

St. John Ambulance

# St John Ambulance - Homeless Service

## Inspection report

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

### Ratings

Overall rating for this location	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

# Summary of findings

## Overall summary

This was the service's first inspection. We rated it as good because:

- Staff provided good care and treatment. Staff worked well together for the benefit of service users, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff controlled infection risks well. Staff assessed risks and acted on them by signposting service users appropriately to GPs and other services as needed.
- Staff treated service users with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to service users.
- The service planned care to meet the needs of local people, took account of service users' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of service users receiving treatment. Staff were clear about their roles and accountability. The service engaged well with the service users and the community to plan and manage services and all staff were committed to improving services continually.

However:

- The provider was in the process of recruiting to a new nurse and a podiatrist post. The manager told us they had contacted some recruitment agencies and posted the vacancies on various websites.
- The provider needs to improve on the staff mandatory training compliance because only 69% of the staff had completed their mandatory training. This meant that the provider could not always be assured staff were suitably skilled and competent to carry out their role.
- The provider was not routinely completing audits of their supplies in both Brighton and Hastings and therefore several first aid dressings were out of date or about to go out of date.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
Community health services for adults	Good 	

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# Summary of findings

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# Summary of this inspection

## Background to St John Ambulance - Homeless Service

St John Ambulance Homeless Service (SJAHS) is a community health service that provides care and treatment for those who are homeless or vulnerably housed in Brighton and Hastings.

They have been providing healthcare to the homeless population in Sussex for over 20 years.

The service operates from a mobile treatment unit in both Brighton and Hastings and a community building in Hastings called the Seaview Centre.

SJAHS provides health and outreach services which are delivered by highly trained staff and volunteers to people whose needs are not easily met by regular GP services.

Services provided include specialist wound care, treatment for skin disorders, minor ailment assessment, advocacy of health services and GP registration, first aid, harm reduction, flu jabs every winter, smoking cessation, Blood Borne Viruses (BBV) support and signposting, mental health first aid and signposting, pregnancy testing and signposting to sexual health clinics. SJAHS works closely with the rough sleeping initiative team (teams set up by the government in various councils who have been given funds by the government to provide local support for those living on the streets). They provide homeless people with sleeping bags and get people into temporary accommodation.

In 2021 SJAHS gave 1200 presentations to service users across Sussex, with less than half of these registered with a GP.

The provider's website describes the service as a 'roving health outreach service'. At the time of the inspection there were 45 volunteers and four employed staff.

The service registered with the Care Quality Commission in December 2019 and this was the first inspection.

The service is registered to provide the treatment of disease, disorder or injury, and diagnostic and screening procedures regulated activities. There was a registered manager in post at the time of the inspection.

The provider had a training team which provided first aid training to professionals and the homeless community, but this service did not fall within scope of regulation by CQC.

## How we carried out this inspection

Before this inspection visit, we reviewed information we held about the service including information discussed at provider engagement meetings. Due to the service providing mobile treatment services within the community at different location and different times, we announced the inspection 48 hours in advance so that the service could arrange interviews.

A team consisting of two CQC inspectors and a specialist advisor visited the service.

During the inspection, the team:

# Summary of this inspection

- Toured two mobile treatment facilities in both Brighton and Hastings
- Visited one treatment centre in Hastings
- Spoke with the registered nurse
- Spoke with four service users
- Spoke with four volunteers
- Looked at seven care records
- Spoke with community operations manager
- Spoke with an audit manager
- Spoke with the national compliance manager
- Spoke with the senior coordinator
- Spoke with the national director for quality and safety
- Spoke with the national regulatory assurance manager
- Spoke with the assurance officer for Sussex
- Spoke with the safeguarding officer
- Spoke with the head of safeguarding
- Spoke with the national incident lead
- Spoke with the administrator from Hastings

## What people who use the service say

People told us they used the services of SJAHS because it was difficult for them to get a GP appointment.

People said SJAHS gave them confidence, guidance and help to register with a GP because they did not have the confidence to do so.

People said when they were unwell, they preferred to meet with staff at the service first before being signposted to other services.

People said staff were non-judgemental, were very approachable and were good listeners.

People said they visited the treatment centre several times a week for meals chat and support.

People said staff signposted them to housing associations and helped them get accommodation.

## Outstanding practice

SJAHS has a dedicated team of trainers who train homeless people and professionals in first aid and the use of Prenoxad, which is a medicine that reverses the effects of opioid overdose and can save lives.

