent, staff made decisions in their best interest, taking into account patients' wishes, culture and traditions. We saw evidence in patient records of best interests' meetings which had been held.

Staff made sure patients consented to treatment based on all the information available.

Staff clearly recorded consent in the patients' records.

Staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. Training compliance was at 88% at the time of inspection.



Community health services for adults

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005 and the Children Acts 1989 and 2004 and they knew who to contact for advice.

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

Managers monitored how well the service followed the Mental Capacity Act and made changes to practice when necessary. Managers routinely reviewed patient records and standards were discussed in supervision.

Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.

Are Community health services for adults caring?

Outstanding



Our rating of caring improved. We rated it as outstanding.

Compassionate care

Staff truly treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Staff valued patients highly, as individuals.

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way.

Patients said staff treated them well and with kindness. We spoke with four patients and all spoke highly of the service and the caring supportive staff. They said that staff were compassionate and empowered them to have a voice and to realise their potential. Staff considered their individual preferences and needs and really listened to their wishes and feelings. There was a strong person centred culture from staff. Staff completely recognised and always took into account each patient's individual situation in order to give the best care possible.

Staff followed policy to keep patient care and treatment confidential. Staff always sought consent to treatment and all patient records were stored electronically.

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients with mental health needs. Dignity and privacy was embedded into how staff cared for patients. Staff always treated patients, families and carers with dignity and specific need and issues were recorded and handed over to other staff.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. Staff avoided telephoning patients at prayer time and would send a text message instead.



Community health services for adults

Staff went the extra mile when caring for their patients. We saw examples of care where staff went above and beyond their roles to ensure patients and their families were safe and their situations did not have a negative impact on their lives. The approach of staff promoted strong person-centred care and staff recognised the personal, holistic needs of their patients. Staff showed determination to overcome obstacles which could have hindered recovery for patients and their families.

Staff were aware that despite accessing appropriate services, some patients were really struggling financially to the extent that they were unable to afford shopping. A staff member carried out research in the local community and managed to secure food vouchers for those patients who were really struggling, thus enabling them to eat regularly.

During a routine home visit with a patient and their partner, the partner put their laptop down and the screen got broken. Although staff had not broken the laptop screen, the service took the decision to pay to replace it as they knew that it would impact badly on the family if they had no access to a laptop

Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it. We saw from assessments that staff considered the patient's family dynamics and used a person centred holistic approach to providing care.

Staff supported patients who became distressed in an open environment and helped them maintain their privacy and dignity.

Staff demonstrated empathy when having difficult conversations with patients or carers.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. Staff specifically assessed patients' wellbeing along with their physical health needs.

Understanding and involvement of patients and those close to them

Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment. Staff were fully committed to involving carers and family members in the care of patients.

Staff made sure patients and those close to them understood their care and treatment. With the patients' consent staff explained care and treatment to carers as well as patients and written information was provided. Staff found innovative ways to enable people to manage their own health and care when they could and to maintain independence as much as possible. We spoke with two carers during the inspection. They told us that staff were kind, caring and reliable. They were flexible with appointments and really valued the opinions and experience of carers. Staff had supported carers to book on to manual handling courses to enable them to care for their relative safely.

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. Staff used translation services and provided leaflets in different languages.



Community health services for adults

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. They were encouraged to do this in written form or verbally to the service. Staff also had an app on their work phones that patients could use to give feedback.

Staff supported patients to make advanced decisions about their care.

Staff supported patients to make informed decisions about their care. We saw evidence of this in patient records which showed person centred goals which were a clear reflection of the patient's voice. Staff that we spoke with were committed to supporting patients to lead on their recovery.

Patients gave positive feedback about the service via the friends and family test. We reviewed 112 feedback comments and all but one was positive. Responses stated that 100% of people would recommend the service to other people.

Are Community health services for adults responsive?

Good



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

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

The service planned and provided tailored, individual care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care that was wide ranging, flexible, and gave continuity of care.

Managers planned and organised services, so they met the changing needs of the local population. Managers regularly proactively met with other local providers to ensure that services worked together for the benefit of people in need of support.

Facilities and premises at the rehabilitation setting were appropriate for the services being delivered. There was a range of rooms available and all patients had a bedroom with ensuite bathroom.

Staff could access emergency mental health support for patients with mental health problems, learning disabilities and dementia.

The service had systems to help care for patients in need of additional support or specialist intervention. There was a smooth referral process in place for mental health patients, continence services, social services and for communication such as speech and language therapy.

