Inspection Report

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

Castlewood

North Somerset Community Partnership,
Tickenham Road, Clevedon, BS21 6BD

Tel: 01275546801

Date of Inspections: 13 November 2013
12 November 2013
11 November 2013

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Management of medicines	✓ Met this standard
Staffing	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	North Somerset Community Partnership CIC
Registered Manager	Mrs. Thelma Howell
Overview of the service	North Somerset Community Partnership provides primary care services to the people of North Somerset.
Type of services	Community healthcare service Community based services for people with a learning disability Rehabilitation services Urgent care services
Regulated activities	Diagnostic and screening procedures Nursing care Treatment of disease, disorder or injury

Contents

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

Summary of this inspection

Why we carried out this inspection

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

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 11 November 2013, 12 November 2013 and 13 November 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and reviewed information given to us by the provider. We reviewed information sent to us by other authorities, took advice from our specialist advisors and were accompanied by a specialist advisor.

What people told us and what we found

North Somerset Community Partnership (NSCP) provides a wide variety of community health services across the county. We looked at service provision across the county and a sample of specialist services including the pulmonary rehabilitation team; community teams and services provided to children and young people.

All the people we spoke with told us they were treated with dignity and respect and staff were very kind and helpful. They told us they were given appropriate information and involved in making decisions about their care and treatment. One person said "everything has been explained, I have been fully involved in the decisions".

There were comprehensive assessments of people's care needs ensuring the organisation provided a service which met people's needs effectively. Records showed people received a consistent and responsive service.

We spoke with 18 people who used the service, 10 relatives, 33 staff and one professional colleague from another agency. All these people told us NSCP provided an excellent service. One person told us "it's a good service. I can ring up and get help any time.

People were protected from the risk of abuse, because the provider had taken steps to identify the possibility and prevent abuse from happening.

People were mostly cared for by sufficient numbers of suitably qualified staff. The provider was working to increase staffing levels in the health visiting and school nursing teams.

There was an effective complaints system available.

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

More information about the provider

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

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

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

We looked at how staff obtained consent from patients in the specialist services we inspected. We heard verbal consent was obtained prior to any examinations or treatment interventions.

In the intravenous antibiotic service we saw the referral process from the GP for patients who had failed to respond to oral antibiotic therapy. Patients had attended the GP surgery and had given verbal consent to the doctor for treatment. However as the medicines were administered by a third-party the patient's consent was needed prior to their administration. The organisation's policy and procedure for the administration of intravenous therapy clearly stated consent was to be obtained from the patient prior to administration. We saw the care pathways used for patients and noted that obtaining consent was an initial action on the pathway. Records seen showed this had been completed.

We observed a patient who received treatment in a community ward. We noted the practitioner knew the patient well and had a good relationship with them. We heard the patient being asked for their consent before and during their treatment. This was a continual process. We observed the practitioner explained the treatment and discussed it with the patient to ensure they understood. We read the community nursing assessment record and noted that it had a space for patients to sign their consent to treatment. We saw this had been signed.

Another person we visited with one of the district nurses resided in a care home. We observed the member of staff asked the person if they could commence treatment and explained what they were doing. The person told us "she is very good and always tells me what she is doing".

In the oxygen therapy service we observed staff asked for permission to discuss a person's condition with their son. One person's relative told us "it is good they check if it is ok for us to talk about mum and dad. I like that".

We accompanied health visitors on some visits. Staff had checked prior to our visits that parents were happy for us to accompany the visit. On arrival the health visitor again requested the parent(s) consent for us to accompany the visit. During the visit we observed staff facilitating parental involvement and ensuring their consent prior to any intervention.

In the school nursing service we observed case/ patient records which demonstrated a young person had been asked for their verbal consent to any treatment. Where written consent had been obtained from a parent we saw verbal consent from the young person had also been sought. We saw the service had sent letters to all parents to ask consent for their child to be involved in the national health monitoring and prevention programmes. For example, the National Child Measurement programme.