Staff ensured people who needed to use the service could bring their dog with them. This encouraged people within the homeless community who did not have a place to keep their dogs whilst visiting the service to confidently approach the service for treatment.

The service provided food, drink, shoes, clothing, sleeping bags and feminine hygiene products to homeless people who needed them.

# Summary of this inspection

A dentist came to the treatment centre at Hastings periodically to treat service users who had dental problems.

## Areas for improvement

- The provider should continue to ensure that all staff have received their required mandatory training including relevant safeguarding training in a timely manner.
- The provider should ensure that the registered nurse completes the advanced registered nurse practitioner training so that they can provide an enhanced service.
- The provider should continue with its efforts to recruit to the registered nursing role in Brighton and podiatry roles in both Brighton and Hastings.
- The provider should ensure all portable electronic equipment has a portable appliance (PAT) test and checked to ensure that it is safe to be used.
- The provider should ensure stocks of first aid kits, dressings and other supplies are checked regularly and are in date.

# Our findings






## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good



# Community health services for adults

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

## Are Community health services for adults safe?

Good 

This was the first time we rated this service. We rated safe as good.

### Mandatory Training

**Not all staff, including volunteers, had completed their required mandatory training. The overall compliance rate for mandatory training was 69%.**

The service did not ensure staff completed all their mandatory training on time. The training comprised of online learning and face to face training. For example, 58% of eligible staff had completed their level two safeguarding training, 46% of staff had completed training in infection, prevention and control, 63% of staff had completed training in moving and handling and 54% of staff had completed training in managing aggressive and difficult situations.

The registered nurse at the Hastings service had completed their three years validation with the Nursing and Midwifery Council to keep themselves up to date with their competencies and current regulations. The manager showed us a dashboard which they used to monitor the competencies and training compliance for staff and the volunteers. The manger had a training dashboard, but this was not always kept up to date.

The service used an online system to assign policies, guidelines and standard operating procedures for staff to read. During the inspection, managers told us the provider had published a new standard operating procedure that was in line with the provider's policy

### Safeguarding

**Staff understood how to protect service users from abuse and worked well with other agencies to do so.**

All staff and volunteers who were eligible to complete level one safeguarding training had completed this training. However, only 58% of staff who were eligible for level 2 safeguarding training had completed this training.

Staff were able to give examples of how to protect service users from harassment and discrimination, including those with protected characteristics under the Equality Act 2010, including people who were transgender.

# Community health services for adults

Staff knew how to identify adults at risk of or suffering significant harm and worked with other agencies to protect them. Staff knew how to recognise abuse, make a safeguarding referral and who to inform if they had concerns. The provider had a national safeguarding team. Staff sent them a form which contained the information of concern and the team would then make the appropriate referrals.

## Cleanliness, infection control and hygiene

**The service managed infection risk well. Staff used equipment and control measures to protect service users, themselves and others from infection. Staff kept equipment and their work area visibly clean.**

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

During the inspection, we saw that staff used PPE and hand cleansing gel appropriately. Staff also washed their hands and cleaned equipment in the treatment centre after contact in between service users. The service carried out regular infection control audits. The service audited the cleanliness of both the community treatment centre and the mobile treatment units.

Although only 46% of staff and volunteers had completed infection prevention and control (IPC) training those we spoke to were aware of the importance for good hand hygiene and use of personal protective clothing.

## Environment and equipment

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

Staff ensured that facilities were clean and safe to use. Both vehicles had valid insurance, road tax, MOT and annual safety checks. The manager told us that all vehicles were serviced and had an annual safety check.

We visited the two main offices in Brighton and Hastings. Premises where service users were seen were fit for purpose and well maintained.

The care regulated by CQC was delivered in vehicles which were used as a mobile treatment centre, with one stationed in Brighton and another in Hastings. The mobile treatment centres are designed and built specifically for the homeless service and are specific to the treatment they are delivering. The regulated activity was also carried out in a treatment centre (Sea View treatment centre) which was located within a community centre in Hastings.

Service users who accessed the community centre could easily access the treatment centre if they wanted to and did not need a formal appointment to attend the clinic. They only had to write their name on a board placed in front of the clinic and they were seen by the registered nurse.

Staff we spoke with said they completed environmental risk assessments prior to visiting the treatment centres to ensure that facilities were suitable for the type of care they provided. For example, during the inspection visit, we observed that staff took precautions and actions to protect themselves and the service users.

The provider did not have a system in place to check specialist equipment. For example, the defibrillator pads which were about to expire were only detected and replaced by chance during the inspection.

