Medway Community Healthcare C.I.C

Inspection report

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Ratings

Overall trust quality rating	Good
Are services safe?	**Requires Improvement**
Are services effective?	**Good**
Are services caring?	**Good**
Are services responsive?	**Good**
Are services well-led?	**Good**

Our findings

Our reports

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.

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.

We award the Use of Resources rating based on an assessment carried out by NHS Improvement. Our combined rating for Quality and Use of Resources summarises the performance of the trust taking into account the quality of services as well as the trust's productivity and sustainability. This rating combines our five trust-level quality ratings of safe, effective, caring, responsive and well-led with the Use of Resources rating.

Overall summary

What we found

Overall trust

Medway Community Healthcare is a community interest company (CIC) and provider of NHS funded adult and children's community healthcare in Medway and Swale. Their services include community health services for adults, children and young people, a care home and hospice services, adult inpatient services, specialist dental and urgent care. Medway Community Healthcare (MCH) was established in 2011 and is a not-for-profit social enterprise committed to serving its communities and funded by the NHS and local authorities. MCH employs over 1300 staff. All staff have the option to become shareholders and any surplus money is re-invested back into the community.

Services span across all ages from birth to end of life and range from preventative and pro-active support to keep people as well and independent as possible through to complex care and support in individuals' own homes to prevent admission to hospital or to support people following discharge. MCH provides 40 different services across 31 different locations as well as in individual's homes and in schools.

MCH provide the following core services:

- Community health services for adults
- Community health inpatient services
- Community health services for children, young people and families
- Urgent care services
- Community dental services
- Hospice services

Our findings

- Care home

MCH are registered for the following regulated activities:

- Diagnostic and screening procedures
- Family planning
- Maternity and midwifery services
- Nursing care
- Personal care
- Surgical procedures
- Transport services, triage and medical advice provided remotely
- Treatment of disease, disorder or injury
- Accommodation for persons who require nursing or personal care

We carried out inspections of four core services provided by Medway Community Healthcare C.I.C. followed by a well led inspection.

We inspected the community health services for adults, community health services for children, young people and families and community health services for inpatients core services. We also inspected the community dental service, and the findings are included in this report, however we do not rate this core service.

The community health services for adults and the community health services for children and young people were last inspected in March 2017 and both had a rating of good. The urgent care core service was inspected separately in February 2022 as part of an inspection of the urgent care pathway in Kent and Medway and was rated requires improvement.

We did not inspect the Wisdom Hospice or Darland House care home. The Wisdom Hospice was inspected in August 2021 and is rated Good. Darland House care home was inspected in February 2021 and has a rating of good.

This was the first time we had undertaken a well led inspection of this provider.

Although Medway Community Healthcare is not an NHS trust, the word trust is used erroneously in several places in the report as the word cannot be removed from the standardised inspection report template.

We rated Medway Community Healthcare as good because:

- We rated safe as requires improvement, responsive as good, caring as good, and effective as good. We rated well-led for Medway Community Healthcare as good.
- We rated three of the four MCH core services we inspected as good. We do not rate community dental services. In rating the trust overall, we included the existing ratings of the three previously inspected services.

Our findings

- The non-executive directors provided high quality, effective leadership and delivered appropriate challenge to the senior executives. They all had experience as senior leaders in a range of organisations and brought skills from other sectors including NHS acute care, health organisation directorships, social care, education and local government.
- The board was well supported by five sub-board committees which met every six weeks: audit and risk committee, integrated quality and performance committee, remuneration committee, finance committee and people committee. Each sub-committee was chaired by a non-executive director and also had an executive lead.
- The MCH senior leadership team demonstrated a high level of awareness of the priorities and challenges facing the organisation and the local health environment, and how they could address these and influence change in the system. The senior leaders had demonstrated an ability to adapt at a fast-changing pace during the COVID-19 pandemic.
- The organisation had a clear vision and a set of values which staff understood. These were underpinned by a set of clear strategic priorities running from 2019-2025 and progress was regularly reviewed. Leaders were well sighted on the ambition of the strategy and there was a focus on aligning the strategy with both local priorities in the Medway and Swale primary care networks and within the emerging Kent and Medway integrated care system.
- Staff described an open, transparent and supportive culture that centred on what was best for patients and the wider healthcare system. Staff across the organisation worked hand in hand with partners working in the wider healthcare system, with other providers and with external agencies including the voluntary sector.
- The provider's governance system effectively provided assurance and helped keep patients safe. It helped the organisation deliver its key transformation programmes and priorities outlined in the annual business plan.
- During the core services inspections we saw that staff treated people with compassion and kindness, respected their privacy and dignity and understood people's individual needs. Services were inclusive, took account of patients' preferences and their individual needs. People had their communication needs met and information was shared in a way that could be understood.
- The provider was a research active organisation and had a research team of 2.4 full time staff and a research strategy. We saw that awareness of research, and its value to staff and patients, was embedded in the operational teams during the core services inspection. Research was part of the organisational culture and research activities were beyond what could be expected in an organisation of this size.

However:

- The provider needed to strengthen its work on Equality, Diversity and Human Rights (EDHR). The provider had produced a Staff Equalities Action Plan in 2021 and had an up to date Workforce Racial Equality Standard (WRES) report. It was clear that the experience of staff with disability, black and minority ethnic staff and the gender pay gap was being considered by the organisation. However, the responses in relation to targeting actions and delivering improvements were not fully formed in any substantial detail across all the groups with protected characteristics.
- Whilst the role and remit of the elected members forum (EMF) was well described, it was not evident from the inspection that the forum was playing the central role envisaged in conveying the views of the shareholders to the board and playing an active part in the development of the organisation's strategy and governance.
- The scale of the organisation meant that succession planning and ensuring that skilled leaders were being developed presented a risk as the departure of key people could have a larger impact on service delivery. Senior leaders recognised that succession planning was an issue that presented a challenge to the organisation.

Our findings

- Within the community adults core service the process around maintaining and reviewing patient risk assessments needed improving. The provider also needed to strengthen the palliative care pathway so that staff could effectively escalate the needs of deteriorating patients and ensure communication pathways were effective at these times.
- Within the community inpatients core service we told the provider that it must deploy the right number of staff with the right skills on every shift. The provider also needed to ensure that equipment needed to care for patients is available, fit for purpose and stored appropriately.

How we carried out the inspection

To fully understand the experience of people who use services, 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 the inspection visit, we reviewed information that we held about the services and reviewed a range of information. During the inspection visit to Medway Community Healthcare services, the inspection team:

Community Health Services for adults

- visited two Medway Community Healthcare CIC bases and three satellite clinic locations
- spoke with 16 senior leaders including heads of service, operational and clinical leads
- spoke with 46 other members of staff including advanced practitioner physiotherapists, physio assistants, dieticians, speech and language therapists, podiatrists, phlebotomists, registered nurses, nursing assistants, tissue viability nurses, occupational therapists, an induction facilitator and administrative staff
- spoke with 19 patients and families who were using services or their carers/relatives
- reviewed 18 patient care and treatment records
- observed three shift handover meetings for community nursing teams
- observed five schedules of care in patients' homes
- observed staff providing care to patients in clinic settings
- held six focus groups to capture staff who were unavailable on the days of the inspection
- looked at a range of policies, procedures and other documents related to the running of the services.

Community health services for children, young people and families

Our findings

- visited the main base of the service and two other locations to observe clinics and reviews
- looked at the quality of the service environment
- observed a number of clinics, assessments and reviews, such as well-baby clinics, developmental reviews, health and continence assessments
- observed three home visits
- observed a virtual multidisciplinary team meeting
- observed a virtual meeting between staff members and a special educational needs coordinator
- spoke with 25 parents who were using the service; we spoke to 18 of these parents remotely following the inspection
- spoke with five team managers, two medical staff and 17 other staff including nurses, health visitors, admin staff and therapy staff
- we ran three focus groups virtually for additional staff to join and give feedback on the service
- looked at 18 patient records
- reviewed a range of documents relating to the running of the service
- looked at medicines management.

Community health inpatient services

- visited Amherst Court, Britannia and Endeavour wards on 17 May
- visited Harmony House on 28 May. This visit was delayed due to COVID-19 within the inspection team
- toured all the wards and had an introduction by staff
- observed clinic rooms and medical equipment
- attended a MDT meeting
- spoke with sixteen patients and two relatives face to face
- spoke with 16 staff face to face and six more via an online focus group, and four senior leaders
- looked at seven patient care records and prescription charts
- observed care in communal areas and therapy groups
- looked at charts recording food and hydration intake for eight patients
- looked at records including complaint records and incident reports, workforce data and training information

Community dental services

- toured the unit at Lordswood Healthy living centre
- looked at systems and processes such as observation of the decontamination process
- spoke with four members of staff, 1 dentist, two nurses and the receptionist
- looked at maintenance documents and schedules for the decontamination and radiography equipment

Our findings

- looked at policies, recruitment processes, complaints, risk policies, and safeguarding
- checked that clinical staff had a current registration with the general dental council and were up to date with their mandatory continuing professional development
- checked the processes, equipment maintenance, training of staff and medicines management with regard to the provision of inhalation sedation
- looked at auditing processes for infection prevention and control, radiographic image quality, disability access, patient records, appointment waiting times and antimicrobial prescribing
- looked at the process for consent, how capacity assessments were carried out and what these entailed.

The well led inspection team comprised one executive reviewer who was an executive of an NHS community health provider, two specialist advisors with professional experience in board-level governance, one CQC head of hospital inspection, one CQC inspection manager and two CQC inspectors.

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

Outstanding practice

We found the following outstanding practice:

Trust wide

MCH hosted its own charity, Medway Cares, which re-invested money from operating surpluses to benefit local communities. In 2020-21 nearly £20,000 had been distributed, and a total of £284,000 since its creation in 2012.

Research was part of the organisational culture and research activity was extensive and supported by the senior leadership at a level well beyond what one would expect in this size organisation. We saw that awareness of research, and its value to staff and patients, was embedded in the operational teams during the core services inspection.

The organisation published a booklet outlining a portfolio of research projects which MCH had been involved in. They included: research into unpaid carers of people with dementia, palliative care study, alcohol and drug use in cancer patients study, and musculoskeletal research.

Community health services for adults

The service identified gaps within residential homes in Medway relating to staff competency and patients at risk of acquiring pressure ulcers. The service introduced ‘STOP boxes’ which included pressure ulcer reducing equipment to enable residential home staff to provide initial prevention and treatment for pressure ulcers whilst a community nurse referral was made.

Since commencing the project in 2015, incidences of acquired pressure ulcers had reduced from 49 to 18. Seventeen of the 29 homes involved in the project had 0 incidences during 2020 to 2021.

Our findings

Areas for improvement

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

Action the trust MUST take to improve:

We told the trust that it must take action to bring services into line with five legal requirements. This action related to two services.

Community Health Services for adults

- The provider must ensure risk assessments are up-to-date and reviewed in line with policy, for all patients requiring them. (Regulation 12)
- The provider must ensure that their palliative care pathway is reviewed so that staff understand how to appropriately escalate deteriorating patients and provide effective symptom management in a timely manner; and have means of direct communication as a healthcare professional with GP surgeries for care planning and safety. (Regulation 12)

Community health inpatient services

- The provider must ensure that it deploys the right number of staff with the right skills and experience on every shift. (Regulation 18).
- The provider must ensure that equipment required to care for and support patients is readily available. The provider must ensure that all equipment required for patient care is well maintained and fit for purpose. (Regulation 15)
- The provider must ensure that the environment is clear of clutter. The provider must ensure that all equipment not in use is stored securely away from communal areas. (Regulation 15)

Action the trust SHOULD take to improve:

Trust wide

- The provider should ensure that a more robust and comprehensive set of equality objectives are developed which are measurable against progress and reflect all protected characteristics.
- The provider should continue to develop, promote and support the elected members forum (EMF) to enable it to carry out its full remit within the organisation.
- The trust should consider reviewing succession planning for senior leadership roles and how it would mitigate the impact of key people leaving the organisation.

Community health services for adults

- The provider should ensure there is an agreement in place with their acute partner trust so that they are assured all safeguarding referrals are raised by the responsible party.

Our findings

- The provider should ensure that hand hygiene protocols are consistently being followed by staff for infection prevention and control.
- The provider should ensure IT systems are robust enough to allow staff to reliably upload information remotely.
- The provider should amend their policy regarding incidents of fainting in phlebotomy services to capture patient experience and improve the service.
- The provider should ensure leaders record that staff are receiving the required managerial and clinical supervision with their supervisor.
- The provider should ensure patients are always assessed by an appropriately qualified member of staff in line with their policy.
- The provider should ensure staff are receiving annual appraisals with their supervisor and that this is recorded.
- The provider should ensure that they deliver their action plan so that the waiting list for patients accessing the orthopaedic clinical assessment service returns to within their KPI of six weeks.

Community health services for children, young people and families

- The provider should continue to develop its improvement strategy to reduce patient waiting times.
- The provider should ensure that all electronic patients' records are complete and contain all essential information.

Community health inpatient services

- The provider should ensure the quality and temperature of food served to patients is reviewed and improvements made
- The provider should provide a communal area on Harmony House which patients could access easily.
- Staff should ensure that all medicines and supplements are checked regularly, and prescription records completed accurately and kept up to date.
- The provider should consider improving the admission handover process to ensure that key information relating to patient's care is captured.
- The provider should ensure that they carry out competency checks for all staff, including agency staff, to ensure that they have the right training, skills and experience to carry out their roles.

Is this organisation well-led?

This was the first time we rated well-led. We rated it as good.

Leadership

Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the services they provided, were visible in the service and approachable for patients and staff.

Our findings

The Medway Community Healthcare board comprised the chair, the managing director, four non-executive directors and three executive directors. The chair had been in post since August 2021 and had a legal background and also experience of working with NHS England (NHSEI) at a national level. The non-executive directors had extensive experience as senior leaders in a range of organisations. The non-executive directors (NEDS) had experience in healthcare technology, local government and social care, educational development, and working in medical director roles in NHS acute care.

During the inspection we observed the board meeting and saw that board members and other leaders acted with integrity and professionalism. Leaders worked in a unitary way and provided appropriate professional challenge to each other during the board meeting that we observed during the inspection. This helped ensure that decisions were always made in the best interests of patients.

The organisation had a lead pharmacist and a medicines management committee which produced detailed quarterly medicines management reports. The lead pharmacist acted as the medication safety officer and reported to the head of patient safety who reported medicines matters to the board via the director for clinical quality.

Fit and proper persons checks were completed for all board members. The provider had a process for carrying out their duties in respect of the Fit and Proper Persons Regulation. We reviewed the fit and proper persons checks completed for two executive and two non-executive directors. All necessary pre-employment checks were completed for board-level directors including criminal record checks with the disclosure and barring service. However, for executives who had been employed for a considerable length of time, and also by legacy organisations, not all references were present in the files.

The provider systematically reviewed leadership capacity and capability.

Leaders demonstrated a detailed knowledge of current priorities and challenges and took action to address these. There was extensive understanding in the senior leadership team about the pressures and challenges in the broader health system in Medway and Swale. The organisation was an influential partner, working collaboratively with partner agencies, and supporting the local healthcare system to find the best models of care for patients with a system which was under considerable strain.

Board members visited services and met with frontline staff. However, the frequency of onsite visits had been affected by the COVID-19 pandemic. The managing director's aim was to visit every team meeting once per year accompanied by a non-executive director.

Leadership development opportunities were available to staff working in the organisation. The organisation was focusing on developing the right skills within the teams to equip different people to grow into their roles. However, the senior team recognised that succession planning at that level was a challenge as some individuals were reaching the point in their careers where they were considering retirement.

Vision and Strategy

The provider had a mission statement of 'leading the way in excellent healthcare'.