All staff spoken with confirmed they asked for permission each time they visited a patient and carried out an activity. Senior staff in the various services told us "we have a lot of confidence in the staff, they are very good'. This demonstrated an effective and well led service.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements

Staff spoken with in all services across the organisation confirmed that if people refused to give their consent, or did not seem to understand, then treatment would be withheld. Staff were also able to tell us about the process they would follow if a patient appeared unable to make an informed choice, or did not understand what was being asked of them. The service had appropriate policy guidance in place and staff knew how to report issues and access assistance as required. This demonstrated a service which was responsive to people's needs and wishes.

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

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

We looked at the care pathways for people who received intravenous antibiotic therapy. We saw the care pathways were appropriate for the type of illness being treated. The care pathways were detailed and reflected current practice and research and were adapted for each person. This ensured that although a pre-planned pathway was in place, people received individual care and treatment.

We inspected the Rapid Response Service. It provided an immediate response for patients in the community for a variety of reasons. We were told it was predominantly for patients who had fallen or had a crisis with their long-term health condition. We saw treatment was given for minor injuries and referral to specialist services made when needed. The team demonstrated they always made a follow up visit the next day.

The rapid response team also had responsibility for the "safe haven" beds. This meant the team, with the agreement of patient, could take them to a place of safety to prevent any further crisis. This demonstrated a responsive, caring and well led service.

The oxygen therapy service staff told us an assessment was completed following referral. If oxygen was prescribed; the 'do's and don'ts' were discussed with the patient. The provider may wish to note no written information was left with them.

In the community ward teams we saw staff were allocated workloads and carried out planned visits. There was also a fast response team to deal with any emergencies in the community. There was a system to care for people in the community who had an acute illness to prevent hospital admission. This demonstrated a caring service which was responsive to people's needs.

Prior to the inspection we had received a number of statutory notifications reporting grade three or above pressure ulcers. We took a tissue viability specialist with us to review this particular aspect of service provision.

We found the staff were highly motivated regarding the prevention of pressure ulcers. They demonstrated a good level of awareness and a proactive approach.

We were shown a spreadsheet which detailed all the acquired and reported grade three and grade four pressure ulcers that had undergone root cause analysis since April 2013. Many were designated unavoidable due to patients not doing what staff had advised and/or patients being at the end of life. We were shown additional data which demonstrated close monitoring of incidence by each community ward team. We saw the Department of Health required data systems were in place and a pressure ulcer action plan dated August 2013. This plan showed the service was on target to complete the identified actions.

We saw good practice in the community ward teams. A pressure ulcer board was kept which meant staff could easily see a range of information about patients with pressure ulcers. All staff spoken with told us the team did a 'weekly round' of patients with pressure ulcers listed on the board and the information was updated. Patients we spoke with told us the service was very good and "the nurses are all kind and helpful". The manager of a care home told us "we have a lot of confidence in the staff, they are very good'.

We were shown two systems currently in use for recording care leading to duplication of information but could also lead to missed data. The provider may find is useful to note across all the services inspected staff told us they had to keep both paper and computerised records.

In the services provided to children and young people we saw well documented care plans. They identified the needs of both child and parent(s)/ carer and outlined how best to meet them. Records seen showed good awareness of wider issues under the government policy - Reaching Out: Think Family review (Social Exclusion Taskforce 2007). This was introduced to bring about a shift in policy, which now places greater emphasis on professionals supporting adults in their parenting role.

Staff we spoke with demonstrated a good understanding of this agenda and current research to support their practice. People we spoke with told us they received 'an excellent service" and the continuity of staff was something they appreciated. One parent told us "it's a good service. They are very supportive and you can ring up and get help when you need it".