# Community health services for adults

We saw that all sterile supplies including single use dressings, were stored correctly and packaging was intact. However, some of the bandages, sterile supplies and dressings in the mobile treatment units and the treatment centre were out of date.

Staff disposed of clinical waste safely.

## Assessing and responding to service users' risk

### Staff completed risk assessments for each service user.

Staff completed risk assessments for each service user who visited the treatment centre but did not use a nationally recognised tool to identify deteriorating service users. However, staff escalated any concerns they had regarding service users and signposted them appropriately to other services such as GP, hospital, mental health services and other services.

Staff completed a Doppler test on service users with leg ulcers before their legs were put into compression. A Doppler test uses ultrasound to look at the blood flow in the large arteries and veins in the arms or legs.

Staff liaised with GP services where possible before or after having consultation with service users. If contact with the GP could not be achieved, the registered nurse used their assessment of the service user before they considered prescribing to them. The registered nurse assessed contraindications and assessed service user allergies from the information provided by the service user during the consultation.

Staff shared key information to keep service users safe when handing over their care to others such as GP.

## Safe staffing

### The service had enough staff and volunteers with the right qualifications, skills, training and experience to keep service users safe from avoidable harm and to provide the right treatment.

We reviewed the nursing and volunteer vacancies. There was one new registered nurse vacancy in Brighton and one part-time podiatrist vacancy in Brighton. The provider had taken steps to recruit registered nurses and volunteers. For example, the manager told us they had contacted some recruitment agencies and posted the vacancies on various websites.

There was one employed registered nurse at the Hastings service but there were no formal cover arrangements if they were sick or went on annual leave. This meant that some of the services such as specialist wound care could not be provided when the registered nurse was not available. There was a volunteer who was a trained registered nurse who could cover for the registered nurse, but they only worked part-time, and they were not always available to provide cover. The Brighton service did not have an employed registered nurse and therefore could not run specialist wound care services.

The service's minimum staffing per shift was three people working in the mobile unit, plus a driver. The service did not have many drivers, so it was difficult to find cover when a driver cancelled their shift.

The manager told us sometimes when there was not enough staff to cover annual leave, absences and sickness, they sometimes arranged ad-hoc cover with the local GP. However, this was an informal and last-minute arrangement. Volunteers we spoke with told us that all volunteers were part of a WhatsApp group through which staff contacted each other when clinics needed to be covered.

# Community health services for adults

The service manager could adjust staffing and volunteer levels according to the needs of the service users.

The manager told us they were able to adjust staffing during the COVID-19 pandemic. For example, they requested more volunteers to support the nursing staff during COVID-19 period.

Staffing risks were discussed during quality review and managers meetings. Managers had updated the service risk register and indicated registered nurses and volunteers' vacancies as their main risk.

## Records

### **Staff kept detailed records of service users' care and treatment.**

Staff kept records of service users' care and treatment. However, we found that staff did not fill in one-page profiles for service users completely and the care records we found were inconsistent. This could make it difficult for the continuity of care. Care records were stored in a paper file at the treatment centre and scanned by the administrator into electronic format. The electronic records were stored securely, and the paper records were locked in a cupboard in the clinic. The manager told us that the provider was in the process of moving all paper files onto an electronic system.

## Medicines

### **The service followed systems and processes to safely prescribe and record medicines.**

The registered nurse received the necessary training to safely dispense medicines. They dispensed medicines, dressings and ointments for service users in line with Patient Group Directions (provide a legal framework that allows some registered health professionals to supply and/or administer specified medicines to a pre-defined group of patients, without them having to see a prescriber) and this was monitored and recorded. The registered nurse did not prescribe controlled drugs and typically prescribed antibiotics as required. The service also provided over-the-counter medicines such as painkillers, and antihistamines. Medicines bags were prepared for staff to take to events or when carrying out emergency medical care. Staff picked up red medicine grab bags before each shift.

The service did not store any medicines at the treatment centre.

## Incidents

### **The service managed 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.**

Staff and volunteers knew what incidents to report and how to report them. Staff reported incidents electronically via an online incident reporting system. Staff we spoke with gave examples of incidents they needed to report and reported incidents and near misses in line with the provider's policy. Incidents we reviewed related to maintenance issues and the mobile treatment centres. For example, a mobile treatment unit had not been cleaned before it was returned to base, and the key to the vehicle was not secured. During the inspection, we observed that staff had raised one incident for a clinical waste bin which could not be locked.