The provider had developed a core set of values in partnership with staff and stakeholders. They were:

- We are caring and compassionate

Our findings

- We deliver quality and value
- We work in partnership

These values were underpinned by a set of pledges, designed around the three values, which were developed by each service which sought to demonstrate to patients, carers and relatives what to expect from MCH. This process was based around the National Institute for Health and Care Excellence (NICE) guidance and quality standard on patient experience.

The provider's values emphasised the need for quality and sustainability.

The provider's strategic plan had been in place since 2019 and aimed to guide the annual business planning and strategic direction of the organisation until 2025.

The provider had five strategic priorities:

- Providing high quality, integrated community services in Medway and Swale and in the wider Kent and Medway Integrated Care System
- Being a leading partner in the provision of health and care services in Kent and Medway
- Investing in our employees
- Adding social value to the communities we serve
- Investing in efficient, effective infrastructure to support the delivery of high quality community health services

Each of the five strategic priorities were matched with a set of measurable outcomes and goals. Priorities were aligned with the NHS Long Term Plan and working collaboratively with partners to deliver the Medway and Swale Model.

The provider held a full board meeting every two months and held a board seminar meeting in the month between each formal board. The organisation's elected members forum (EMF) which comprised elected members from a range of MCH services had a remit of working with the board to shape organisational strategy and direction. As the organisation was a community interest company it was not required to hold a public board meeting.

Culture

The culture of the organisation was open and transparent and was centred on the needs and experience of people who used the services. Staff felt loyal and proud about working for Medway Community Healthcare. We received positive feedback from the staff we spoke with whilst carrying out the core service inspections and saw this echoed in the responses of the senior leaders at the well-led inspection. Staff described the flexibility and support offered within their teams which helped create a cohesive and positive culture.

The small size of the organisation fostered close working relationships throughout the organisation. However, this also presented a risk to the organisation as the departure of key people could have a larger impact on service delivery. Senior leaders recognised that succession planning was an issue that presented a challenge to the organisation and were identifying training to prepare colleagues who wanted to move up into other roles.

Our findings

The culture of the organisation was outward looking and we saw that senior leaders were playing active parts in supporting other stakeholders in the Kent and Medway system and seeking to be a positive and constructive voice in the development of the local integrated care board (ICB).

MCH hosted its own charity, Medway Cares, which re-invested money from operating surpluses to benefit local communities. In 2020-21 nearly £20,000 had been distributed, and a total of £284,000 since its creation in 2012.

The NHS staff survey in October 2021 had been completed by 54% of the MCH staff. This was lower than the median response rate across healthcare organisations which was 61%.

The provider had sustained it results from the previous year in staff feeling supported by managers; had improved scores in the areas of leadership, health and well-being and having reasonable adjustments in place for those staff who needed them. Scores had gone down in perception of workload, and staff being bullied or harassed by patients or staff.

The provider had published its Workforce Racial Equality Standard (WRES) findings from March 2020. The experience of staff from minority ethnic backgrounds at MCH was generally less good than in similar healthcare providers nationally. The number of black and minority ethnic (BME) staff experiencing harassment, bullying or abuse from patients, relatives or the public was at 42.8% against a national average of 36.2%. The likelihood of BME staff entering the formal disciplinary process was at 2.75 versus a national picture of 1.14. The organisation did not have any BME representation on the board where the national average was 25.6%. However, the percentage of BME staff experiencing discrimination at work from a manager, team leader or colleague was slightly lower than that of white staff at 9.1%, and lower than the national average of 16.7%.

The provider had recently adopted the Workforce Disability Equality Standard (WDES) and was still collecting data to support its initial report at the time of inspection.

The provider had produced a Staff Equalities Action Plan in 2021. Whilst it was clear that the experience of staff with disability, black and minority ethnic staff and the gender pay gap was being considered by the organisation, the actions in relation to delivering improvements were not fully formed in any substantial detail. However, the provider was a participating partner in the Kent and Medway ICS Equality Diversity and Inclusion Strategy which had published a draft report in May 2022.

In the past the organisation had created staff networks representing staff with other protected characteristics under the Equality Act 2010 such as LGBT+. However, these had not been sustained. The provider had listed LGBT+ staff as an under-represented group within the organisation however the manner and means to engage with them were not clearly defined.

The provider had an executive lead for the Freedom to Speak Up (FTSU) who reported to the board. The FTSU process was supported through the elected members forum (EMF) who had appointed an EMF lead to respond and follow up issues raised to the FTSU guardian. The members of the EMF were receiving training in aspects of the FTSU role at the time of inspection. Staff we spoke with during the inspection said that they were aware of how to speak out if they needed to and felt confident to do so.

Leaders throughout the organisation supported staff through periods of poor performance effectively.

Our findings

The provider understood their responsibilities in respect of the duty of candour. During the core service inspections staff understood the term 'duty of candour' and were able to provide us with examples of when they would offer support and apologise to patients and families. The board had oversight of the duty of candour through the integrated quality and performance committee.

Staff sickness was not an outlier and was an improving picture and had moved from 10% to 5% at the time of inspection. Staff turnover was also improving from 18% to 14% at the time of inspection.

Statutory and mandatory training compliance rates were between 93-96%, with one outlier of Moving and Handling training which was at 86%.

Governance

The provider had structures, systems and processes in place to provide assurance and deliver the organisation's services and key programmes safely and effectively. The board of executive and non-executive directors met every two months for strategy and assurance meetings and in between had a seminar based meeting.

Standing items on the board meeting agenda included a report submitted by each of the sub-committees, a report from the managing director, an update on the board assurance framework and a report submitted by the elected members forum.

The provider had five sub-board committees which met every six weeks: audit and risk committee, integrated quality and performance committee, remuneration committee, finance committee and people committee. Each sub-committee was chaired by a non-executive director and also had an executive lead. The exceptions to this were the people committee which at the time of inspection did not yet have a non-executive chair appointed, and the finance committee which was chaired by the director of finance with a non-executive lead.

The NEDs were clear and well sighted on their areas of responsibility. They chaired board sub-committees and had Executive Leads who had defined areas of responsibility. They worked to ensure there was an appropriate level of communication between the sub-committees and the trust board.

A series of groups that met monthly or quarterly fed into the board sub-committees. For example, the preventing harm oversight group which looked at pressure ulcers, falls and suicides fed into the integrated quality and performance committee. A clinically led IT group also fed into the sub-board committees.

The Elected Members Forum (EMF) had a remit to ensure that two-way communication and feedback happened between staff and the board. Their duties included involvement in the appointment and removal of the chair, managing director and new non-executive directors, attending the board meetings including receiving and commenting on board papers, influencing strategy and policies and act as the organisation's freedom to speak up guardian (FTSU). Not all EMF members we spoke with were fully aware that their roles included the appointment and termination of non-executive directors and managing director. We saw evidence that EMF members were receiving support and development to deliver their duties during inspection, however it was also acknowledged by the senior team that more visibility, engagement and development was needed for the EMF function to fully deliver its broad remit across the organisation.

The provider supported networking between corporate and operational colleagues around the topics of governance. The governance assurance information network (GAIN) shared information and held show cases across the year to enhance the spread of information and knowledge.

Our findings

The provider-level risk register was reviewed by the audit and risk committee. Risks with a high score were escalated for discussion by the board.

There were governance structures within the organisation to ensure oversight of risk related to medicines optimisation.

Papers for board meetings and other committees were of a good standard and contained appropriate information.

A clear framework set out the shape of the providers services organised into four pillars of planned services, local care, urgent and intermediate care and children's and young peoples' services. Managers used meetings to share essential information such as learning from incidents and complaints and to take action as needed.

Staff at all levels of the organisation understood their roles and responsibilities and what to escalate to a more senior person.

The provider had achieved an 89.7% score, averaged across all services, in the Friends and Family Test (FFT) and was aiming to reach 95%. The FFT is a national test used to encourage service users to feedback their experiences of NHS services.

MCH had received 119 compliments and 98 complaints in the period 1 January-31 March 2022. The most common complaint was access to services and quality of care. The services receiving the largest quantity of complaints were MedOCC, children's therapy services and the care co-ordination centre. The customer experience team monitored complaints progress and analysed these for themes and trends. Overall, 57% of complaints were responded to within the provider's 25 working-day timeframe, and 94% were acknowledged within their 3 working-day timeframe. Complaints management was being added to the provider's Zone Standard electronic system to better capture all complaint information.

The provider was working with partners in Medway and Swale, and Kent, effectively to promote good patient care. MCH was fully engaged and represented at the development of the Kent and Medway integrated care system and had links with nine primary care networks. Senior leaders were passionate about working collaboratively and with flexibility across the health pathways and supporting other organisations to resolve problems which adversely affected patient care. During the COVID-19 pandemic the provider had adapted the services at Harmony House to generate more step-down beds to enable patient flow from the acute hospital. The director of nursing was networked with other chief nurses in health organisations within the county.

Management of risk, issues and performance

The provider had robust processes for managing risks, issues and performance. A corporate risk register and service level risk registers were in place.

Arrangements were in place for identifying, recording and managing risks, issues and mitigating actions. Risks were identified, assessed and managed at all levels of the organisation. The risk management process in place set out the key responsibilities and accountabilities to ensure that risk was identified, evaluated and controlled. Risks were escalated as necessary. Services maintained their own risk register which was submitted to the trust's electronic risk management

system. All staff had access to the risk register and were able to effectively escalate concerns as needed. Staff concerns matched those on the risk register.

Our findings

The organisation had recently introduced Zone Standard, a new system to capture risk, complaints, incidents, claims and Coroner involvement. This new system is a better way to capture, analyse and mitigate risk / issues when they escalate.

The provider had a Board Assurance Framework (BAF) that was reviewed at board meetings. A BAF is a structured approach for ensuring that boards get the right information, which is accurate and relevant, at the right time and with the level of assurance attributed to each source of data. The BAF was linked directly to the organisation's annual plan and its internal control framework which provided an overview of the systems of internal control in place to adapt and respond to risks and give assurance to the board.

The highest risk identified on the BAF was to the organisation's ability to deliver high quality integrated services which was due to the high level of system instability across the Kent and Medway health system. The local integrated care board was not fully formed and there was high pressure in both the areas of primary care and acute hospital care which affected the organisation's services. The impact meant that the organisation was unable to move forward with some service strategies and in some cases unable to offer permanent contracts to attract staff to services which were facing staffing pressures. We saw that the senior leadership team were fully informed of the causes and impact of this instability and were using all influence possible to mitigate and influence these issues.

All incidents were reviewed on a regular basis by senior managers. This review involved establishing which incidents required a serious incident investigation.

Staff understood their responsibilities in respect of duty of candour. During the core service inspections staff understood the term 'duty of candour' and were able to provide us with clear examples of when they would offer support and apologise to patients and families.

The provider monitored waiting times for services and considered ways to reduce the longest wait. The provider had a quality improvement plan in place to address backlogs including the nutrition and dietetics and heart failure pathways. Where possible 'blitz clinics' were run at weekends or out of hours which were offered to patients. All waiting patients were clinically triaged and monitored for risks whilst waiting. The staffing of the clinical assessment service had been increased to enable them to focus on reducing the times patients were waiting for treatments.

The provider carried out the appropriate staff recruitment checks. The provider undertook disclosure and barring service checks for all staff. The provider had an effective system to ensure that staff did not start working until the necessary checks had been completed. These checks included a review of people's employment history, identification checks, references and a disclosure and barring service check. When required for the role, the candidates professional registration was also checked.

The organisation managed finances well and had a good track record of financial stability and control. The provider had an annual turnover of £75 million with 78% spent on staff. Community interest companies are required to produce a surplus or reach a break-even position each financial year. Financial arrangements during the COVID-19 crisis had reflected additional funding for services which were stepped up to respond to the pandemic. The organisation was adapting to a more business as usual funding situation and had identified a £2.7million funding gap in the current financial year. Senior leaders were in discussion with commissioners regarding this and were developing strategies to address the issue.

The provider had robust arrangements in place for safeguarding adults and children. There was a clear governance structure in place for reporting to the board, with identified leads for child and adult safeguarding.

Our findings

Apart from Our Zone and Harmony House, the provider did not own any of its estate and services were hosted with a variety of landlords including other NHS providers. The provider had arrangements in place to review these arrangements and ensure that the estate was fit for purpose and complied with health and safety and fire regulations.

The provider had effective systems in place to manage and monitor the prevention of infections and ensure appropriate resources were allocated to enable compliance and effective infection prevention and control.

The provider had robust plans for emergencies and other unexpected events and the emergency planning lead worked closely with partner organisations and commissioners to ensure that response plans addressed the needs of the wider population in the event of an emergency that affected service delivery.

Information Management

The provider had systems in place to monitor its performance via indicators and other metrics. Team managers had access to a range of information to support them with their management role.

The provider had launched a new electronic tool, Zone Standard, to assist all staff with the management of service risks and this was also being extended to capturing fuller data from complaints received at a local level.

The provider had recently moved the patient clinical records to a new electronic platform, RIO.

The provider made good use of information technology (IT) in the delivery of patient care. Many staff working in community teams worked virtually from patients' homes and were able to update records whilst on the move using portable tablet devices. Staff also had access to work mobile phones to keep colleagues up to date about their whereabouts and assist with lone working safety.

The provider had in place an executive-level Caldicot guardian. A Caldicot guardian is a senior person responsible for protecting the confidentiality of peoples' health and care information.

The provider met the mandatory requirements of the Data and Security Protection Toolkit (DSPT).

The DSPT is based on the national guardian's 10 data standards. The DSPT toolkit has mandatory or non-mandatory requirements with organisations requiring to meet the mandatory requirements to pass.

The provider had effective arrangements to ensure that all notifications were submitted to external bodies as required.

The trust was working in partnership with other agencies in the county to develop and utilise a Kent and Medway integrated health and social care record (KMCR) for patients. The record could be accessed by GPs, local authorities, and other NHS and mental health providers. The expectation was that the shared information would assist clinical decision-making and reduce the need for patients to repeat their information to different parts of the system providing care and treatment.

Engagement

Our findings

The organisation had a structured and systemic approach to engaging with people who use services, those close to them and their representatives. Patient engagement and experience was highlighted as a quality priority for the organisation and initiatives in development included the development of new forums for patients --'My MCH Family' and 'My MCH Digital Family'; patient experience focus groups, and SMS text reminders for appointments.

The provider had a significant strength in partnership working and leaders engaged well with partner organisations. The provider acted with a collaborative mindset to bring partners together to resolve and mitigate the pressures that were evident in the health care system in Medway and Swale.

MCH had flexed their service models during COVID-19 to enable the acute hospital to respond to the demand of patients requiring acute care. The beds at Harmony House were utilised as step-down beds for patients being discharged from the acute hospital during the COVID-19 pandemic. The provider had strong links with other local providers of community health services.

The provider utilised a number of communication methods to engage with staff and get feedback from them, such as their intranet, newsletters, virtual roadshows and an 'ask the exec' initiative where staff could pose questions directly to the senior team.

Staff were also able to email suggestions and comments to the organisation by using a central email route called 'the voice'.

All staff were shareholders of the organisation and as such had access to an annual general meeting (AGM).

MCH published an annual Social Value Report which highlighted the impact of projects which had made a positive difference to patients, staff and the local communities.

All staff were able to nominate and vote for representatives to sit in the elected members forum (EMF). The EMF had a remit of representing the views of staff to board level and involvement in the recruitment of non-executive directors.

The EMF also acted as the freedom to speak up guardian for the organisation. Its members were drawn from a representative range of the service types and staff roles across the organisation.

The organisation sought to engage with people and staff from a range of equality groups but had not succeeded in maintaining staff networks such as black, Asian and minority ethnic (BAME), disability or LGBT+. The provider had an equality, diversity and inclusion strategy however strategies to advance engagement in these sectors were not fully developed.

People who used services and their families could provide feedback using the Friend and Family Test. The survey was available in several formats including electronic. Details of how to contact the customer care team and how to leave complaints or compliments were also available via the provider's website.

Learning, continuous improvement and innovation

There were systems and processes in place for learning and continuous improvement, but quality improvement (QI) initiatives were at an early stage in their development.