Managers monitored and took action to minimise missed appointments. Caseloads, allocations and missed appointments were routinely discussed at the allocations meeting and staff were flexible with appointments times to fit in with patients' circumstances.

Managers ensured that patients who did not attend appointments were contacted. Staff followed up by telephone and letter when patients missed appointments.



Community health services for adults

The service relieved pressure on other departments when they could by seeing new patients the same day. They were informed of imminent patient discharges from hospital so that they could follow them up in the community without delay. LICRS provided a service every Saturday to patients although they were not contractually required to do so.

Meeting people's individual needs

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

Staff were proactive in understanding the needs and preferences of their patients, in particular to access a wide range of services for those with complex needs.

Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs. Referrals were made to the mental health team when required.

Staff supported patients living with dementia and learning disabilities by using 'This is me' documents and patient passports. The service carried out the assessment of memory test (AMT) as part of the assessment process.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. They used physical and sensory aids to assist with supporting patients.

The service had information leaflets available in languages spoken by the patients and local community. Staff had proactively completed research on the three most commonly spoken languages in the local community and had leaflets in those corresponding languages.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. A translation service was routinely used.

Patients at the rehabilitation service were given a choice of food and drink to meet their cultural and religious preferences.

Staff had access to communication aids to help patients become partners in their care and treatment.

Access and flow

People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.

People could access services and appointments in a way and at a time that suited them.

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. Staff regularly contacted patients on the waiting list to ensure there was no change or deterioration in their condition. Technology was used innovatively to ensure people had timely access to treatment.



Community health services for adults

Managers monitored waiting times and made sure patients could access emergency services when needed and received treatment within agreed timeframes and national targets. Managers had proactively employed a locum physiotherapist with the sole task of supporting the team to reduce the waiting list.

Managers and staff worked to make sure patients did not stay longer than they needed to. Patients were reviewed weekly to establish if they were ready to be discharged from the service.

The rehabilitation service moved patients only when there was a clear medical reason or in their best interest.

Managers worked to keep the number of cancelled appointments to a minimum. Staff considered patients individual situations and made appointments that would not infringe upon work time or prayer time.

When patients had their appointments cancelled at the last minute, managers made sure they were rearranged as soon as possible and within national targets and guidance. Cancelled appointments were rare as staff would cover appointments for each other when needed.

Managers monitored that patient moves between services were kept to a minimum.

Managers and staff worked to make sure they started discharge planning as early as possible. We attended a multi-disciplinary team meeting and saw discharge planning was discussed at an early stage.

Staff planned patients' discharge carefully, particularly for those with complex physical, mental health and social care needs. They ensured referrals were made to other services when required and families and carers were kept informed. Staff attended patients homes prior to discharge from the rehabilitation unit to assess the patients' home needs and provide a trial run for the patient to support their discharge.

Staff supported patients when they were referred or transferred between services. This included contacting the hospital, benefits agency or housing or making an appointment with the GP.

Managers monitored patient transfers and followed national standards.

Learning from complaints and concerns

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

Patients, relatives and carers knew how to complain or raise concerns. Staff gave patients and carers a complaints leaflet on admission to the service. This explained how to make a complaint by telephone or in writing.

The service displayed information about how to raise a concern in patient areas at the rehabilitation unit.

Staff understood the policy on complaints and knew how to handle them appropriately.

Managers comprehensively investigated complaints and identified themes. However, there were only three complaints in the 12 months prior to inspection.



Community health services for adults

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

Managers shared feedback from complaints with staff and learning was used to improve the service. Feedback was shared at the clinical governance meeting, team meetings and in supervision. The service could demonstrate where improvements had been made as a result of learning from reviews and that learning was shared with other services.

Staff could give examples of how they used patient feedback to improve daily practice. An example of this was not making appointments at prayer time and taking off shoes or using protective shoe covers when entering patients' homes. One patient told us that she had been seeing the same staff member for some weeks and that they had been very patient, consistent and flexible with appointment times. She told us that she had benefitted greatly from accessing the service and that she had regained her mobility and her life, through taught exercises and physiotherapy provided by staff. Another patient who had not wished for direct communication with the CQC had left a message for inspectors saying, "I have been very very happy with the service provided." A carer sent a compliment to staff saying "a huge thankyou to staff for all that they did for her mother in getting everything in place for her, " and another patient thanked a specific staff member and said that they had "gone above and beyond."

Are Community health services for adults well-led?

Outstanding



Our rating of well-led stayed the same. We rated it as outstanding.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

There was compassionate, inclusive and effective leadership at all levels.