Staff told us there had been no serious incidents or near misses to be reported.

Staff told us incidents were triaged by a central team within the provider organisation.

Staff understood the duty of candour. There had been no cause for the service to use the duty of candour policy, but the staff we spoke with told us and their families would be informed if there had been an incident involving the service user.

# Community health services for adults

The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify or inform other relevant persons of certain 'notifiable safety incidents' and provide reasonable support to that person. Staff were aware of this duty and the need to be open and honest with where incidents occurred.

Managers kept a spreadsheet of incidents, discussed incidents during team meetings and informed the relevant people about incidents through emails. For example, staff we spoke with told us they met to discuss the feedback and looked at improvements to service users' care. They also had a debrief session with the manager after an incident.

## Are Community health services for adults effective?

Good 

This was the first time we inspected this service. We rated effective as good.

### Evidence-based care and treatment

**The service provided care and treatment based on national guidance and evidence-based practice.**

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. All staff could access the online staff portal on the provider's intranet where they could read policies. The manager told us that any alert to changes to policies or urgent information sharing was done through a staff bulletin or staff electronic communication application. The registered nurse assessed medicines contraindications and allergies from the information provided by the client during the consultation. If there were any potential risks/ concerns, the registered nurse signposted them to the GP or only prescribed when a conversation had taken place with the GP.

### Pain relief

**Staff assessed and monitored to see if they were in pain and gave pain relief in a timely way.**

Staff assessed service users' pain and gave pain relief in line with individual needs and best practice and service users received pain relief soon after requesting it.

Staff prescribed, administered and recorded pain relief accurately.

### Service user outcomes

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

The provider monitored service user outcomes using their data monitoring form. Managers also monitored outcomes through conversations and routine meetings with partner agencies such as the drug services, homeless services and GP practices. The service conducted bi-annual service user surveys and collated routine service user feedback and used the outcomes to improve services provided. For example, staff monitored the effectiveness of their podiatry and wound care and used the findings to make improvements and achieved good outcomes for service users.

### Competent staff

# Community health services for adults

Staff were competent, felt well supported in their roles and received managerial supervision. However, the provider did not monitor supervision compliance. Staff reported that they received regular clinical supervision, but this was not recorded.

Staff meetings were not consistently held each month as planned. The lack of staff supervision and team meetings posed a risk that staff would not receive the support they needed to fulfil their roles safely and effectively. The provider explained that the gap in supervision and team meeting records was only for a period of four months. This was because the provider did not have a senior coordinator in post during that period.

However, managers gave each new member of staff or volunteer a full induction to the service before they started work. For example, new starters had to shadow three clinics as a standard procedure before they started working.

Managers supported staff to develop through yearly appraisals of their work. This did not include volunteers and there was only one employed member of staff who had an appraisal as the rest had not worked for the service for over a year.

## Multidisciplinary working

**Staff worked together with other organisations to benefit service users. They supported each other to make sure they had no gaps in their care. The service had effective working relationships with other relevant services outside the organisation.**

Staff worked with other organisations to benefit service users. For example, staff told us that a dentist came to the treatment centre at Hastings periodically to treat service users who had dental problems.

SJAHS had excellent partnerships and multi-disciplinary working approach. For example, SJAHS workers in Hastings had an excellent working relationship with staff at the Hastings community centre where SJAHS operates a treatment centre. The SJAHS had good relationship with service providers in the wider system and local organisations to plan care, such as local hospitals, adult social care, hostels and housing agencies, mental health services, drugs and alcohol services and tissue viability clinics.

## Health promotion

**Staff gave practical support and advice to service users to lead healthier lives.**

The service provided relevant information and encouraged service users to live healthy lifestyles. For example, the service provided free pregnancy tests and condoms to service users. Staff could provide smoking cessation advice to service users on how to deal with hypothermia and heat stroke. Staff gave food, bottles of water, sun cream and hot drinks to service users.

## Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

**Staff received training in the application of the Mental Capacity Act (MCA) during their safeguarding training. Staff and volunteers demonstrated that they understood how and when to assess whether a service user had the capacity to make decisions about their care.**

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

Staff made sure service users gave consent to their treatment based on information available. Some service users preferred to give verbal consent which staff recorded in their care records.

# Community health services for adults

Staff clearly recorded consent in service users' records. For example, during the inspection, we observed that service users were given a consent form to sign and date on their first contact with the service.

## Are Community health services for adults caring?

Good 

This was the first time we inspected this service. We rated caring as good.