Effective systems were in place to identify and learn from unexpected deaths.

Our findings

The provider was a research active organisation and had a research team of 2.4 full time staff and a research strategy. At the time of inspection there were approximately 10 research projects running within the organisation with 20 patients recruited to projects within the last six months. Research was seen as a central activity, involving patients and staff, and connected to the operational services being delivered by MCH.

We saw that awareness of research, and its value to staff and patients, was embedded in the operational teams during the core services inspection. Research was part of the organisational culture.

The organisation published a booklet outlining a portfolio of research projects which MCH had been involved in. They included: research into unpaid carers of people with dementia, palliative care study, alcohol and drug use in cancer patients study, and musculoskeletal research.

Other significant research with European partners included with the Buurtzorg model which is a service model which uses the client perspective to plan care and form part of the MCH neighbourhood nursing model; DWELL which is a 12 week intervention for people with diabetes, and ASPIRE which focuses on improving outcomes for people who are unemployed and obese.

Research was represented as part of all new staff induction programmes, and the research team produced information for staff, delivered research stands to promote the activity and outreached to staff and public in other venues.

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
Requires Improvement ➔➔ Sep 2022	Good ➔➔ Sep 2022	Good ➔➔ Sep 2022	Good ➔➔ Sep 2022	Good ➔➔ Sep 2022	Good ➔➔ Sep 2022

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 a combined trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community	Requires Improvement	Good	Good	Good	Good	Good
Overall trust	Requires Improvement →← Sep 2022	Good →← Sep 2022	Good →← Sep 2022	Good →← Sep 2022	Good →← Sep 2022	Good →← Sep 2022

The rating for the well-led key question is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions take into account the ratings for different types of service. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Darland House	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018
Wisdom Hospice	Good Oct 2021	Good Oct 2021	Good Oct 2021	Good Oct 2021	Good Oct 2021	Good Oct 2021
Overall trust	Requires Improvement →← Sep 2022	Good →← Sep 2022	Good →← Sep 2022	Good →← Sep 2022	Good →← Sep 2022	Good →← Sep 2022

Ratings for the trust are from combining ratings for hospitals. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Rating for Darland House

	Safe	Effective	Caring	Responsive	Well-led	Overall
Overall	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018

Rating for Wisdom Hospice

	Safe	Effective	Caring	Responsive	Well-led	Overall
Hospice services for adults	Good Oct 2021	Good Oct 2021	Good Oct 2021	Good Oct 2021	Good Oct 2021	Good Oct 2021
Overall	Good Oct 2021	Good Oct 2021	Good Oct 2021	Good Oct 2021	Good Oct 2021	Good Oct 2021

Rating for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Requires Improvement ↓ Sep 2022	Good →← Sep 2022	Good →← Sep 2022	Good →← Sep 2022	Good →← Sep 2022	Good →← Sep 2022
Community health services for children and young people	Good →← Sep 2022	Good →← Sep 2022	Good →← Sep 2022	Good →← Sep 2022	Good →← Sep 2022	Good →← Sep 2022
Community health inpatient services	Requires Improvement →← Sep 2022	Good →← Sep 2022	Good →← Sep 2022	Good →← Sep 2022	Good →← Sep 2022	Good →← Sep 2022
Community urgent care service	Inadequate Jun 2022	Requires improvement Jun 2022	Good Jun 2022	Requires improvement Jun 2022	Requires improvement Jun 2022	Requires improvement Jun 2022
Community dental services	Not rated	Not rated	Not rated	Not rated	Not rated	Not rated
Overall	Requires Improvement	Good	Good	Good	Good	Good

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 dental services

Inspected but not rated

Is the service safe?

Inspected but not rated

Mandatory Training

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

Dentists, dental nurses and supporting staff received and kept up-to-date with their mandatory training.

The mandatory training was comprehensive and met the needs of patients and staff.

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.

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.

Dentists and dental nurses 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 knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them.

Staff knew how to make a safeguarding referral and who to inform if they had concerns.

Staff followed safe procedures for children visiting the dental 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. Staff kept equipment and their work area visibly clean.

Clinical areas were clean and had suitable furnishings which were clean and well-maintained.

The service generally performed well for cleanliness.

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

Community dental services

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

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

Environment and equipment

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

The design of the environment followed national guidance.

Staff carried out daily safety checks of specialist equipment.

The service had suitable facilities to meet the needs of patients' families.

The service had enough suitable equipment to help them to safely care for patients.

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 / arrival, using a recognised tool, and reviewed this regularly, including after any incident.

Staff knew about and dealt with any specific risk issues, such as sepsis.

Staff shared key information to keep patients safe when handing over their care to others.

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.

Dental nurse staffing

The service had enough nursing and support 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 and agency staff a full induction.

The service had enough nursing and support staff to keep patients safe.

Community dental services

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

The number of Dental nurses matched the planned numbers.

The service had low vacancy rates.

The service had low turnover rates.

The service had low sickness rates.

The service had low rates of bank and agency nurses used in the dental facilities. Dental nurses worked across dental locations in the area.

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

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

Medical staffing

The service had enough medical 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 locum staff a full induction.

The service had enough dental staff to keep patients safe.

The dental staff matched the planned number.

The service had low vacancy rates for dental staff.

Sickness rates for medical staff were low.

The service had low of bank and locum staff.

Managers could access locums when they needed additional dental staff.

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

The service had a good skill mix of dental staff on each shift and reviewed this regularly.

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.

Patient notes were comprehensive and all staff could access them easily.

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

Records were stored securely.

Medicines

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

Staff followed systems and processes to prescribe and administer medicines safely.

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines.

Staff completed medicines records accurately and kept them up-to-date.

Staff stored and managed all medicines and prescribing documents safely.

Staff followed national practice to check patients had the correct medicines when they were admitted or they moved between services.

Staff learned from safety alerts and incidents to improve practice.

The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines.

Incidents

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

All staff knew what incidents to report and how to report them.

Staff raised concerns and reported incidents and near misses in line with the provider policy.

The service had no never events at any of the dental facilities.

Managers shared learning with their staff about never events that happened elsewhere.

Staff reported serious incidents clearly and in line with the provider policy.

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.

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

Staff met to discuss the feedback and look at improvements to patient care.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations.

Managers debriefed and supported staff after any serious incident.

Community dental services

Is the service effective?

Inspected but not rated

Evidence-based care and treatment

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

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance.

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

At handover meetings, staff routinely referred to the psychological and emotional needs of patients, their relatives and carers.

Patient outcomes

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

The service participated in relevant national clinical audits.

Outcomes for patients were positive, consistent and met expectations, such as national standards.

Managers and staff used the results to improve patients' outcomes.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time.

Managers used information from the audits to improve care and treatment.

Managers shared and made sure staff understood information from the audits.

Improvement was checked and monitored.

Competent staff

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

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

Managers gave all new staff a full induction tailored to their role before they started work.

Managers supported staff to develop through yearly, constructive appraisals of their work.

Managers supported dental nursing staff to develop through regular, constructive clinical supervision of their work.

Community dental services

Managers supported dentists to develop through regular, constructive clinical supervision of their work.

The clinical educators supported the learning and development needs of staff.

Managers made sure staff attended 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.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge.

Managers made sure staff received any specialist training for their role.

Managers identified poor staff performance promptly and supported staff to improve.

Managers recruited, trained and supported volunteers to support patients in the service.

Multidisciplinary working

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

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care.

Staff worked across health care disciplines and with other agencies when required to care for patients.

Staff referred patients for mental health assessments when they showed signs of mental ill health, depression.

Patients had their care pathway reviewed by relevant consultants

Health promotion

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

The service had relevant information promoting healthy lifestyles and support.

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

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.

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

Community dental services

When patients could not give consent, staff made decisions in their best interest, taking into account patients' wishes, culture and traditions.

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

Staff clearly recorded consent in the patients' records.

Staff understood Gillick Competence and Fraser Guidelines and supported children who wished to make decisions about their treatment. (only use where young people are treated on a ward)

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

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

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.

Managers monitored the use of Deprivation of Liberty Safeguards and made sure staff knew how to complete them.

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.

Staff implemented Deprivation of Liberty Safeguards in line with approved documentation.

Is the service caring?

Inspected but not rated

Compassionate care

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

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

Patients said staff treated them well and with kindness.

Staff followed policy to keep patient care and treatment confidential.

Community dental services

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.

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

Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it.

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

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.

Understanding and involvement of patients and those close to them

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

Staff made sure patients and those close to them understood their care and treatment.

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this.

Staff supported patients to make advanced decisions about their care.

Staff supported patients to make informed decisions about their care.

Patients gave positive feedback about the service.

Is the service responsive?

Inspected but not rated

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

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

Managers planned and organised services so they met the changing needs of the local population.

Community dental services

Facilities and premises were appropriate for the services being delivered.

The service had systems to help care for patients in need of additional support or specialist intervention.

Managers monitored and took action to minimise missed appointments.

Managers ensured that patients who did not attend appointments were contacted.

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 made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs.

Staff supported patients living with dementia and learning disabilities by using 'This is me' documents and patient passports.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss.

The service had information leaflets available in languages spoken by the patients and local community.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed.

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 in a timely way.

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets.

Managers monitored waiting times and made sure patients could access emergency services when needed and received treatment within agreed timeframes and national targets.

Managers and staff worked to make sure patients did not stay longer than they needed to.

Managers worked to keep the number of cancelled appointments and treatments to a minimum.

When patients had their appointments and treatments cancelled at the last minute, managers made sure they were rearranged as soon as possible and within national targets and guidance.

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

Managers monitored patient transfers and followed national standards.

Community dental services

Learning from complaints and concerns

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

Patients, relatives and carers knew how to complain or raise concerns.

The service clearly displayed information about how to raise a concern in patient areas.

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

Managers investigated complaints and identified themes.

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.

Is the service well-led?

Inspected but not rated

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.

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.

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.

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.

Community dental services

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.

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.

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.

Learning, continuous improvement and innovation

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.

Community health inpatient services

Good ➔➔

Is the service safe?

Requires Improvement ➔➔

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

Mandatory Training

The service provided mandatory training in key skills to all staff. The mandatory training was comprehensive and met the needs of patients and staff.

The mandatory training modules included diversity awareness, safeguarding, fire safety, health and safety, infection control, information governance, moving and handling and basic life support.

The provider had a mandatory training target of 85% and we saw that 89% of staff had completed their mandatory training. However, the training rate for moving and handling was below the providers target at 58%. Managers reported that the reason why the training rate was low was because face to face training was suspended due to Covid-19. Managers informed us that face to face training has now resumed and that staff who had not completed their trainings have booked them.

Managers monitored mandatory training and alerted staff when they needed to update their training.

Some staff raised concerns that not all staff supplied by the agency had completed sufficient basic training via the agency required to work on the ward and expected by the provider.

Senior leaders told us they were aware of this issue and were working with the agency used to ensure all staff had completed relevant mandatory training. However a service specific induction for agency staff was also offered on the wards.

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 we spoke with had all received training in safeguarding appropriate for their role and felt confident to report safeguarding concerns appropriately, and they knew who to inform if they had concerns. Staff were able to give examples where they had been involved in safeguarding and reported incidents. We saw examples where staff had raised safeguarding alerts relating to self neglect and abuse from family members and staff.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. The organisation had a dedicated safeguarding lead and staff knew who they were and how to contact them.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. For example, we saw an example of staff working with the mental health liaison team to support a patient who was at risk of self neglect.

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.

Ward areas were clean, well-furnished and well-maintained.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. Housekeeping staff we spoke with said they had the time and resources to clean the wards effectively.

The provider carried out regular cleaning audits and we saw that the service was consistently performing well. Staff completed a hand hygiene audit with a compliance rate of 99.7% which exceeded organisation target of 95%.

Staff followed infection control principles including the use of personal protective equipment (PPE). For example, we saw that staff practiced good techniques regarding donning and doffing of their PPEs before they entered patients bedrooms.

Environment and equipment

The provider did not ensure that there was always appropriate equipment to provide basic care. In addition, the provider did not ensure that equipment was properly maintained.

The service did not have a bariatric cushion for a patient who needed one while they sat in a chair to reduce the risk of pressure sores. We saw two broken beds on Amherst Court and staff said they had previously been reported but still awaiting repairs, which meant the rooms were no longer suitable for use and were closed.

There was a number of pieces of equipment that were not in use in the communal areas on Britannia ward such as hoists and mobility aids; these were lined up along a corridor. As a result the space for patients to move freely without hindrance or risk may be compromised.

Patients had limited access to communal areas and some patients said they felt isolated in their rooms. There were no communal areas for patients at Harmony House although these were being planned and work was taking place.

However, each patient had their own bedroom which was airy, well lit and spacious.

Patients had access to call bells and staff responded quickly when they needed help or support.

Staff carried out daily safety checks of specialist equipment including basic life support trolleys.

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. For example, staff carried out twice daily vital signs monitoring for patients using the National Early Warning Score (NEWS) 1 or 2.

Staff completed risk assessments for each patient on admission using a recognised tool, and reviewed this regularly, including after any incident.

Staff used a range of tools to assess and manage patients risks such as multi universal screening tool (MUST) for nutrition and Braden for pressure area care. Staff had also developed a tool called Reliance on Carer (ROC) for monitoring hydration and fluid intake. Patient's needs were red, amber and green (RAG) rated. Patients had water jugs with lids corresponding to the patient's assessed needs, and to prompt staff to encourage the patients to take fluids.

Staff completed falls assessments for patients and monitored changes to ensure patients were safe from harm. Some patients had fall sensor devices in their rooms which alerted staff when the patient was mobile so that they could support them. Staff knew about and dealt with any specific risk issues.

The service had a training module called recognising deteriorating patients (RED) available to all staff which included topics on pressure area care, shock, delirium, falls, choking, identifying sepsis and deteriorating patients and escalation of concerns. This training was available for substantive staff.

Staff shared key information to keep patients safe when handing over their care to others. For example, we reviewed handover documents and do not attempt cardiopulmonary resuscitation (DNACPR) and saw that staff shared key information, including risk and the patients presentation, with colleagues to keep patients safe.

Staffing

Nurse staffing

The service did not have enough nursing and support staff to provide care and treatment.

The service had significant staff shortages which we observed throughout the inspection, and staff we spoke to informed us that the lack of adequate and skilled staff was having an impact on patient care.

The service was reporting high vacancy rates for all staff groups across the three wards

The registered nursing vacancies were four full time equivalent (FTE) on Britannia suite, eight FTE on Endeavour Stroke unit and eight FTE on Harmony House. The healthcare assistants vacancies were nine FTE for Britannia ward, four FTE for Endeavour stroke unit and seven for Harmony House. There were two FTE vacancies for therapy staff. Staff reported that the physiotherapist was on maternity leave but their role had not been filled. Although there was a physiotherapist who supported the service three days a week for a few hours, some patients told us that they did not get as much therapy as they would have liked which would have helped their recovery.

Community health inpatient services

Managers had identified recruitment issues, where they have been unable to recruit suitably skilled and experienced staff as a live risk on the risk register since May 2022. The recruitment issues affected their ability to consistently provide high quality care for patients.

Managers informed us that while they had the autonomy to adjust staffing numbers to meet patient needs, they were not always able to find the right agency staff with the right skills, qualifications and experience to fill a shift.

Staffing rotas we reviewed showed that the actual numbers of nurses and healthcare assistants on a shift did not meet the planned numbers. For example, two rehabilitation assistants and one agency worker were off sick and could not work a shift. Staff were unable to cover the shift, which meant they were significantly short of numbers.

The service was using a high number of bank and agency staff of up to 80% to fill shifts. These staff members were not regular staff and therefore did not always know the patients well.