Leaders had the skills knowledge and experience to consistently deliver high quality personalised care. Leadership development was deeply embedded into the service and there was a strong culture of staff development across all levels of service. Staff were encouraged to make use of the provider's education academy and supported with any challenges that may arise.

Leaders had a clear in depth knowledge of the priorities, risks and challenges in their service and used this to continuously develop and improve service delivery and staffing.

Vision and strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.



Community health services for adults

There was a systematic and integrated approach to monitoring, reviewing and providing evidence of progress against the strategy and plans.

The organisation had a clear vision and strategy. There were clear shared goals that were known to staff. The Virgin Care Values were, “Think, Care, Do”. The values formed part of every staff member’s appraisal, were included in the welcome packs for staff and were on display throughout services. Staff brought these values to life in their everyday work. Senior managers regularly held a meet me session for staff to attend and be part of the discussion on organisational development. Staff also participated in a walk the walk scheme which provided them with the opportunity to shadow senior managers in their work.

Luton Intermediate Care Services had values which they believed helped them to constantly strive for outstanding care. They were: Think-drive for better, challenge and learn; Care-heartfelt service, inspire, understand and communicate and Do-team spirit, accountability and resilience. We observed that staff reflected these values in their behaviour and their approach used when caring for and worked with patients. Staff empowered patients to improve their independence.

Managers were confident and knowledgeable about the wider health economy. Strategies and plans were fully aligned with plans in the wider health economy, and there was a demonstrated commitment to system-wide collaboration and leadership. There had been discussions with staff and key stakeholders on how the service could support the expected winter pressures internally and externally and senior managers spoke with confidence about the Think Care Do strategy and their plans for 2022.

There was a systematic and integrated approach to monitoring, reviewing and providing evidence of progress against the strategy and plans. Plans were consistently implemented and had a positive impact on quality and sustainability of services.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

Staff that we spoke with were very proud of the service and spoke highly of colleagues and managers at all levels. Teams were collaborative and cohesive and shared a vision and determination to deliver consistently high quality sustainable care. There was a strong organisational commitment and effective systems and processes in place to ensure that equality and inclusion underpinned the service.

Governance

Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

Managers and staff were clear about their roles and responsibilities and were highly committed and accountable to patients, colleagues and leaders. There were robust governance processes in place which were embedded into the



Community health services for adults

service and enabled leaders to effectively manage the service. We saw in the minutes of the monthly business meetings, clinical governance meetings, staff meetings and staff huddles that the governance processes worked effectively. The senior leadership team met weekly, were very visible within the service and communicated promptly with teams on planned changes.

Management of risk issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

The organisation had systems and processes in place to manage current and future performance. There was an effective and comprehensive process to identify, understand, monitor and address current and future risks. The organisation reviewed its processes and ensured that staff at all levels had the skills and knowledge to use all systems effectively. Where challenges arose, leaders dealt with them quickly and effectively. The staff team was well supported by the wellbeing program and we saw examples of challenges being dealt with promptly by managers. The annual staff survey reflected staff satisfaction in working for the service.

Information management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

The information used in reporting, performance management and delivering quality care was consistently found to be accurate, valid, reliable, timely and relevant. There was a demonstrated commitment at all levels to sharing data and information proactively to drive and support internal decision making as well as system-wide working and improvement.

Engagement

Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

There were consistently high levels of constructive engagement with staff and people who use services, including all equality groups. Rigorous and constructive challenge from people who use services, the public and stakeholders is welcomed and seen as a vital way of holding services to account. Services were developed with the full participation of those who use them, staff and external partners as equal partners. Staff were encouraged to talk new plans through and given the time to present them to managers. We were told by staff of a plan on a page that they had developed to discuss with the senior leadership team.

Learning, continuous improvement and innovation



Community health services for adults

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

There was a strong focus on continuous learning and improvement at all levels of the organisation, including through appropriate use of external accreditation and participation in research. There was knowledge of improvement methods and the skills to use them at all levels of the organisation. There were organisational systems to support improvement and innovation work, including staff objectives, data systems, and ways of sharing improvement work. The service made effective use of internal and external reviews, and learning was shared effectively across teams at all levels and used to make improvements. Staff were encouraged to use the information and align their performance with any changes required. This was discussed at team meetings and supervision. There was a budget for staff learning and development and the organisation had its own learning academy and employed a learning environment lead to support staff training. Learning and development was at the core of the service and the local ownership that valued strategy and vision was brought to life for staff to demonstrate them in their work.