### Compassionate care

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

Staff were discreet, respectful, and responsive when caring for service users. We spoke with three service users at the Hastings treatment centre. They were very positive and complimentary about the staff and the care they received. SJAHS Hastings Homeless Service carried out a survey each year to review the effectiveness of the Hastings and Brighton Homeless Service in achieving its aims. The service used the survey results to inform a range of stakeholders, including current and potential funders. The service user survey for 2020 showed that 100% of the respondents were pleased with the service they received.

Staff took time to interact with service users and those close to them in a respectful and considerate way. For example, the service users we spoke with said they appreciated the care they received from the specialist registered nurses and volunteers because they had good treatment results for leg ulcers and other ailments.

Service users said staff treated them well and with kindness. For example, one service user told us staff were supporting them to address their individual needs. We found that the mobile treatment unit in Brighton had an area where people could safely leave their dog. Staff had dog food and toys in the van which they gave to the dogs of service users that visited the treatment unit.

Staff followed policy to keep service users' care and treatment confidential. All service users were seen privately at the back of the mobile van or in the treatment centre and records were stored both manually and electronically. We saw that staff had completed GDPR training which meant that staff were aware of the importance of keeping information about service users confidential.

Staff understood and respected the personal, cultural, social and religious needs of service users and how they relate to their care needs. Staff offered regular daytime and evening slots to service users, or they were flexible depending on the needs of the service users or commitments of registered nurses and volunteers. Staff encouraged members of the LGBTQ+ community to visit the service and ensured the appropriate pronouns were used. All vehicles had disabled access. Staff told us they had received additional training to support people with protected characteristics.

### Emotional support

**Staff provided emotional support to service users, to minimise their distress. They understood service users' personal, cultural and religious needs.**

# Community health services for adults

Staff gave service users emotional support and advice when they needed it. For example, people we spoke with told us staff were non-judgemental, were very approachable and were good listeners. Volunteers we spoke with told us they provided emotional support and advice to service users when they were distressed. Service users said staff recognised that leg ulcers could be painful, and they were sympathetic and thoughtful.

Staff undertook training in breaking bad news and demonstrated empathy when having difficult conversations with service users.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their well-being and on those close to them. Service users confirmed that staff referred them to other agencies. One service user told us they had been supported to go to the hospital and had been referred to other relevant services.

## Understanding and involvement of service users and those close to them

**Staff supported and involved service users, to understand their condition and make decisions about their care and treatment.**

Staff made sure service users understood their care and treatment. Staff explained the treatment progress and changes to their treatment to the service users.

Staff communicated with service users in a way they could understand, using communication aids where necessary. Service users could walk into the treatment centre at any time to speak to staff to discuss their treatment. Staff used British sign language (BSL) to communicate with service users where necessary. Staff told us people with communication problems sometimes visited the service with their partners to provide them with support.

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

Staff supported service users to make advanced and informed decisions about their care.

Service users gave positive feedback about the service they received. For example, one staff member told us they received complimentary cards and Christmas cards from service users, and we saw some complimentary cards during the inspection. The provider conducted a service user survey in 2020 and service users were very complimentary of the services that they received.

## Are Community health services for adults responsive?

This was the first time we inspected this service. We rated responsive 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.**

The service provided care and treatment to communities that found it difficult to access healthcare, such as GP services. This included people who were homeless or vulnerably housed and the traveller community. Due to the drop-in nature of the service, the service was available to anyone and there were no exclusion criteria. The service regularly treated



# Community health services for adults

those with leg ulcers and the service provided four leg ulcer clinics per week. The service linked up with the primary care hub in Hastings to provide GP services for homeless people and the traveller community. They also worked with others in the wider system and local organisations to plan care, such as local hospitals, social services and mental health services and tissue viability clinics.

Managers planned and organised services, so they met the changing needs of the local population. For example, during the COVID-19 pandemic, the provider adapted their approach by travelling to service users rather than asking the service users to come to them.

Facilities and premises were appropriate for the services being delivered.

The service had systems to help care for service users in need of additional support or specialist intervention, such as support from specialist charities including cancer care charities.

Managers ensured service users who did not attend appointments were contacted where possible.

The service relieved pressure on other departments. For example, the service users we spoke with told us they preferred to go to SJAHs for minor ailments to be treated rather than attend the local emergency department.