Managers tried to request agency staff that were familiar with the service. However, this was not always possible. Some permanent staff members raised concerns around the skills and competence of the agency staff. They reported that due to the irregularity of agency staff, they often spent a long time inducting new staff members which took time away from caring for their patients. Managers told us that any issues with the number or quality of staff sent by the agency was discussed at regular meetings with the agency staff provider. Managers also monitored the competency of agency staff and completed a Datix incident report when agency staff arrived for a shift without the relevant competencies needed to safely care for patients.

Staff reported that due to staffing shortage and maintenance issues, the provider had closed eight beds to admission across all three wards.

Medical staffing

The service had sufficient medical cover to keep people safe. Medical support was provided by GPs from a local practice for two hours Monday to Friday. Staff could also contact the GPs outside of these times. Staff felt this was adequate to meet patients' needs.

Staff ensured that patients who required a medical specialist were referred appropriately.

The service had out of hours cover which was provided by Medway on Call Care (MedOCC). However, staff reported that the out of hours doctors did not attend the wards to see patients and prescriptions were done remotely. Staff reported an incident where MedOCC doctors did not visit a patient on the ward and their conditions deteriorated.

Staff told us if they were concerned about the physical health of a patient deteriorating rapidly, they would dial 999 to ask for an ambulance.

Records

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

Patient notes were comprehensive and records were stored securely on a password protected electronic system.

Staff who worked for the provider regularly could access them easily. However, some ad hoc staff such as agency staff could not always access patients' records due to not having appropriate log in credentials and problems with the IT systems. This meant that agency staff who worked a shift may not be able to read and update patients record contemporaneously.

We raised this with the provider following our inspection and managers informed us they were aware of the situation and the IT team were working towards proferring a solution.

Medicines

Staff followed systems and processes to prescribe and administer medicines safely.

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines. For example some patients were being taught how to self administer medicines.

Staff stored and managed all medicines and prescribing documents safely.

On most occasions, staff completed medicines records accurately and kept them up-to-date including controlled drugs register and disposal of medicines. However we saw two prescription charts where the maximum daily dose of as required medication was not stated.

Staff generally stored and managed medicines and prescribing documents safely, however, we found some Fortisip meal supplement that were two weeks out of date. We escalated this at inspection and they were removed immediately by nursing staff.

Staff followed national practice to check patients had the correct medicines when they were admitted or they moved between services. We saw that staff had reconciled patients' medication on the wards and transcribed prescriptions on admission from other services.

Staff reviewed patients' medication as part of their risk assessment. For example, staff reviewed each patient's medication to assess whether its side effects could be dizziness or drowsiness which could predispose them to risk of falls.

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.

Staff raised concerns and reported incidents and near misses in line with provider policy.

All staff knew what incidents to report and how to report them. Staff gave examples of when they had made a report following an incident. Patient falls were the most common reported incidents on the service's incident reporting system.

Managers investigated incidents thoroughly. We saw evidence of a current safeguarding incident being investigated by managers. This incident involved joint working with the local authority and the Police.

Community health inpatient services

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

Managers debriefed and supported staff after any serious incident. For example some staff were supported and signposted to additional wellbeing resources available following an incident.

Staff described an incident which led to a patient death. Staff described their involvement in the investigation process and the learning outcome of the investigation which was shared by all staff, resulting in additional training for staff.

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.

Is the service effective?

Good 

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

Evidence-based care and treatment

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

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance.

Staff completed a range of comprehensive assessments for patients. This included a body map, Braden scale, bed rail decision tool, assessment of daily living, elderly mobility assessment, and continence assessment. For patients on Endeavour Ward staff used the National Institute for Health Stroke Scale (NIHSS) to assess stroke severity.

Staff developed comprehensive care plans following a risk assessment. Patients had copies of their care plans in the patient passport which was kept in the patients bedrooms.

Nutrition and hydration

Staff 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. For example a variety of food textures and liquid supplements were available for patients. Across all three wards, we saw staff supporting patients with feeding, for those patients who needed assistance.

Staff fully and accurately completed patients' fluid and nutrition charts where needed. Staff also used a tool called reliance on carer (ROC) to assess and rate patients' hydration needs. Each patient had a colour coded water jug which indicated their level of needs for hydration, and some patients also had a fluid monitoring chart.

Staff used a nationally recognised screening tool to monitor patients at risk of malnutrition. Staff used the malnutrition universal screening tool (MUST), and we saw examples of this completed in care records. Staff could access other specialists such as dietitians and speech and language therapists (SALT) easily, where required. Patients on the stroke ward were assessed by SALT to ensure they could swallow, and the teams provided support them to eat and drink safely.

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 when required. We observed staff asking patients to rate their pain out of ten and pain relief being given appropriately. This pain score was recorded twice daily as part of the NEWS1 and 2 observations.

Staff offered some patients pain relief prior to mobilising to reduce the pain they felt when they mobilised.

Staff prescribed, administered and recorded pain relief accurately. For example controlled drugs records were completed correctly and regularly audited weekly by pharmacy.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. Local audits on Britannia ward included body map, NEWS2 physical health monitoring, falls and managers rounds. On Endeavour ward staff completed audits including care plans, body maps and falls.

Managers used information from the audits to improve care and treatment. For example the care plan audit on Endeavour found that care plans were not being fully completed and some assessment tools had not been filled in. Managers ensured staff were aware of this and arranged additional training to upskill staff.

Managers shared and made sure staff understood information from the audits. Audit results and information were displayed on notice boards on the wards to share with staff.

Outcomes for patients were positive, consistent and met expectations, such as national standards. For example therapy teams used recognised tools to assess patients needs and goals, and they measured outcomes based on how the patient met their goals and target. Managers and staff were committed to ensuring that high standards of care was maintained.

The service also measured patient outcomes based on how much fluids patients took in over a 24 hour period. For example, the service completed audits for ROC – which measured patients fluid intake. We saw that this audit was 100% on admission. Patient fluid intake was regularly checked by trained staff, and if they had any concerns, it was escalated promptly.

Other audits completed by staff included, documentation audits which looked at the quality of all documents including consent to treatment. Additional outcomes were measured by audit for complaints, falls and compliance with pressure ulcer care to inform staff of how well they were performing in these areas, and how well they were supporting patient's recovery.

Community health inpatient services

Competent staff

Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

Managers gave all new staff a full induction tailored to their role before they started work, including agency staff. Staff reported that the induction programme was structured and comprehensive and allowed them to learn more about the service. However, some permanent staff reported that some agency staff required additional support to carry out their duties.

Managers supported staff to develop through regular, constructive supervision of their work. There was a structured format for staff supervision. The ward managers was responsible for supervising of the registered nurses while the registered nurses supervised the health care assistants. Staff said that supervision was carried out by trained staff and managers told us supervision guidance was in place. Supervision took place in a variety of formats according to grade including one to one discussions, practice feedback, registered nurses workshops, action logs and one to one observed practice and feedback by the clinical lead.

Staff we spoke with said the supervision met their needs and requirements and they were happy with the frequency of supervision sessions.

Staff were encouraged to attend staff meetings and said time was freed up for them to attend and minutes were available.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. For example several staff had been recruited at lower bands within the service and then been supported to progress in to higher bands. This included support workers become nursing associates and trained nurses. The service had clinical educators who supported the learning and development needs of staff.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. We saw staff who were undertaking additional training, for example phlebotomy.

Managers made sure staff received any specialist training for their role. This included access to masters level courses and leadership programmes for trained staff, and they received financial and practical support from the organisation.

Managers identified poor staff performance promptly and supported staff to improve. For example, managers told us that the frequency and degree of incidents such as falls would be an indicator that staff were not performing well in supporting patients when they mobilised. Managers used such incidents as an opportunity to engage and reflect with staff to ensure standards of performance was maintained. Managers monitored staff performance including carrying out spot checks on staff out of hours.

Managers ensured staff deployed across the service had the right skills and experience to do their job.

Multidisciplinary working

All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. We observed these meetings taking place and there was representation from all disciplines including social work.

We saw therapists, medical and nursing staff working collaboratively to meet patients needs.

Relatives were also invited to attend or contribute to discharge planning meetings.

Staff worked across health care disciplines and with other agencies when required to care for patients. For example, the service received support from the dementia crisis nurses based at Harmony House, and the community mental health teams.

Health promotion

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

The service had relevant information promoting healthy lifestyles and support on the wards. For example we saw leaflets on a range of issues including support to stop smoking, and benefits of physical exercise. There was also a notice board on the wards, however, the notice board contained a lot of notices which made it sometimes difficult to find relevant information.

Staff assessed each patient's health when admitted and provided support for any individual needs to live a healthier lifestyle. Staff completed wellbeing assessments to provide a holistic view of each patients care.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. We saw examples of mental capacity act assessments in patients' notes.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Patients told us staff asked for consent before providing any treatment and clearly explained what they were doing. We observed therapy staff asking for consent from a patient before moving the patient.

When patients could not give consent, staff made decisions in their best interest, taking into account patients' wishes, culture and traditions. Staff made sure patients consented to treatment based on all the information available.

Staff clearly recorded consent in the patient's records. The service carried out regular documentation audit to ensure records were completed thoroughly and that staff sought consent before treatment.

Staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. However, staff did not receive training on learning disability and autism.

Community health inpatient services

Managers monitored the use of Deprivation of Liberty Safeguards DoLS and made sure staff knew how to complete them. We saw that for patients who were subject to DoLS on Endeavour ward staff had completed assessments and recorded them correctly. Patients who had DoLS due to expire had appointments booked with an Independent Mental Capacity Advocate (IMCA).

Staff could describe and knew how to access policy and get accurate advice on Mental Capacity Act and Deprivation of Liberty Safeguards. Staff told us they could also contact senior managers and the mental health teams if they needed any advice.

Managers monitored how well the service followed the Mental Capacity Act and made changes to practice when necessary. Staff said they were able to access additional training on MCA and specialists from mental health teams also provided team training.

Is the service caring?

Good 

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

Compassionate care

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

We observed staff engaging positively with patients and interacting with them in their rooms and in communal areas. Staff showed respect towards patients and staff took time to care for them. For example we observed a staff member explaining the meal options to a patient, which they had to repeat several times to ensure the patient understood what the meal options were. Throughout the conversation, we saw that staff remained respectful, kind and compassionate.

Patients said staff treated them kindly. Patients described staff as wonderful and lovely people.

Patients told us that staff respected their privacy and dignity. Staff knocked on patient doors and sought permission before entering their bedrooms.

Patients said staff had been very helpful and took time to understand their individual needs.

Staff followed policy to keep patient care and treatment confidential.

Staff understood and respected the individual needs of each patient and they were non-judgemental when caring for or discussing patients with mental health problems. For example on Endeavour ward we observed a patient starting to speak loudly and express frustration about not being able to walk far. The patient was becoming agitated and staff reassured them and used verbal de-escalation skills effectively to reduce their distress.

Community health inpatient services

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. There were patients on the wards from different cultures and staff were able to arrange interpreters to enable communication.

Emotional support

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

Patients told us staff were approachable, friendly and would stop for a chat when possible.

Patients told us that staff were pleasant and were never in a hurry when caring for them. However, some patients reported that there could be delays in staff answering call bells.

Patients said that staff offered them emotional support and listened to their concerns. For example, patients told us of how staff listened to them and offered emotional support when they were anxious about being discharged.

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

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. For example, staff on the stroke ward worked with the psychology team and teams from the Stroke Association to provide relevant and timely support for patients and their carers.

Understanding and involvement of patients and those close to them

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

Staff made sure patients received information about their care and treatment to help them make informed choices. For example, we saw that the information provided by staff to a patient helped them make an informed choice about consenting to one treatment regimen over another.

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. We observed staff speaking clearly to patients using everyday language and giving them time to take in the information, listened to their replies and responded in a supportive way.

Patients and their families could give feedback on the service and treatment and staff supported them to do so. Patients told us they received appropriate response when they complained. Most patients told us they were receiving a good service and there was not much to complain about.

The provider regularly asked patients and their carers to give feedback about the service. For example, the most recent friends and family test result showed that all patients and their carers who participated in the survey on Britannia ward described their experience as good or very good.

Staff supported patients to make advanced decisions about their care. Some patients had made do not attempt resuscitation (DNAR) decisions and these were clearly recorded in patients notes.

Community health inpatient services

Staff ensured that relatives and patients were involved in advanced care decisions, and staff appropriately assessed and recorded patients' capacity and consent appropriately.

Patients gave very positive feedback about the service and some described it as life-changing. They reported that they have achieved far more than they ever felt possible with the support of kind and dedicated staff.

Is the service 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 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.

Patients were admitted to the wards from a local acute hospital or stroke unit. The integrated discharge team assessed patients prior to admission. However, staff reported that the information handed over during admission was not always detailed. For example, the referrers record or handover key information such as whether the patient needed enhanced monitoring due to cognitive problems or whether the patient would need bariatric equipment to support the care and treatment.

The service had an admission criteria. Although we saw that the service will accept patients who were medically stable on IV antibiotics and oxygen, it did not accept patients on IV fluids.

The wards were single rooms and each patient had their own bedroom.

The service had systems to help care for patients in need of additional support or specialist intervention. For example we saw tissue viability nurses and dietitians involved in a patient's care.

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.

We saw clear picture signage on doors of toilets and bathrooms and an orientation board with date, time and staff on duty to assist patients with information about the ward.

Staff supported patients living with dementia and learning disabilities by using a 'This is me' document stating patients views, needs and preferences when they may not be able to verbalise them in the patient's passport.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. We saw the speech and language therapists (SALT) on Endeavour ward were working with patients to improve their communication following a stroke.

Staff, patients and carers could access support from interpreters and signers when needed via a third party service. There were no barriers to communication between staff and patients whose first languages included Mandarin, Punjabi and British Sign language on Endeavor ward.

Patients were given a choice of food and drink to meet their cultural and religious preferences. Staff and patients told us that special diets could be catered for.

Staff had access to communication aids to help patients become partners in their care and treatment. For example communication boards were used for a patient who was deaf and also for those with cognitive impairment.

Access and flow

While we saw that managers monitored waiting times, however several beds were unavailable for patients at the time of inspection. Across both services, there were eight beds that were out of commission at the time of our inspection either due to staffing issues, or as a result of maintenance issues. On Harmony House, six beds had been closed temporarily due to lack of staff, and on Amherst Court, two bedrooms had been closed as a result of broken beds and equipment.

Staff told us that Harmony House was having a phased reopening following COVID-19 and the dementia beds were now being reopened. Managers told us that they planned to reopen all the beds when they had appropriate staffing levels and when all remedial works had been completed.

Managers monitored the number of patients whose discharge was delayed, knew which wards had the most delays, and took action to reduce them. For example delayed transfer of care figures were updated weekly. In May 2022 there were two patients on Britannia ward and six patients on Endeavour ward whose transfer of care was delayed. Staff we spoke with said this was often due to equipment and adaptations needed to peoples homes following a stroke that could take time. At the time of our inspection no patients were facing a delayed discharge from Harmony House.

Managers and staff worked to make sure patients did not stay longer than they needed to. In April 2022 the average length of stay was 32 days across all three wards which was below the target of 44 days. This meant patients were receiving care in a timely way and continued their rehabilitation in the community. Managers told us they would not discharge patients unless they were clinically ready to be discharged and the right package of care was in place where required.

Staff planned patients' discharge carefully, particularly for those with complex mental health and social care needs. We observed an MDT discharge planning meeting and all relevant parties were invited who may be involved in future care including relatives and adult social care.

Managers and staff started planning each patients discharge as early as possible. We saw estimated discharge dates in place for all patients following admission and these were regularly updated by staff.

Staff did not move patients between wards at night, although staff said that at times patients were admitted from acute wards at night as pressure on acute beds were high.

Managers monitored patient moves between wards to ensure they were kept to a minimum.

Community health inpatient services

Staff supported patients when they were referred or transferred between services. Staff described some patients being confused on transfer from acute wards and providing reassurance and spending time with them until they felt settled on the ward.

Learning from complaints and concerns

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

Patients, relatives and carers knew how to complain or raise concerns. The service clearly displayed information about how to raise a concern in patient areas including on notice boards.