The school nursing service had recently been reorganised and we were told further changes were in progress to enhance service provision. The senior manager for the service, and staff spoken with, told us it was a safe service despite the large numbers. People we spoke with told us the school nursing service was very good and available when needed. We were told by school staff and pupils the service was helpful and much appreciated.

We saw the service had run a pilot of 'school entry health reviews' and had achieved 87% uptake. We were shown evidence of how the assessments had resulted in care plans for young people to meet their needs. This demonstrated a responsive and well led service.

People's care and treatment reflected relevant research and guidance. In all the services inspected we found staff were aware of national guidelines including NICE guidelines for the management of specific conditions.

There were arrangements in place to deal with foreseeable emergencies. We saw in all services there were appropriate plans and equipment to deal with foreseeable emergencies. All staff spoken with told us they had received basic life support training and were aware of procedures to follow should an emergency occur.

Safeguarding people who use services from abuse ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

The provider responded appropriately to any allegation of abuse.

All staff spoken with across the various services inspected confirmed they had received safeguarding training in the last 12 months. The method of training had varied and was either e-learning or face to face training. A manager told us staff would have one year of e-learning and the next year a face to face session. Staff spoken with confirmed this pattern of training. We saw the training matrix which showed staff had completed training.

All staff spoken with gave a clear description of how they would report concerns related to safeguarding. Six people told us they had reported safeguarding and explained the actions they had taken. These were in line with the organisational policies and training.

All staff spoken with told us they would inform the local social services. They told us they would then complete the internal on-line form which went to the safeguarding lead for the organisation and line manager.

One member of staff was asked if they would inform us (CQC) of an incident. They said they thought as the information was in relation to a care home the home would make the report. The provider may find it useful to note at no time did staff indicate they would inform CQC of safeguarding issues. We spoke with the safeguarding lead for adults who told us they were unaware of the need, as an NHS service provider, to report incidents to us. We also spoke with the named nurse for safeguarding children who was aware of the need to report serious incidents but was unaware of the need to report every case of suspected abuse or actual abuse identified in practice to CQC.The provider was made aware of their responsibility to report such issues and confirmed this would now happen.

In discussion with all staff it was evident they considered holistic care and were aware of the risks of abuse within families. Staff told us they received feedback from the safeguarding lead following a referral. We saw staff behaved in a respectful manner with patients.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Medicines were handled appropriately.

The staff teams did not take custody of any patients' medicines. The medicines were prescribed by the GP and the prescription fulfilled by a pharmacy.

We were told some members of the intravenous antibiotic service were 'nurse prescribers'. They told us the appropriate prescribing of antibiotics was overseen by the pharmacist attached to service. Any referral to the service was discussed with the pharmacist and the microbiologist based at Weston General Hospital to ensure the most effective antibiotic was prescribed. This meant patients could be assured they were protected against the risk of inappropriate prescribing.

The organisation had made arrangements with pharmacies across North Somerset to stock a specified range of intravenous antibiotics. This meant access for patients to fulfil prescriptions was relatively easy. We observed the nursing staff were provided with water for injection and injectable saline to flush cannulas. We saw the nursing staff also had adrenaline to administer in case of an anaphylactic reaction to an antibiotic. We were shown this was kept in a safe locked case which remained under the control of the nurse. We were told the administration of adrenaline was recorded on the care plan of the patient.

In the heart failure therapy service we were told the aim of therapy was to maximise the effective use of medicines. Staff assessed the medicines and if changes were needed they wrote to the GP and requested the changes. The service told us they did not prescribe or store any medicines. They said they provided advice and discussed the use of medicines with the patient and their family.

In the service provided to children and young people we were told they did not store any medicines. They said the medicines handled by the service were immunisations. We were told these were administered by appropriately trained staff with the medicines being obtained specifically for each clinic. We were shown records of staff training to support the statement. This meant the provider operated a safe and responsive service in respect of medicines management.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

All staff and managers spoken with told us they were supported to maintain their skills and knowledge. They told us training to update their skills and knowledge was available and provided as required.