## Meeting people's individual needs

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

Staff made sure service users living with mental health problems and learning disabilities received the necessary care to meet all their needs. The manager attended an LGBTQ+ conference and was rolling out training within the teams. The service had good links with a mental health charity and referred service users with mental health problems to their GP for onward referral to mental health services. The service also had close links with local drug and alcohol services.

## Access and flow

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

People did not need a referral to access the service. People found out about the service by posters in partner agency locations, through local GP's and nurses and through homeless specific services such as the Rough Sleeper Initiative. The service offered appointments to service users and if the service users missed their appointment, staff contacted them to check on their well-being.

Managers worked to keep the number of cancelled clinics to a minimum. In the three months prior to the inspection the service had not cancelled any clinics across Sussex.

## Learning from complaints and concerns No complaints have been reported or recorded.

**It was easy for people to give feedback and raise concerns about care received.**

Service users knew how to complain or raise concerns. The service displayed leaflets which explained the complaints process. The service had a sticker with Quick Response (QR) code pasted on windows. A QR code is a type of two-dimensional (2D) bar code that is used to provide easy access to online information through a digital phone, camera or a tablet.

# Community health services for adults

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

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

The service had not received any complaints.

## Are Community health services for adults well-led?

Good 

This was the first time we rated this service. We rated well-led 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 service users and staff.**

Staff and volunteers, we spoke with told us they could approach senior leaders at any time to raise concerns or receive support. The manager told us they felt supported in their role and had access to buddying and mentoring support if they needed it. They also received leadership training and specialist training in having difficult conversations.

### 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 service had vision and strategy to improve the quality of clinical care that they delivered to the homeless population. These were incorporated into local services through meeting agendas, monthly meetings, weekly updates, intranet news, emails and supervision frameworks. Staff demonstrated these values in their day to day work.

### Culture

**Staff and volunteers, we spoke with felt respected, supported and valued. They were focused on the needs of service users receiving care.**

The service promoted equality and diversity in its daily work and provided opportunities for staff career development. Staff and volunteers told us they felt proud to work for the organisation.

### Governance

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

The service had a governance system to ensure quality and compliance with standards. Leaders reviewed clinical practice alongside national professional guidance. However, the manager did not have a robust dashboard to monitor mandatory training and compliance of all staff.

# Community health services for adults

## Management of risk, issues and performance

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

The service's assurance officers did quarterly visits to check compliance, these were reviewed by the national compliance and assurance manager. These reports were RAG (Red, Amber, Green) rated and provided actions for the services to complete to ensure services are compliant with CQC regulations

The service had a risk register which highlighted the key risks for the service. Managers reviewed their service risk registers regularly and updated progress and associated actions. The risk register included an action plan to recruit a registered nurse and podiatrist for the Brighton service and volunteers to ensure the service continued to have the capacity to have staff and volunteers with specialist skills to safely deliver the treatment offered.

The service had business continuity plans and had been able to continue to operate throughout the pandemic period with flexibility to meet the needs of and staff. For example, by introducing roving clinics where staff visited service users during the Covid-19 pandemic.

## Information Management

**Staff 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.**

The provider had an intranet and document sharing platform. Staff accessed policies and weekly newsletters on this platform.

Staff told us it had been easy to navigate the information sharing platform and that the systems and information they regularly needed to access were easily accessible. Staff and volunteers had access to an electronic tablet and mobile phones to record information.

## Engagement

**Staff actively engaged with service users, staff and partner organisations to plan and manage services. They collaborated with partner organisations to help improve services for service users.**

The service had established links with local commissioning groups and community organisations. For example, commissioners were working closely with the service to consider options to improve similar service provision in Eastbourne. Speakers from external organisations sometimes attended meetings to speak about topics such as dentistry, diabetes, trench foot and hospices.

The service had undertaken a staff satisfaction survey in April 2022 and the results showed that 88% of the staff felt supported in their role. All the staff said they had enough uniform for their role and people overwhelmingly said they wanted more opportunities to volunteer.

## Learning, continuous improvement and innovation

**All staff were committed to continually learning and improving services.**

# Community health services for adults

Leaders encouraged innovation and participation in research. For example, the manager told us the provider was reviewing their wound care and worked with the clinical team to identify changes in clinical care and ways to improve clinical care.

The service made use of their own training academy to provide staff with additional training and skills development. The provider also had a dedicated team of trainers who trained the homeless communities and professionals in first aid and the use of naloxone, which is a medicine that reverses the effects of opioid overdose therefore saving lives.

The service had published a new standard operating procedure and aligned the processes nationally.

The provider was implementing a new more functional rota system to support the volunteers in their role.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.