Staff understood the policy on complaints and knew how to handle them. Managers were visible on the wards and staff and patients could approach them if they had any concerns or needed to make a complaint.

Managers investigated complaints and identified themes.

Staff could give examples of how they used patient feedback to improve daily practice. For example some patients had raised concerns about the quality of food and it often being served cold. This feedback was shared with the senior leaders via managers, and the contracts for providing food were now being reviewed. Some patients also said that the wards could be noisy at night with staff speaking loudly. Managers reminded all staff of the need to be quiet overnight and have conversations in the office or areas where patients could not overhear them.

Is the service well-led?

Good 

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

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 for patients and staff. Leaders operated an open door policy where staff could meet with them and discuss any concerns they had.

They supported staff to develop their skills and take on more senior roles.

The service had leaders with a wide range of skills and experience from both clinical and non clinical backgrounds. All leaders and managers we spoke with were aware of issues the service faced.

When required, for example when there is a staff shortage, leaders with a clinical background worked on shifts to ensure staff are well supported and patients received adequate care and treatment.

Vision and Strategy

Community health inpatient services

The service had a strategy which aligned with providers vision and values. We saw the vision and strategy statement clearly displayed on the wards.

Leaders were working with staff to implement the strategy. All staff we spoke to were passionate about the values of the organisation.

Culture

Staff felt respected, supported and valued. Staff said they enjoyed working for the service and they found the teams and organisation very supportive. Some staff told us how they had been supported personally by the team and managers during recent life events. They were focused on the needs of patients receiving care and staff were passionate about providing the best care for patients.

The service promoted equality and diversity in daily work, and provided opportunities for career development. We saw examples of staff who had achieved career progression with support from their managers and the organisation. Staff said they could raise concerns openly and without fear and felt confident to challenge other staff. For example a rehabilitation assistant had been concerned about a deteriorating patient and escalated this concern appropriately as the trained nurse on duty had not done so.

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.

The provider had a board who was responsible for providing a supporting strategic overview and assurance to the organisation and was formed of executive and non-executive directors.

There was a robust governance framework by which information or issues which affected service delivery were reported from the staff working on the wards to the board and vice versa. For example, there were regular staff meetings which were minuted. Discussions or concerns from the staff meetings were escalated to the senior leaders by managers via governance meetings. Information from the senior leaders was shared via emails, newsletters and bulletins which were discussed during handovers and in one to one staff supervision with their managers.

The service was part of a governance assurance information network. Managers and staff were aware of their roles and responsibilities and the processes for escalating concerns within the organisation.

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.

The service had a register of risks which clearly outlined the risk that could have a potential impact on service delivery and how they will be managed such as staff sickness, high demand, and lack of care package in the community. We saw that each risk on the risk register had a clearly documented action plan to mitigate the risk. For example, staffing was on the risk register and the plan was to find more innovative ways to address recruitment and retention such as making the roles more competitive and attractive.

Community health inpatient services

Leaders reviewed all risks regularly and removed the risk from the register when no longer relevant or applicable. For example, we saw that previously patients falls in single rooms were a risk. The provider had introduced falls sensors and technology to manage such risks.

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. We looked at the workforce data and saw themes identified around recruitment, retention and staff sickness. Managers said they could easily access training completion data for their staff.

Staff could access key information on the intranet and the provider regularly updated its website to keep staff and the general public up to date.

The service submitted notifications to external bodies, such as CQC or the HSE as required.

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.

Endeavour stroke unit worked with Stroke Association UK to provide a support group for stroke survivors and referred patients via the website. Patients and carers were asked for feedback regularly via patient participation surveys and friends and family tests.

The provider also engaged with staff via an annual staff survey. The majority of staff across all directorates reported in the last staff survey that was completed in 2021, that the provider was compassionate and inclusive.

Learning, continuous improvement and innovation **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.**

The wards participated in several research projects. Staff on Amherst Court were taking part in a severe emerging infections research project with the World Health Organisation (WHO). Staff and leaders were also involved with the Workforce Race Equality Standards project.

Senior leaders encouraged and supported managers and staff to be innovative and develop training and resources. For example, the recognising deteriorating patient training course (RED) and hydration monitoring tool (ROC) had been developed and implemented by the nursing teams.

Community health services for children and young people

Good

Is the service 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 completed it.

Staff received and kept up-to-date with their mandatory training. Training records showed that the overall compliance with mandatory training for the children and young people teams was between 89% and 100%.

Mandatory training included safeguarding, diversity awareness, fire safety, health and safety, infection control, information governance and moving and handling.

Managers monitored mandatory training and alerted staff when they needed to update their training. Staff told us they were given time to complete their mandatory training.

Managers told us that some staff were receiving specialist training. For example, speech and language therapists were completing a training package form the Royal College of Speech and Language Therapists, which lasted a year and included objectives that needed to be signed off by supervisors and the Royal College of Speech and Language Therapists. Other specialist training for staff included cerebral palsy on early infancy, sensory integration and growth management.

Safeguarding

Staff understood how to protect children, young people and their families 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 on how to recognise and report abuse. All staff received training in safeguarding adults and children at a level appropriate for their role. Training records showed that the overall compliance with mandatory safeguarding training for the children and young people teams was between 91% and 100%. The provider was taking action to address any issues with training compliance when needed. For example, we saw that actions to improve the Level 3 Safeguarding Adults training were included in a summary level safeguarding report in 2021/2022. Compliance was at 74% for the children and young people service. This was also included on the provider's corporate risk register.

All the staff we spoke with, told us that they knew how to make a safeguarding referral and who to inform if they had concerns. All team managers clearly explained safeguarding processes and talked about liaising with Local Authorities and other relevant agencies when needed. Medical staff told us that they felt confident that the safeguarding processes in place were robust, and spoke about liaising with the relevant safeguarding teams when they had concerns.

Community health services for children and young people

Safeguarding supervisions were undertaken by the team managers, who also were the safeguarding leads for their teams. Safeguarding supervision for team managers was provided by the named nurse for safeguarding children.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. The provider was participating in a range of multi-agency meetings and forums related to safeguarding children and adults, and domestic abuse. We saw evidence that staff were attending safeguarding conferences and child protection plan review meetings, and they were producing relevant reports. We saw a summary of conference attendance and reports submitted between March 2021 to March 2022, and found that whilst for some months attendance and reports submitted were 100%, there were months when this percentage was much lower than the target of 95%. However, in most cases, the reasons for not attending meetings or not submitting reports, were because of cancellations by other agencies, or because there was no new information to share.

Cleanliness, infection control and hygiene

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

Premises were clean and had suitable furnishings which were clean and well-maintained. We saw completed cleaning schedules for the environment and equipment in therapy rooms at Snapdragons Children's Centre.

Staff followed infection control principles including the use of personal protective equipment (PPE). Staff wore PPE when appropriate, in line with the provider's policy and Government guidelines to reduce the spread of infection, including Covid-19. Staff were completing relevant audits. For example, we saw completed hand hygiene observation audit tools. We saw that there were hand washing facilities available and we observed staff washing their hands before supporting children.

We observed that staff cleaned equipment after patient contact in clinics and during home visits.

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. When providing care in children and young people's homes staff took precautions and actions to protect themselves and children, young people and their families.

The service had suitable facilities to meet the needs of children and young people's families. Many clinics and therapies were provided at Snapdragons Children's Centre, but there were also clinics taking place in other locations, such as schools and children's centres. A large amount of interventions took place in people's homes. Team managers told us that they were regularly carrying out risk assessments for the buildings to identify new risks.

The service had enough suitable equipment to help staff safely care for children and young people. Staff carried out safety checks of specialist equipment. For example, we saw a register of all equipment, which included serial numbers, dates for servicing, and information about where the equipment were kept. Senior staff told us that similar registers were generally kept for all teams and gave examples of portable appliance testing and servicing for hoists. We saw evidence that the portable equipment used in home visits and during clinics had been appropriately tested.

All the family members we spoke with told us that the Medway Community Healthcare facilities they had visited, were always clean, tidy, comfortable and accessible.

Staff disposed of clinical waste safely.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each child and young person and removed or minimised risks. Staff identified and quickly acted upon children and young people at risk of deterioration.

We reviewed patient records and saw evidence that risks had been appropriately identified and escalated, and then proactively followed up by staff. For example, we saw evidence of staff liaising with Multi Agency Safeguarding Hubs (MASH) and participating in Multi-Agency Risk Assessment Conferences (MARAC).

Staff knew about and dealt with any specific risk issues. Staff completed mental health screening tools as appropriate and knew where to signpost or refer people for help with their mental health needs. For example, we saw evidence in patient records of staff signposting parents to behaviour management support.

Staff shared key information to keep children, young people and their families safe when handing over their care to others. We saw evidence of managers taking action to resolve issues and ensure that key information was always shared when appropriate.

Team managers told us that all known risks were entered on risk registers specific to the children, young people and families service. There was a daily on duty system for managers to manage risks and the person responsible for each day knew what actions to apply to effectively mitigate risks when needed. We saw that the provider had in place, and were keeping up to date, both corporate and service level risk registers.

Staffing

The service had staff vacancies. Staff had the right qualifications, skills, training and experience to keep children, young people and their families safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix gave staff a full induction.

We found that there were staff vacancies in some of the teams. For example, there were 10.9 whole time equivalent vacancies for registered nurses for the Children's Specialist Services Medway, and the establishment levels were 23.86 whole time equivalent. For the same service, there were 3.04 whole time equivalent vacancies for speech and language therapists and the establishment levels were 16.61 whole time equivalent.

Most of the managers and staff we spoke with, including medical staff, told us about difficulties with recruitment and highlighted the need for more staff to reduce backlog and to better meet the needs of the local population. For example, staff told us that more speech and language therapists were needed to provide enough interventions for pre-school children, so when they reach the age to attend school, the risk for interventions is reduced. However, managers were proactively trying to manage this. The provider was liaising with commissioners and had an action plan in place to recruit and retain staff within children's services, which included offering bonuses and flexible working options for staff. Some team managers told us that they were visiting universities to talk to students about the benefits of working for their teams. The provider was developing specialist roles and apprenticeships for nurses, occupational therapists and physiotherapists to mitigate potential risks related to staff vacancies. For example, a specialist health visitor role was developed in order for them to attend most of the initial meetings and to allow the other health visitors to concentrate on their statutory visits.

Managers could access locums when they needed additional staff. For example, locum staff were used to cover vacancies for paediatricians.

Managers made sure all staff had inductions and understood the service. We saw examples of completed staff inductions from various teams, such as health visiting, school nursing and the therapy teams.

Staff had the right qualifications, skills, training and experience to keep patients safe from avoidable harm.

The service had reducing sickness rates.

Records

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

Patient records were comprehensive and all staff could access them easily. The service used an electronic patients records system called RIO. This meant that staff could access records easily when working remotely.

Records were stored securely on password protected systems. Staff had unique logins for these and received training in information governance. We observed that staff recorded information during home visits in line with record keeping guidance.

We reviewed 18 records of children and young people's care and treatment from different pathways, and found that most of them were promptly completed, up to date and comprehensive. However, two records were lacking details about safeguarding alerts and information about groups and relationships. This meant there was a risk of important information being missed. However, staff promptly took action to rectify omissions when we alerted them.

Staff added an alert to the system if there were any key issues others would need to know about when reviewing the record. For example, if there was a child under a child protection plan.

When children and young people transferred to a new team, there were no delays in staff accessing their records. Staff told us that when children moved out of area, they contacted the new teams to share important information. When we reviewed the service's risk register, we saw that because of a recent changeover of the electronic patient record system, there was a risk of staff being unable to print out all relevant clinical records. This meant that sometimes staff may have been unable to share important information, such as safeguarding. However, the provider was keeping this as a high priority risk on the risk register until an organisational solution was found, and staff were taking alternative actions to mitigate risks, such as completing handover documents which were then attached to the electronic patient record system.

Medicines

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

The service did not store, or manage any medications in the various locations they used to deliver their services. However, some staff offered advice and support and sometimes also administered medicines to children in schools and

during home visits. Managers explained that the provider's medicines management team were carrying out audits and produced action plans when needed, to ensure that staff were following relevant policies and guidance. We saw evidence that audits had been carried out in schools in November 2021, and any identified actions for improvement were also added to the service's quality improvement plan.

Managers told us that there were monthly meetings with all medicines prescribers to ensure that they were up to date with any changes and that they were adhering to guidance. Medical staff told us that the safe recording of all prescriptions was one of their priorities.

Managers described actions taken to address any issues. For example, they explained how they were liaising with NHS hospitals to create a single medicines administration record for staff to complete when they were administering intravenous medications to children during home visits. Staff had to complete two different records, their own and one for the NHS hospitals, and this had been highlighted as a risk.

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 children, young people and their families honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

Staff raised concerns and reported incidents and near misses in line with provider policy. Staff we spoke with were aware of what incidents to report and how to report. We saw that the provider had in place a standard operating procedure of incident reporting.

Managers investigated incidents and shared lessons learned, however, some staff members told us that lessons learnt was not part of their team's meeting agenda. The provider informed us that all incidents were discussed at the weekly managers meeting for managers to disseminate information to their services. Information was also shared with staff via a weekly newsletter. Incidents were discussed during the six-weekly children's service meeting. We saw that the provider produced monthly and quarterly incident reports for the whole organisation, which included a breakdown of the incident types and lessons learnt. The children's service quality improvement plan also included a section about outcomes following serious incidents and action plans in place.

Managers debriefed and supported staff after any serious incidents. We saw evidence that managers took action following incidents. For example, following a self-harm incident involving a child, a joint supervision of the staff members involved from two different teams took place, to highlight any themes and training gaps. Follow up actions were agreed and completed.

Staff understood the duty of candour. They were open and transparent, and gave children, young people and their families a full explanation if and when things went wrong. The provider had relevant policies in place for staff to follow, such as 'Being Open Policy' and 'Duty of Candour Policy'. Staff we spoke with told us that they understood what duty of candour was.

Community health services for children and young people

Is the service effective?

Good 

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

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidenced-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of children and young people in their care.

The service delivered care in line with national guidance and best practice guidance. We observed a well-baby clinic and saw that the advice given to families was in line with the Healthy Child Programme and guidance from the National Institute for Health and Care Excellence (NICE). Health visitors and their teams delivered the Healthy Child Programme to all children and families during pregnancy until five years of age. The Healthy Child Programme for the early life stages focuses on a universal preventative service, providing families with a programme of screening, health and development reviews, supplemented by advice around health, wellbeing and parenting.

Staff had access to up-to-date policies to plan and deliver quality care according to national guidance. The provider had in place standard operating procedures to provide the relevant teams with clear processes for assessments and any subsequent interventions and referrals, and to meet key performance indicators. We saw the provider's 'Health Visiting Offering' document, which included antenatal contact with a health visitor and a pathway for under one year old children, and then developmental and pre-school checks and specialist services.

Staff regularly had updates sent to them or discussed in team meetings when there was any change to guidelines.

Nutrition and hydration

Staff gave children, young people and their families education and support to ensure that their nutritional and hydration needs were met.

Staff supported children and their families to ensure that their nutritional and hydration needs were met. This started at the very beginning of the service's contact with parents when they offered advice to new mums about breastfeeding their babies. We observed a well-baby clinic and found that the provider offered an infant feeding service.

School nurses gave advice to children and young people of school age. Staff told us that a team responsible for the National Child Measurement Programme had joined the school nursing team, and they were offering support to families about weight management. The National Child Measurement Programme measures the height and weight of children to assess overweight and obesity levels in children within primary schools.

Staff worked closely with families to ensure children and young people had the right support, advice and guidance for their individual needs. We saw evidence of this when we observed clinics, assessments, reviews and home visits.