Two staff working in the heart failure therapy service had been funded and supported by the British Heart Foundation to complete training in treating heart failure. The oxygen therapist also told us they had opportunities to undertake training and attend national events to ensure their knowledge remained up to date.

The provider may find it useful to note the heart failure service staff told us they were not able to carry out follow up visits in accordance with the organisation's guidelines. They told us this was due to insufficient nursing staff. They said they would visit in between planned visits if required by the patient. We saw in care records visits to people were based on the assessment of risk and need. This meant some people were visited more frequently if required.

We observed all staff spent time with people to ensure their needs were met. We saw they discussed other professional help where this was already happening. They also offered advice about other professional help which could be useful to them.

The staff at the community wards stated there were times when it was a challenge to meet the needs of all those on the visit plans. It was also challenging to ensure, with the time pressures, to ensure the visits were completed to a high standard and met people's needs. They told us there were times when they were short staffed and this impacted on their work. The staff were passionate about meeting people's needs to a high standard.

Senior managers in the organisation told us they had been aware of the above comments and had instigated plans to address the issues. We were told about and observed, the lunchtime communication meetings to ensure staff were appropriately distributed to provide sufficient staff to meet patient's needs.

We visited one person who received regular visits and they told us "staff are available when needed" and said "when I needed a dressing during the weekend, they came".

In the health visiting service we saw they had been working with the Department of Health's national implementation plan 'A call to action' 'to expand and strengthen the health visiting service. We saw and were told the numbers of health visitors had increased since our inspection of the service in 2011. We were told that despite the increase in numbers the service remained pressured and in need of more staff. The manager said recruitment was continuing.

We met some staff who had recently been trained who told us the course had been hard work but felt they had been equipped to do the job. One senior health visitor told us of their concern about the number of new health visitors working in an area of depravation and complex needs. The manager of the service told us they were aware of this and had a mentoring system in place.

The school nursing service told us they had sufficient numbers to provide a safe service. However to ensure all the national preventative work in schools was completed more staff were needed. The manager told us they had reorganised the service for greater efficiency. They said they were working to recruit more staff and find ways to deliver the full service.

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

We asked for and received a summary of complaints people had made and the provider's response. People's complaints were fully investigated by the organisation and resolved, where possible, to their satisfaction.

People were made aware of the complaints system. This was provided in a format that met their needs.

We saw the organisation had a comprehensive procedure to follow if patients complained about the service. We read a complaint that had been received by the community rapid response service. We noted the complainant received a clear response within the designated timescale and an outcome which satisfied them. We also saw the organisation had identified learning from the incident. This had led to staff attendance at additional training and competency assessment.

We observed good practice where staff dealt with questions and concerns directly at the time of the visit. Other staff spoken with confirmed this was the practice throughout the organisation.

People were given support by the provider to make a comment or complaint where they needed assistance.

We saw people had feedback surveys left with them by community nurses. We were told about the "electronic palm devices" used by nurses to obtain immediate feedback from patients. These devices sent the feedback to a central point where the information was analysed and action instigated if necessary. We also saw a leaflet which was given to people, informing them of how to make a complaint, raise concerns, make compliments and ask questions.

We noted since April 2013 there had been one complaint and seven compliments received about one of the services. One person had written "thank you. You have changed my life". Two other people we spoke with told us "they listen to everything. I feel they really know what I need".

People had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint.

Patients we spoke with about the complaint procedure told us they knew how to complain if needed. All patients expressed their satisfaction with the service they received. They told us that if anything were not quite right they would raise it directly with the service manager. Patients told us they were very satisfied with the service and its responsiveness to their needs.

About CQC inspections

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

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

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

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

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

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

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

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

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

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

How we define our judgements

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

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

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

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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

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

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

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

Glossary of terms we use in this report

Essential standard

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

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

Regulated activity

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

Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

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