Patient outcomes

Community health services for children and young people

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

Outcomes for children and young people were mostly positive, consistent and met expectations, such as national standards. The Healthy Child Programme mandated contacts data showed that between April 2021 - March 2022, eight week reviews were averaged at 95%, one year reviews at 94% and two and a half year reviews averaged at 94%. However, an average of 76% of new birth reviews were carried out within the 14 day target. The number of new birth reviews was particularly low between January - March 2022, but the provider explained that this was due to high levels of staff absence due to Covid-19, which forced the service to work within business continuity. During this business continuity period, it was agreed that the service could work to a 21 days deadline. Following this, an average of 99% of new birth reviews were carried out between January - March 2022 within the 21 day target.

Staff were using the Therapy Outcome Measures (TOM) tool to assess the impact of interventions on children and to monitor changes over time. Measurements were taken in the domains of impairment, activity, participation and wellbeing. We saw a sample of TOM outcomes for children and found that the number of improvements in all four domains were significantly higher than those declining.

Managers used information from audits to improve care and treatment. Staff carried out a programme of repeated audits to check improvement over time. The provider had an annual audit plan which included, for example, infection prevention and control and documentation audits. Actions arising from these audits were identified in the organisation's quality improvement plan. We reviewed the children's, young people and families service quality improvement plan for 2022 and saw that any identified issues were included on an action plan with target dates for completion, progress to date and responsible persons.

Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of children, young people and their families. Most of the team managers we spoke with, explained that relevant qualifications and, when appropriate, registrations with professional bodies such as the Health and Care Professions Council (HPCP), or the Nursing and Midwifery Council (NMC), were checked before new staff commenced employment.

Managers gave all new staff a full induction tailored to their role. We saw examples of completed inductions from various teams, such as health visiting, school nursing and therapy teams. Induction timetables included reading policies, shadowing different teams, and engagement and familiarisation with other relevant local services. Managers told us that new staff had to complete probation checklists and we saw examples of completed probation review forms.

The provider had supervision guidelines in place to ensure that all patient-facing staff could access supervision to support quality care and personal and professional development. Most of the staff we spoke with, told us that they were receiving regular supervisions, including safeguarding and clinical supervision, where applicable. For example, health visitors and school nurses who held a caseload of children on a child protection plan, were required to have safeguarding supervision every three months. Compliance for the four quarters of 2021/2022 was ranging between 84% and 95%. We also saw samples of group clinical supervisions for specific staff groups, where staff had the opportunity to discuss new cases and follow up on actions from previous sessions.

Managers supported staff to develop through yearly appraisals of their work. Information provided by the organisation showed that appraisals were happening regularly. Compliance for the whole service was at 93%.

Staff were completing competencies relevant to their roles. We saw examples of completed competency documents. The document for the community nursery nurse role, for example, included sections about confidentiality, communication skills, contribution to the Healthy Child Programme, child development and health and safety. A working group was set up to look at the development of clinical competencies and align some of them to the provider's clinical induction programme.

Most of the family members we spoke with told us that they felt that staff had the knowledge and experience needed to provide appropriate and safe care and treatment. For example, a family member commented positively on the support they received to prepare a child with communication difficulties to attend primary school.

Multidisciplinary working

All those responsible for delivering care worked together as a team to benefit children, young people and their families. They supported each other to provide good care and communicated effectively with other agencies.

There were pathways for children that needed multidisciplinary input. Staff held regular and effective multidisciplinary meetings to discuss children and young people and improve their care. Team managers told us how their teams worked together as multidisciplinary teams with common goals and specific elements for each team. They were aiming to create holistic plans for children which included specific interventions. For example, there were groups for children with Down Syndrome, or children who were born prematurely.

We saw evidence of meetings between medical staff and pathway leads, and examples of different teams working together to create new pathways and to find solutions to newly arising issues, such as the increase in referrals and complexity of developmental delays in children, following the Covid-19 pandemic.

Staff worked across health care disciplines and with other agencies when required to care for children, young people and their families. We saw evidence of joint working with other organisations and health professionals. For example, the service was working with another organisation to develop a support group for parents of children diagnosed with a neurodiverse condition. Staff had also introduced clinics at schools for children with severe and moderate learning disabilities, and parents and carers were also invited to attend.

Health promotion

Staff gave children, young people and their families practical support and advice to lead healthier lives.

The service gave information promoting healthy lifestyles and support to children, young people and families. For example, staff from the school nursing team attended assemblies in schools to promote health and gave advice around sexual health, alcohol, and smoking cessation. We observed appropriate health promotion advice being given by health visitors during health and development reviews. We saw that the provider had notice boards with health promotion information in some clinic rooms.

Staff assessed each child and young person's health when referred to the service and provided support for any individual needs. For example, we observed a face to face health assessment for a child referred from their school. We found that the assessment was holistic, it was carried out sensitively and appropriate advice and support was offered.

Community health services for children and young people

Family members we spoke with told us that staff gave them advice and support to lead healthier lives. For example, a family member told us that staff were very helpful on ideas to promote healthy eating and exercise.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

Staff gained consent from children, young people, or their families for their care and treatment in line with legislation and guidance. We observed health visitors gaining consent during home visits, and other staff members during health and continence assessments and health and development reviews.

Staff understood how to assess whether a child or young person had the capacity to make decisions about their care. Staff clearly recorded consent in the children and young people's records. When we reviewed patients' records, we saw evidence of young people or their families consenting to care and treatment.

Team managers told us, and staff confirmed, that they were receiving yearly training on Mental Capacity Act 2005, and used 'Gillick competencies' to determine whether a child was capable to make their own decisions and give consent. Gillick competency is used to decide whether a child under 16 years of age, is able to consent to his or her own medical treatment, without the need for parental permission or knowledge.

Is the service caring?

Good ➔➔

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

Compassionate care

Staff treated children, young people and their families with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

Staff were discreet and responsive when caring for children, young people and their families. Staff took time to interact with children, young people and their families in a respectful and considerate way. We observed interactions between staff and parents/children and saw that staff treated them in a caring and compassionate manner and quickly built a rapport with families. Staff listened to what they had to say and showed a genuine interest in both parent and child.

Staff were highly motivated to deliver care that was kind and compassionate. The family members we spoke with gave positive feedback about the services they had received. They told us that staff were very helpful, supportive, caring, polite and professional.

Community health services for children and young people

Staff understood and respected the personal, cultural, social and religious needs of children, young people and their families and how they may relate to care needs. We saw that staff were actively trying to support deprived families. They had created a 'shop' at Snapdragons Children's Centre made of donations of items such as clothing and books. Families could take items they needed free of charge.

Staff followed policy to keep care and treatment confidential.

Emotional support

Staff provided emotional support to children, young people and their families to minimise their distress.

Staff gave children, young people and their families help, emotional support and advice when they needed it. We observed and people fed back that staff were empathetic, understanding and supportive when working with families. For example, we observed staff offering emotional support to a young person whose parents had recently separated. Staff also showed interest to find out what support mechanisms were in place for the parent.

Staff understood the emotional and social impact that a child or young person's care, treatment or condition had on their, and their family's wellbeing. Staff told us that they considered the impact on everyone within the family. Parents fed back that staff were always there for them as well as the child. For example, a parent told us that the medical staff were exceptional, understood their needs, took a lot of stress off their shoulders and put them at ease. Another parent told us that the support offered by staff had been life changing and that they would have been in a very different place without this support.

Understanding and involvement of patients and those close to them

Staff supported and involved children, young people and their families to understand their condition and make decisions about their care and treatment. They ensured a family centred approach.

Staff made sure children, young people and their families understood their care and treatment. Staff explained what their session would consist of, to ensure this was understood and consented to before commencing treatment or care. For example, we observed during a health assessment that staff had posted written information to a parent prior to the appointment, and they then confirmed during the appointment that the parent had understood the information.

We observed that staff were positively engaging children and communicated with them in a way that the children could understand. Staff also kept the parents informed of the progress and offered them advice and further support. Parents told us that they had contributed to create care plans for their children and staff consulted them before making decisions.

Children, young people and their families could give feedback on the service and their treatment and staff supported them to do this. For example, we observed during a health assessment that feedback forms were available to complete.

Parents we spoke with told us they were involved in their children's care. Some parents told us that staff took the time to listen to their concerns and always took their views into consideration.

Community health services for children and young people

Is the service responsive?

Good 

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

Service delivery to meet the needs of local people

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

Managers planned and organised services, so they met the changing needs of the local population. Managers utilised local knowledge and information shared to help plan their services. Child health clinics were held in community venues, which meant there was easy access for parents. Clinics and support groups were set up and based in local communities to meet the needs of local people. Medway Community Healthcare staff worked with other providers, including children's centres, voluntary organisations and schools, to provide support and services to parents and their families. For example, nursery nurses told us that they were liaising with the early years teams from Local Authorities to find nursery placements for children. They also told us that they were often visiting nurseries to help with transitions. We saw that the provider had liaised with schools about their online referral system into school nursing, and had responded to feedback by adding extra drop down options to their online system.

Staff told us that they were proud about the work they were doing around social prescribing to improve health, wellbeing and social welfare of local people. We saw a notice board with a broad range of information relevant to this. Social prescribing is a means of enabling health and care professionals to refer people to a range of local, non-clinical services. Staff told us that they liaised with social prescribers to support families when needed.

The provider had been proactive and made adaptations to their ways of working through the Covid-19 pandemic. During the pandemic staff were required to conduct virtual visits, however, face to face contacts continued if this was needed to support families at risk, or if there were concerns. At the time of the inspection the service was in the process of increasing face to face contacts. Medical staff told us that Medway Community Healthcare was one of the first organisations that started seeing patients face to face because they had the space and the facilities.

Staff attempted to make contact with people who missed appointments, to proactively engage them. We saw evidence of this when we observed clinics. Family members we spoke with told us that all cancellations were rescheduled and staff made sure that the families had received the message, even when appointments had to be rescheduled more than once.

Managers monitored and took action to minimise missed appointments. For example, team managers explained that they were working together with schools to hold clinics there to reduce missed appointments. Senior staff were ensuring that the organisation's relevant policies were kept up to date and staff were informed. We observed that during a service wide virtual multidisciplinary meeting, senior staff gave feedback about their work to combine the 'did not attend' and 'was not brought' policies to create a new policy, and explained their considerations around safeguarding.

Meeting people's individual needs

Community health services for children and young people

The service was inclusive and took account of children, young people and their families' individual needs and preferences. Staff made reasonable adjustments to help children, young people and their families access services. They coordinated care with other services and providers.

The provider was proactive in meeting the individual needs of children, young people and families. A parent told us that staff were always understanding of their needs and offered to make adjustments when needed, such as being flexible around appointments and venues. Another parent told us that staff had responded to their queries and were working together with other organisations to source and install a lift, ramp and shower.

The locations from where the provider was delivering services were designed to meet the needs of children, young people and their families. One parent told us that the disabled access arrangements at Snapdragons Children's Centre were brilliant.

Managers made sure staff, children, young people and their families could get help from interpreters or signers when needed. We observed that the health visiting team had sourced an interpreter to support a home visit for a family where English was not their first language.

The service gave information and signposted children, young people and their families to appropriate services to meet specific needs. We observed staff doing this during assessments and home visits.

The provider had responded to requests made by patients and their families for an improved and more user friendly website, by setting up a group to look into this.

Access and flow

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

Managers monitored waiting times and did whatever they could to make sure children, young people and their families could access services when needed, and received care and treatment within agreed timeframes and national targets. Data provided by the service indicated that 1897 families were waiting to receive services for the Children's Specialist Services Medway. There were 325 families waiting between zero and two weeks. The number of families waiting for longer periods was decreasing as the waiting time increased. However, there were 181 families waiting to receive services for more than a year.

Team managers told us that referrals had increased during Covid-19 pandemic and this had impacted on waiting times. They spoke to us about their efforts to reduce waiting times and the actions they were taking to achieve this. Some of the examples they gave us included effective caseload management, organising meetings with special educational needs coordinators (SENCO) to explore what additional support could be offered in schools, and liaising with commissioners to recruit more staff. We saw that the provider had added on their risk register the increased numbers of referrals for school nursing and the impact this had on their therapy services, and had put control measures in place to reduce waiting times.

We saw that the provider had a quality improvement action plan in place, which included actions to reduce waiting times and backlog. For example, the service was aiming to reduce backlog of therapy appointments in Swale to under 18 weeks, and to do this they had submitted a business case to the Clinical Commissioning Group to inform them that demand had significantly outgrown capacity. The service had also liaised with recruitment agencies to temporarily cover staff absences.

Community health services for children and young people

We observed that during a virtual multidisciplinary meeting, senior managers reassured staff members from across the teams that they were risk managing the increased backlog, and were actively looking to find solutions to reduce it.

We received mixed information from the family members we spoke with about waiting times. Some told us that they had to wait a long time for specialist assessments, whilst others told us that they had received services quickly. Similarly, some family members told us that staff were available and easy to access, whilst others told us that they had experienced issues when tried to make telephone contact with staff.

Staff supported children, young people and their families when they were referred or transferred between services. Most of the staff we spoke with, including team managers, spoke to us about their teams working together to provide effective services. We saw evidence of joint working.

Learning from complaints and concerns

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

Children, young people and their families were given information on how to complain or raise concerns. Parents we spoke with confirmed that they knew how to raise concerns should they need to. One parent we spoke with had made a request to the service following a concern they had, and it had been dealt with effectively.

Managers investigated complaints and identified themes. We saw that the provider collected data to monitor the performance of complaint handling and produced relevant reports. We saw a relevant report which included information about complaints received, grouped into key themes to help identify priority work areas to improve.

Staff knew how to acknowledge complaints and children, young people and their families received feedback from managers after the investigation into their complaint. Complaints were investigated and managed in line with the provider's complaint policy, which set the timeframes of responding to complainants. Staff told us that compliments were always shared and managers were informing them about feedback they had received.

Managers shared feedback from complaints with staff and learning was used to improve the service. Information was shared in team meetings and in the staff newsletter.

Is the service well-led?

Good ➔➔

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

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.

Community health services for children and young people

Team managers were responsible for the day to day management of their teams. They were supported by the assistant director for children services and worked closely together.

Senior leaders were visible within the service and were readily contactable for staff and patients. Staff consistently told us that they felt well supported by leaders, who were open and willing to listen to new ideas.

Managers and team leaders supported staff to develop their skills. For example, the organisation had supported and funded a staff member to utilize their special interests and developed a new practitioner role which offered much needed services to the local population.

There was evidence of career progression within the service. For example, some of the team managers we spoke with, told us how they had been promoted to more senior roles whilst working for Medway Community Healthcare.

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.

Medway Community Healthcare's strategic plan included priorities such as, to provide high quality integrated community services in the wider Kent and Medway Integrated Care System, to add social value to the communities they serve, and to invest in their employees and infrastructure to support the delivery of quality community healthcare services. As Medway Community Healthcare was a social enterprise, they had the freedom to develop their own services, whilst directly aligning them to population need.

The service worked closely with their stakeholders to deliver quality services to the community. The service's quality improvement plan included actions required for improvements and to meet the organisation's strategic plan.

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.

All of the staff we spoke with told us they felt respected and valued within their roles. Morale within the teams was good, however, some staff told us that more staff and resources were needed to meet demand and reduce backlog and caseloads.

Staff consistently told us they were proud to work for the organisation and some felt that they had worked well throughout the pandemic to ensure services were as accessible as they could be.

Staff felt well supported and valued by managers and leaders. Most of the staff we spoke with described their teams as being highly supportive of each other. Staff told us that everyone's opinions, idea's and contributions were equally valued.

Community health services for children and young people

There was an open culture where staff could raise concerns without fear of retribution. No staff reported bullying or harassment at work.

Staff told us that their wellbeing was supported. During the pandemic managers had utilised remote and virtual meetings to ensure staff still received support. There were also opportunities for team members to debrief when needed.

Governance

Leaders operated effective governance processes, throughout the service. 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 had effective governance processes in place. Regular team and service meetings were taking place and managers were making sure that any key messages were disseminated to staff. We saw evidence of summaries of therapy team meetings that have been emailed to staff. Some staff told us that sometimes virtual staff meetings had been difficult to facilitate, but felt that these were consistent and anything that needed to be shared was shared by their managers. There were also a weekly catch up newsletter to keep all staff informed of any developments.

Senior leaders met regularly to discuss any governance and performance issues. For example, we saw evidence of senior managers meeting on a weekly basis with team managers.

The service participated in the organisation's monthly Quality Assurance Committee meetings to discuss policy updates, involvement in research and reports from sub groups, such as the Governance Assurance Information Network, the Medicines Management Subcommittee, the Infection Prevention and Control Subcommittee and the Children's Clinical Excellence Group. Reports reviewed included clinical and medicines incidents.

Staff at all levels were clear about their roles and accountabilities and were aware of key performance indicators.

Senior leaders had in place a quality improvement plan with actions for the service, which was in line with the five key questions of safe, effective, caring, responsive and well-led. The action plan included actions required to address identified issues, target dates and priority scores.

The provider had an annual audit plan, which was aligned to the quality improvement plan and included infection prevention and control, environmental and documentation audits.

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.

The provider maintained individual risk registers for services. Leaders reviewed risks on a regular basis and actions were in place to manage and mitigate them.

Staff we spoke with had a good understanding of what a risk was, both clinical and non-clinical. They were clear about whom they would raise this with, how it would be acknowledged and what action would be taken.

Community health services for children and young people

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 service collected data to monitor, manage and evidence performance, and to submit to commissioners for their key performance indicators. The provider analysed data to produce relevant reports with actions for improvement.

Staff could access policies and procedures easily and updates to these were notified to staff. Staff teams had access to the information they needed to provide safe and effective treatment and care, and used that information to good effect.

Staff had access to sufficient equipment and information technology in order to do their work. The provider had ensured that staff had log-in details to access electronic patient records. The secure record keeping system was easily available to staff to update patient care records and to review when needed.

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.

Team meetings were held regularly and staff confirmed that there was good teamwork and engagement. We reviewed a sample of team meeting minutes which demonstrated that various subjects were discussed and actions were set to address issues when needed. Team managers told us that the service had organised 'service days' where staff had the opportunity to discuss team goals and how the service will look in the future.

Children young people and families could feedback on the service in a number of ways, including but not limited to the friends and family test, which is a national test used to encourage service users to feedback their experiences. The service provided information which showed that for the fourth quarter of 2021/22 for example, 81.86% of the people who responded felt that the services offered were very good.

Some team managers told us that the service was trying to organise coffee mornings for parents, in response to their request for more support around diagnosis.

Managers and staff were collaborating with other local organisations to help improve services for patients. Team managers told us that they were preparing a training package which they will share with schools when ready free of charge.

We reviewed information submitted by the provider and saw that the organisation's quality priorities had a number of areas for improving patient experience and public engagement. These included finding new ways to engage and co-design services with staff and the people they serve and continuing work on patient and public engagement platform through use of patient forums.

The provider was represented across both the Medway and Swale Integrated Care Partnership and Kent and Medway Integrated Care System and was involved in the development and design of Kent and Medway's community engagement plan. We saw documents that demonstrated the provider's involvement.

Community health services for children and young people

Learning, continuous improvement and innovation

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.

Staff engaged in local and national quality improvement activities and were participating in various studies and programmes, such as the Orthotics for Treatment of Symptomatic Flat Feet in Children (OSTRICH) and the Cerebral Palsy Integrated Pathway (CPIP).

Staff were actively looking for opportunities to learn and acquire further skills to improve services. For example, the service had identified that all pre-school and school aged children up to eleven years old going through the diagnosis pathway for autism spectrum conditions, did not receive any post diagnostic support. In response to this, the service decided to fund eight staff to be trained on a recognised programme to enable post diagnostic support to families. This would also have enabled the service to provide some support to families on waiting lists and to reduce waiting times.

The service continuously aspired to improve the experience of their patients by reviewing opportunities and adapting aspects of the service to meet the needs of groups of patients. For example, the service had been proactive with how they responded to the Covid-19 pandemic. Staff adapted to different ways of working such as virtual contacts with patients while still continuing face to face contacts with families at risk or vulnerable.

The service had created a guide called ‘Medway schools core standards bronze level’ which was a practical guide for all staff working in Medway schools to help children develop skills for learning. The guide included information about sensory processing, movement and behaviour support. Senior managers told us that the service were also preparing a similar guide for staff and parents of pre-school aged children.

Community health services for adults

Good ➔➔

Is the service safe?

Requires Improvement ➔

Our rating of safe went down. We rated it as requires improvement.

Mandatory Training

The service provided mandatory training in key skills to all staff and made sure everyone completed it. Staff received and kept up to date with their mandatory training which was comprehensive and met the needs of patients and staff. Managers across teams monitored mandatory training and had access to a training matrix to identify when training was due. At the time of the inspection, mandatory training completion rates across all adult community services were an average of 94% across all areas.

Managers made good use of the organisation's induction facilitator, who worked with new and existing staff to review their competencies and identify any gaps in their learning. New staff joining the teams received a comprehensive 12-week induction training package. This included safeguarding, fire safety, and health and safety training. Additional training was tailored to the person's job role.

Contracted agency staff were trained to the same level as permanent staff.

Safeguarding

Across teams staff understood how to protect patients from abuse and received training specific for their role on how to recognise and report abuse. Staff told us they could discuss concerns with colleagues, managers and the organisation's safeguarding team. Staff in the community nursing teams ensured any patient identified with a pressure ulcer was seen within 24-hours. We saw evidence that the service requested that the acute trust conduct their own investigation into acquired pressure ulcers within their service, although it was not always clear whether the acute trust had raised safeguarding referrals.

Senior staff told us they discussed safeguarding incidents in monthly quality assurance committee meetings and then this cascaded down to the local teams through their team meetings. Team meeting agendas had safeguarding as a standing agenda item, so this meant that information was shared effectively to the teams.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Cleanliness, infection control (IPC) and hygiene

Staff kept equipment and their work area visibly clean. All clinic areas visited were clean and had suitable furnishings which were well-maintained. Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. Staff also had access to personal protective equipment (PPE) and continued to wear face masks to reduce the risk of spreading Covid-19. We observed that staff cleaned equipment after use.

Community health services for adults

The majority of staff followed infection control principles, however we observed 3 members of staff across teams using poor hand hygiene techniques to reduce asepsis. We saw evidence of completed IPC audits across community nursing teams for the three months prior to our inspection visit, which showed a compliance rate above 90%, although no actions had been identified. Audits included review of PPE use, hand hygiene and use of wound care review tools. The service had an infection control lead within local care who worked mainly with community nursing teams to ensure audits were completed. Neighbourhood nursing teams had link nurses who kept in contact with the infection control lead.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe, although some staff at MCH house told us not all the windows opened which caused the environment to become warm occasionally. The service completed environmental risk assessments which were up-to-date.

Staff carried out daily safety checks of specialist equipment, which was clean, in date and fit for purpose. We looked at the equipment available for each team, including blood glucose machines, thermometers, pulse oximeter, blood pressure machines and weighing scales. Equipment held by staff was serviced and calibrated annually.

When providing care in patients' homes staff disposed of clinical waste safely. Patients had appropriate clinical waste bins at their homes so no clinical waste was returned to base.

Assessing and responding to patient risk

Staff did not always complete risk assessments for each patient using a recognised tool, and these were not always reviewed regularly. Staff spoken to during a wound care clinic were not aware of the policy for the planned revision of risk assessments and told us they were updated whenever they thought they should be done. Staff at this clinic did not know where to find completed risk assessments on the service's electronic case management system.

Staff did not always use a nationally recognised tool to identify deteriorating patients and escalate them appropriately. We looked at 18 patient care records across the adult community services. Five had risk assessments missing or where there were risk assessments, they were not always up-to-date. We observed five schedules of care provided to patients in their own home. On two of these home visits staff did not check pressure areas for deterioration despite having opportunity to do so. However, 13 care records showed appropriate use of risk assessment tools such as the Braden scale for pressure ulcer assessments, falls assessments, use of the National Early Warning Score (NEWS2) and pain scores. Community nursing staff did not appear familiar with the term 'risk assessment' but could tell us how they would appropriately assess and escalate a patient identified with a pressure ulcer or deteriorating health.

Staff shared key information to keep patients safe when handing over their care to others. Shift changes and handovers included necessary key information to keep patients safe, including the use of PPE, diabetes, continence and safeguarding. Staff received training and undertook thorough sepsis screening.

Staff did not always respond to and manage risks associated with diabetes management in a timely manner. It was unclear from one patient's care record how the service responded to an identified risk of deterioration. We fed this back to the service at the time of inspection.

The service had a lack of sufficient guidance for staff providing care to patients in the community on a palliative care pathway. We observed that staff in the community nursing team did not know how to escalate a deteriorating patient

who required an adjustment of medication after reporting an increase in symptoms. It was unclear why the palliative care team were unable to support staff who requested their assistance in resolving the matter, resulting in delayed care to the patient. Staff did not have access to a direct contact number, as healthcare professionals, to discuss this with the patient's GP to provide multi-practitioner care, resulting in delayed symptom management and delayed access to medication. Staff accessed the out of hours service MedOCC if they needed medical assistance out of hours, in line with their policy, however it was unclear why MedOCC were not contacted by staff the evening before our inspection visit to resolve the issue for the patient in this instance. This was fed back to service managers at the time of inspection.

The service had a safer working policy and lone worker policy. Staff worked to a 'buddy system' and ensured their whereabouts were known, arrival and departure times were communicated to other team members or emergency help, if necessary. Staff also had telephone access to a manager on call out of normal working hours.

Staffing

There were nursing and support staff vacancies across all the community nursing teams. The service was managing this with the support of contracted agency staff in teams which were consistently understaffed. Agency staff were given a full induction when they started with the organisation.

Team leaders accurately calculated and reviewed the number and grade of registered and non-registered nurses needed for each shift, and where staffing of registered nurses were low senior staff supported with patient visits. We saw staff rotas for one team which were prepared one month in advance, although it was not always possible to ensure gaps were covered. Staff were taking an integrated approach to working across community nursing teams to ensure patients assessed as a high priority were seen in a timely manner. The team leaders could adjust staffing levels daily across teams according to the needs of patients.

At the time of our inspection 20% of registered nursing posts were vacant across the community nursing teams. Leaders were managing the staffing challenges and this featured on the organisation's risk register and quality improvement plan. There were recruitment plans in place with new starters across the organisation and a recruitment open day scheduled to take place in the weeks following our inspection.

The intermediate care team were addressing challenges to recruitment in the integrated care enablement (ICE) team by adjusting job descriptions to make enablement roles more explicit and attractive to people looking for work as a carer. The team focused on 'growing their own' by seeking students who they could support in their professional development. The team had three international physiotherapists who the service sponsored to undertake their training and the service was working with local universities to improve recruitment of occupational therapist positions.

Community and neighbourhood nursing teams held caseloads within their geographical areas which aligned with primary care networks. This helped with continuity of care, although due to staffing issues patients were not always able to see the same nurse for every visit. Whilst patients often preferred to see the same nurse, staff told us this was valuable to their practice at times as it provided a 'fresh set of eyes' which benefitted the patient and encouraged clinical professional development.

The services scheduled appointments and visits using an electronic system that was colour coded to aid prioritisation of high priority patients and to avoid overallocation of staff. Community and neighbourhood nursing teams worked closely with the urgent response team who supported staff if there was a duplicate call. The diabetes team and community rehab teams had supported the community nursing teams throughout the pandemic, although some staff told us this impacted on their ability to deliver their own appointments to patients on occasion.

Community health services for adults

Records

Staff did not always keep detailed records of patients' care and treatment and staff across teams told us they found the electronic system difficult to navigate.

Staff carried password protected tablet computers. Whilst this meant staff could access and update records which were stored securely without returning to base, staff told us they experienced occasional connectivity issues which affected their ability to update patients' records in a timely manner. This meant that records were not always clear in recording specific times of treatment, for example the exact time of insulin administration. Staff told us that their tablets would often run out of battery with no ability to charge them whilst out on home visits, although staff carried paper copies of documents as a back-up, which were uploaded to the system.

Teams across the service had access to different electronic systems. For example the cardio rehab team had access to hospital records for coordinating care; the tissue viability nursing team, continence team and community nursing teams could access local GP electronic systems which helped minimise the risk of clinical information being lost. This also meant that staff were not delayed in accessing patient's records when transferred to a new team.

Medicines

The service used systems and processes to safely prescribe, administer and store medicines. Patient's GPs prescribed most medicines and stored in their own homes. Medication cards were stored in patients' homes and uploaded to the records system when complete.

There were some nurse prescribers within the community nursing teams and across the specialist services who were able to prescribe, administer and give directions within their clinical competence.

Staff did not always complete medicines records accurately, for example it was unclear from one patient's care record whether their insulin had been administered at the required time. It was unclear whether this was as a result of IT issues which staff had told us occasionally impacted on their ability to record information in a timely manner. We fed this back to the clinical lead at the time of the inspection.

Clinical staff described a positive medicine incident reporting culture within the organisation and in-house specialty training and competency checks completed. The service had local clinical leads as medicine management champions who provided forums for discussion and reflection to improve practice.

Incidents

leaders investigated incidents and shared lessons learned with the whole team and the wider service. Staff followed the duty of candour and apologised and gave patients honest information and suitable support when things went wrong.

Staff knew what incidents to report and how to report them in line with the provider's policy. We found staff in the phlebotomy service operating within the organisation's policy which did not require instances of fainting to be routinely reported on the service's incident reporting system. Although, this meant that opportunities to capture patient experience and identify learning to improve the service were missed.

Pressure ulcers were the most common reported incidents across adult community services, and staff were clear about which of these needed to be reported. We reviewed 10 incident reports across the community nursing teams and we saw

evidence that changes had been made because of feedback, including a recently completed team improvement plan for patients compliant in relation to pressure ulcer relieving equipment. Managers attended monthly pressure ulcer meetings where specific incidents were discussed and lessons learnt identified which were then shared with individual teams.

Across services staff discussed recent incidents and what could be learnt from them at monthly team meetings, multidisciplinary meetings and daily handover meetings. Team leaders investigated incidents thoroughly, looking for themes, and involved patients and their families in these investigations. Team leaders supported staff after any serious incident and staff accessed debriefs after significant incidents including expected deaths.

Is the service effective?

Good 

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

Evidence-based care and treatment

Staff kept up to date with and followed relevant National Institute for Health and Care Excellence (NICE) guidelines to plan and deliver quality care according to best practice.

Staff had access to policies on the staff intranet and across teams staff knew where to find them. Leaders told us they checked to make sure staff followed guidance through individual and group supervision and team meetings.

The service provided the quality assurance committee with quarterly medicine management reports. This included updates on training and audit data relating to controlled drugs, the cold chain, antibiotic stewardship, patient group directions (PGDs), safe storage, delayed and omitted doses. Managers kept up to date on the status of the renewal of the medicines management policy which was ongoing, and NICE guidance changes for medicines management.

Staff protected the rights of patients in their care, including those subject to the Mental Health Act and followed the Code of Practice.

Nutrition and hydration

The majority of staff were aware of patients' specific nutrition and hydration needs. Fifteen out of the 18 care records looked at included documented checks of any food and fluid charts that were in use within patients' homes, including MUST scores (Malnutrition Universal Screening Tool) recorded.

Specialist support from staff such as dietitians and speech and language therapists were available for patients and we saw referrals that had been completed for patients who needed additional treatment.

Pain relief

Staff in specialist services assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way in line with individual needs and best practice. Some patients had access to syringe drivers for symptom control, specifically when patients were coming towards the end of life.

Staff supported patients and carers to administer their own pain relief in exceptional circumstances and when safe to do so.

Patient outcomes

Staff monitored the effectiveness of care and treatment and managers used information from the audits to improve care and treatment. The service had a quality improvement audit programme which was shared via the governance assurance information network meeting on a quarterly basis. Managers made sure staff understood information from the audits and this was shared in local teams meetings and monthly newsletters. Managers discussed outcomes of documentation audits during monthly preventing harm oversight group meetings. We saw lessons learnt, for example a pressure ulcer action plan based on findings from the ASSKINGs (assess risk; skin assessment and skin care; surface; keep moving; incontinence and moisture; nutrition and hydration; and giving information or getting help) documentation audit performed twice yearly. This corresponded with the national 'stop the pressure' campaign, to improve staff adhering to the service's pressure ulcer policy.

The Covid-19 pandemic impacted the phlebotomy service's ability to offer patients walk-in appointments resulting in increased call volumes, long waiting times and poor feedback from patients. Following service user consultation, staff feedback and stakeholder engagement, the service moved to an online appointment booking service in November 2021. Patients were able to choose which location suited them to book, cancel or re-schedule their own appointment. This reduced waiting times and the number of complaints received from patients. The service continued to operate a telephone booking system for patients who did not have access to the internet.

Competent staff

The service made sure staff were competent for their roles and kept an electronic record of completed staff competency workbooks.

Managers gave all new staff a full 12-week induction programme tailored to their role before they started work. As part of their induction staff in the community nursing teams spent one day with an induction facilitator and two days with a tissue viability nurse for observation of clinical competency. The induction facilitator had access to a competency training matrix to check whether staff had completed all relevant competencies for their role within six months of starting.

Leaders supported staff across all teams to develop through clinical supervision of their work. The service took a flexible approach to supervision to meet the needs of a broad range of staff, professional groups and different types of services offered, in line with their policy, although managers did not always keep clear records of this. Staff reported feeling well supported in their roles and described that they attended locally managed supervision with their line managers and colleagues to support their development and clinical practice.

At the time of our inspection 61% of staff across local care and planned services had received constructive appraisals of their work, although leaders told us this was due to service delivery needs being prioritised during the Covid-19

pandemic. All staff spoke positively about learning and development opportunities within the organisation. Staff told us that managers identified training needs and gave them the time and opportunity to develop their skills and knowledge in specialist areas. We met numerous staff carrying out their preceptorship, degree and masters level training and specific clinical training outside of the organisation that would help improve and advance their clinical skills.

Managers made sure staff attended team meetings or had access to relevant information when they could not attend. Information was disseminated to teams via email, in monthly newsletters and posted on their shared private social media group which was not accessible to the public.

Managers identified poor staff performance promptly and supported staff to improve. Staff in all the teams told us they felt able to raise concerns or questions they had with their team leaders. Whilst staff said they were never asked to perform interventions that were beyond their limit of competence, we observed that one patient had been seen for their first wound care appointment by an unregistered nurse which did not align with the organisation's policy.

Multidisciplinary working

Overall nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies, although staff in the community nursing teams told us they were not always able to contact GPs in a timely manner for care planning and safety.

Teams across adult community services referred patients on to other specialist teams as needed, sometimes carrying out joint visits to patients.

Staff referred patients for mental health assessments when they showed signs of mental ill health. We saw evidence of referrals to mental health teams being completed in care records and observed staff discussing psychological wellbeing with patients during home visits.

The service contributed to Medway Integrated Locality Reviews (ILR) which is a multidisciplinary team of specialists set up as part of the Medway Local Plan. The ILR team met weekly to discuss patients who had been referred with multiple long-term conditions, complex needs, people living with frailty, and needs which were dealt with by different agencies. The purpose of the ILR was to proactively support patients, preventing an unnecessary rapid decline into poor health and to make sure patients received the best care and support through creating a multiagency, holistic care plan. All agencies involved in patients' care were working on the same plan taking the patient's own goals into account. This included a focus on safe discharge from acute care within the integrated discharge team.

The orthopaedic clinical assessment team attended weekly meetings with the pain management team and spinal surgeons across the acute trust. The team invited consultants to their monthly continuing professional development meetings to maintain professional working relationships and improve care for patients.

Health promotion

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

Staff assessed each patient's health when admitted and provided support for any individual needs to live a healthier lifestyle. The service had relevant information promoting healthy lifestyles and support. Leaflets were available for patients specific to their health concerns, such as smoking cessation and healthy eating. All patients we spoke to told us they were encouraged and supported to live healthier lifestyles.

Community health services for adults

Staff across the community nursing teams and specialist services worked with patients to maximise their independence in managing their own treatment. For example, community nursing staff assisted patients in their own homes to self-administer medicines when this was assessed as safe and appropriate.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

Mental Capacity Act and Deprivation of Liberty Safeguards training was covered within the mandatory safeguarding adults training. Previous learning from audits showed that some staff were undertaking mental capacity assessments unnecessarily where there was no evidence of cognitive impairment or disturbance. As a result, the service developed additional training for staff to better understand how and when to assess whether a patient had the capacity to make decisions about their care.

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, considering of their wishes, and recorded this in the patients' records.

Staff could describe and knew how to access policy and get accurate advice on Mental Capacity Act and Deprivation of Liberty Safeguards. We observed discussion around patients' mental capacity during community nursing face-to-face staff handover meetings.

Is the service caring?

Good 

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

Compassionate care

Staff treated patients with compassion and kindness and were passionate about delivering care to patients. Staff were discreet and responsive when caring for patients, respecting their privacy and dignity. We saw evidence of staff showing kindness to patients including making a patient something to eat during a community nursing visit after the patient told them they had not eaten, and staff going out of their way to deliver dressings for a patient who had run out.

Staff took time to interact with patients and those close to them in a respectful and considerate way. We observed clinic appointments and home visits where staff spoke kindly and respectfully to patients and those close to them.

We spoke with 19 patients during the inspection and all patients felt happy with the care they had received.

Staff took account of patients' individual needs. At handover meetings, staff discussed the psychological and emotional needs of patients, their relatives and carers. Carers assessments were completed when required.

Emotional support

Community health services for adults

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 supported patient's relatives, particularly in understanding their complex health conditions. Staff emphasised that this support was important because many patients and relatives reported feeling isolated as a result of the Covid-19 pandemic. Staff told us they took extra time to listen to patients and support their emotional wellbeing despite feeling under pressure due to a lack of staffing, and this was reflected in the patient feedback.

Understanding and involvement of patients and those close to them

Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment. Staff supported them to understand how to self-administer medication where it had been assessed as appropriate.

Staff talked with patients, families and carers in a way they could understand. Staff involved the learning disability team to assist nurses and therapists when treating patients who had learning difficulties and learning disabilities.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Overall patients gave positive feedback about the service. The feedback from people receiving care was that they felt listened to, respected and had their views considered.

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

Managers planned and organised services so they met the changing needs of the local population. The service was in the process of transitioning to a Buurtzorg model of care, which aims to deliver patient centred care to support patients to stay at home for as long as possible, and as independently as possible. In local care, community nursing teams were transitioning to smaller self-managing neighbourhood nursing teams with the aim of providing holistic care to an aging population.

The service worked in partnership with other organisations to deliver the ASPIRE (Adding to Social capital and individual Potential In disadvantaged Regions) project to people living in the local community. The vision for ASPIRE was to co-create an innovative model for holistically combining healthy weight and employability services. The project was being delivered by local hubs in disadvantaged communities to reduce levels of obesity and increase employability.

Community health services for adults

Teams adapted their approach during the Covid-19 pandemic and staff were committed to providing their services to already isolated individuals. Alternative telephone and video conferencing appointments were made available to patients where appropriate, which helped reduce pressure on other parts of the healthcare system, such as inpatient services.

Facilities and premises were appropriate for the services being delivered. There was disabled access for people attending appointments and all clinic rooms were appropriately equipped.

The service had systems to help care for patients in need of additional support or specialist intervention. Staff referred patients to specialist services when further intervention was required.

The service relieved pressure on other departments when they could treat patients in a timelier manner. A response team had recently been set up in partnership with South East Coast Ambulance Service (SEACAmb) specifically to provide immediate assistance for people who had a fall within the community. Patients would then be linked into the urgent response pathway for an assessment of care requirements. This resulted in people being assisted sooner and relieved pressure on emergency services.

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, for example community nursing staff ensured they removed their tabard when visiting a patient with learning difficulties who struggled with uniforms. The learning disability team supported staff and undertook joint visits if a more in-depth assessment was required.

Teams coordinated care with other services and providers. The service worked with the local authority adult social care teams and charity organisations to support patients in their own home. The service had information leaflets available for patients and local community.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed, although this system was not always used. When appropriate, staff used close family members and carers to support with discussions about care plans and clinical interventions.

All services visited were easily accessible to people with mobility needs.

Access and flow

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets, although staff told us that wait times had increased for some speciality services as a result of the challenges faced from the Covid-19 pandemic. At the time of our inspection the orthopaedic clinical assessment service (CAS) had an average waiting time of 12-weeks despite a key performance indicator (KPI) of six weeks. Staff told us that some patients who were not considered a priority could wait up to six months for an assessment. Managers were aware of the risks associated with long waiting times and this featured on the service's risk register and quality improvement plan. The CAS service had a strategy to address the waiting times including implementing an improved screening process to redirect patients to appropriate services and more integrated working with primary care networks for better quality referrals.

The service had also introduced an 'urgent criteria' despite not being an urgent response service, to better prioritise patients where there was evidence of deterioration. The waiting time for this service was reducing as a result.

Staff supported patients when they were referred or transferred between services. Care records showed referrals to specialist teams and collaborative working between teams.

Leaders in the community nursing teams described issues in discharging patients to clinic based services due to the availability of clinic appointments. This meant that community nursing teams were unable to discharge patients who were no longer housebound and this impacted on their workload. Managers were aware of this and were working to improve the capacity for clinic based services through additional locations and appointments available for patients.

Staff planned patients' discharge carefully, particularly for those with complex mental health and social care needs. The integrated discharge team had recently secured a pilot project to address challenges faced in transferring patients to local authority care. This was due to changes under the discharge to assess model which impacted on the complexity of patients leaving hospital requiring short-term care and reablement in the community. The project involved four members of staff from local authority adult social services working from MCH premises. This enabled better attendance at weekly board rounds with enablement supervisors and had improved transfer of care for patients.

Learning from complaints and concerns

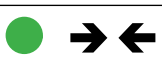
It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

All complaints were dealt with by the customer care team who were responsible for making follow-up calls to patients to gather their feedback.

Patients, relatives and carers knew how to complain or raise concerns and staff understood the policy on complaints and knew how to handle them. All 19 patients and carers we spoke with said that they were comfortable doing this and had positive feedback for the staff supporting them. They felt able to complain and that staff would address their concerns quickly.

Managers investigated complaints and identified themes. Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. Each team had their own local team meetings which included a standing agenda item for incidents and complaints for managers and staff to discuss feedback and any learning. Lessons learned were also included in monthly newsletters and shared via the service's private staff social media group.

Is the service well-led?

Good 

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

Leadership

Leaders had the skills and abilities to run the service. Staff described accessible, visible and approachable leaders who supported them to develop their skills and take on more senior roles. Feedback from staff was overwhelmingly positive about the support and guidance they received from the leadership team.

Managers understood and managed the priorities and issues the service faced. Leaders had got involved during the recent staffing issues and supported the teams to continue to deliver care during the Covid-19 pandemic.

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. Staff were aware of the vision and were able to discuss with the inspection team what this meant for each of their services.

The service's vision was focused on sustainability of services and aligned to local plans within the wider health economy. The strategic plan identified priorities to be delivered including providing high quality, integrated community services in Medway and Swale and in the wider Kent and Medway Integrated Care System; being a leading partner in the provision of health and care services in Kent and Medway; investing in their employees; adding social value to the communities they serve; and investing in efficient, effective infrastructure to support the delivery of high quality community health and care services.

The service had developed overarching values which had been agreed by the Board and formed the basis for ensuring that staff across the organisation worked to the same behaviours. Each service had developed their own pledge to show patients, relatives and carers what to expect from them.

Culture

All staff we interviewed both individually and in the six focus groups felt respected, supported and valued. Staff felt that leaders treated them as equals and that there was an open culture and they felt able to approach members of the senior leadership team if they wanted to provide feedback.

The service promoted equality and diversity in daily work and provided opportunities for career development. Staff told us they felt proud of their roles and were encouraged to undertake further training to enhance skillset and career progression. Staff explained situations where managers had been supportive and considerate of personal circumstances. Some adjustments in working arrangements were made to support staff when this was the case.

The service had an open culture where patients, their families and staff felt able to raise concerns without fear. Staff were focused on the needs of patients receiving care. Despite the pressures of the Covid-19 pandemic, staff told us they felt most proud of the way they had continued to provide a quality service to patients and that morale remained high throughout.

The organisation was taking steps to continuously recruit and offered incentives to work within the organisation.

Governance

Overall leaders operated effective governance processes throughout the service and with partner organisations. The service improved service quality with monthly governance assurance information network (GAIN) meetings which all

staff could attend, bimonthly preventing harm oversight group meetings and monthly quality assurance committee meetings attended by senior staff. The service had action plans to address specific risks which were monitored during focused meetings, for example pressure ulcer meetings and a falls prevention working group. The service held monthly meetings for band seven clinical leads to share learning across teams.

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. All services had regular team

meetings which were minuted. The service had adopted a flexible approach to supervision and appraisal which aligned with their policy, although team leaders did not always clearly document this. Senior managers held informal 'coffee stop' meetings for staff in local care services to share concerns, ideas and good practice. Meetings were held at different times to enable staff to attend.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. The organisation had individual risk registers relevant to each service which outlined specific risks and a quality improvement plan designed to reduce their impact and improve services for patients. All members of the senior leadership team actively updated risk registers and managers told us this created a sense of collective responsibility.

Information Management

The service collected reliable data and analysed it, although staff could not always find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were secure but not yet fully integrated. Data or notifications were consistently submitted to external organisations as required.

Staff across all community adult services had access to systems that made sharing patient information possible, although staff feedback across teams told us they found the electronic records system difficult to navigate leading to inconsistency of recording. This meant that information could be difficult to find.

Staff told us that WIFI access in rural areas hindered their ability to update and upload patient records during community visits.

The service had recently migrated to a new electronic system which enabled managers to automate and track staff sickness and annual leave. Managers told us plans were in place to expand this system to include monitoring compliance of clinical competency, staff rotas, incident reporting and complaints management.

Engagement

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

Teams held regular local team meetings and staff confirmed that there was good engagement. We reviewed team meeting minutes across services, which demonstrated that line managers updated their staff with information such as but not limited to, service updates, waiting lists, incident reports, audits and outcomes, compliments and complaints and lessons learnt. The service sent out monthly newsletters to all staff which featured available training events and 'you said we did' feedback sections.

Staff thinking about leaving the service were offered 'itchy feet' conversations and confidential discussions were offered to staff who had recently left the service, to improve overall staff experience.

The service's engagement strategy focused on improving patient experience and public engagement to allow a deeper understanding of patients' overall experience. The organisation was in the process of developing workstreams to improve engagement.

Learning, continuous improvement and innovation

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.

Staff told us about quality improvement (QI) projects and workstreams they were involved in. For example, the intermediate care team explained about the increase in more complex patients requiring double-handed care in the community. To upskill and improve staff confidence in assessing whether a patient was suitable for single-handed care, the service was awarded a grant from NHS England to provide accredited training for staff in the integrated care enablement team as well as other key care agencies working in partnership. This meant increased capacity for care in the community provided to patients and reduced lengths of stay in hospital.

The community diabetes team comprised of two specialist teams and a specialist dietician. The team provided remote monitoring of housebound type 1 diabetes patients using a new service called FreeStyle Libre 2. This provided active and real time monitoring of glucose levels for patients, and increased capacity for staff to prioritise higher risk patients whilst still providing quality care to all patients. The service had also secured funding to offer a holistic 12-week programme called DWELL (diabetes and wellbeing), which enabled patients with type 2 diabetes to access tailored support, empowering them to self-manage their condition, improve their overall wellbeing and reduce their risk of developing long-term complications.