

Enter and View Report

Community Intervention Services (CIS) – South Staffordshire; based at Norton Canes Health Centre.

19th October 2023



Healthwatch Staffordshire

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Report on Enter and View Visit Undertaken by Healthwatch Staffordshire on 19th October 2023

Service Visited:

South West Alliance Community Intervention Service (CIS) – South Staffordshire.

Based at the Norton Canes Health Centre, Brownhills Road, WS11 9SE.

Telephone Number: 0300. 123 9011 – for the Therapy Team

Context of Visit:

The visit to this service was a routine Quality Assurance visit, to find out from the team what was working and if any improvements or measures needed to be considered.

Review Method:

This visit was undertaken jointly between Midlands Partnership Foundation Trust, who were conducting an internal quality visit and Healthwatch Staffordshire, who were conducting an independent Enter and View. By combining the visits, the aim was to gain a comprehensive view of the service, with minimal disruption to daily operational delivery.

The visit consisted of an overview meeting with the Operational Lead and the review team. The review team then split up and was talking to various members of staff.

Both Healthwatch and the MPFT Quality Standards Team are producing their reports individually and this report is an independent view from Healthwatch. Thanks go to all Southwest Alliance Community Intervention Service (SWA-CIS) staff, who made us welcome and participated in the process.

The Review Team:

The visiting team consisted of:

- **Daniela Ballantine Engagement Officer Healthwatch Staffordshire.**

- **Quality Standards Assurance visit (QSAV) Programme Lead, Quality Assurance and Effectiveness Team MPFT**
- **NHS MPFT; Clinical Operational Lead, Stafford team**
- **NHS Trust Governor**
- **Operational Lead, SWA – Community Intervention Service (CIS), South Staffordshire.**

Service Outline:

The Community Intervention Service (CIS) operates in South Staffordshire and combines a number of different health professionals. CIS no longer has social care as part of the service, although they do work closely with colleagues in the unplanned care teams who support Discharge to assess pathways.

The service supports different pathways, the urgent care response pathway to support hospital avoidance, Discharge to Assess Pathway, this supports early discharge, and the simple and timely hospital discharge. They provide short term intervention.

The teams' structure vary, depending on location; however, they are overseen by a General Manager, and they have an operational lead. Where there is a hospital, the service is split into distinct teams – hospital and community.

The hospital discharge team focus on supporting safe, swift and effective discharge from hospital, whilst the community team focus on supporting people in their own homes, or other suitable rehabilitation setting, to avoid admission to hospital and / or long-term care. According to local staffing, this includes intermediate care, enablement and recommendations for domiciliary care support, and follow on support, if necessary.

The team consists of: occupational therapists (OT), occupational therapy technicians or assistants, physiotherapists/ physio-technicians, Healthcare assistants, community or district nurses, reablement workers, integrated support workers, community psychiatric nurses, mental health workers and assistant practitioners.

Seisdon Area Single Point of Access

Seisdon Area Single point of access is merged with Cannock, so it is now Cannock and Seisdon LAP and they are based at Norton Canes; access is supported via NHS MPFT.

Contact details

Midlands Partnership University NHS Foundation Trust

Trust Headquarters, St. George's Hospital, Corporation Street, Stafford, ST16 3SR.

Email: enquiries@mpft.nhs.uk

Telephone: 0300. 790 7000 (staffed 24 hours a day, every day).

Community Intervention Services – based at Norton Canes Health Centre:

Outside Building, Parking and Reception area, Display Boards etc.

Upon arrival to the venue, I remarked that the health centre where the Community Intervention Services are based, is a large building, which is a Health Centre and medical practice. There are ample parking spaces in front of the building, including bays for disabled people who are badge holders.

When entering the building, there is a reception desk, where a receptionist welcomes the visitors into the centre. Visitors sign in the Visitors' Signing record book, where sheets are arranged by date order. Staff were wearing their name badges, and some staff, depending on their role within the organisation, were also wearing uniforms.

There are plenty of comfortable seats, and there are information leaflets displayed on the tables, as well as on the notice boards.

The notice boards capture all the important information, such as the latest CQC rating of the services as 'Good', which was on 19 May 2023, alongside information about NHS Experience PALS – Patient Advice and Liaison Service, the NHS Mission, Values and Behaviours, and Trust Board Members' list. There is a wealth of information for all.

However, only NHS Trust wide MPFT information into the main reception; nothing specifically on the CIS team noticed there.

Also in the waiting area, on the walls, there are some beautiful, coloured pictures, which were made by families and school children as a 'Thank You' to the NHS, and this started during the Covid'19 pandemic, but has continued in recent years, and the illustrations and messages are heartwarming. Lots of compliments there.

Meeting between the QSAV Lead, the review team, with the Operational Lead at CIS and the therapy team.

The Quality Assurance Lead thanked the Operational Lead at CIS for welcoming us, and introducing us to his team, which is the therapy team.

The QSAV Lead explained the purpose of today's joint 'Enter and View' visit by NHS MPFT Trust with Healthwatch Staffordshire. We were there to learn about the services they provide within the community of South Staffordshire, and to find out if there were any aspects in need of improvement; also, with a focus on sharing good practice.

The Operational Lead highlighted that there have been a lot of things implemented in the last 18 months, to bridge previous gaps due to service not having a lead for four months, prior to himself taking the role. Now things have progressed in the right direction, staff are feeling valued and happy with their roles; management team is looking at service redesign and considering further improvements and innovation.

The Operational Lead is a big advocate for visits and feedback from the NHS MPFT Quality Assurance review team and from the CQC. He is pleased with the improvements of the last eighteen months and what the team has achieved.

Service User Experiences:

Home Visit by OT with HW Daniela – to observe services being delivered directly to patients. The NHS Trust Governor went on another home visit to a local resident and patient. She reported that this was a good visit, which was shared with the review team.

The Healthwatch Engagement Officer carried out a joint home visit, for a full initial assessment carried out by an Occupational Therapist (OT), to observe first-hand, services being delivered to patients, and talking to patients, to get their views and opinions about the care and intervention they received.

'I am happy with the service I received. The visit from the occupational therapist has helped me a lot, improving the quality of my life, with adaptations that were needed in my home, to aid my mobility.'

The above patient needed an initial assessment by the Occupational Therapist (OT), following discharge from Newcross Hospital, where he spent 5 days. The patient still in pain and with very limited mobility, using a walking frame within his home, comprising of downstairs and upstairs.

The assessment by the Occupational Therapist was very thorough. She has taken into account a multitude of aspects: symptoms, area and level of pain, associated medical problems.

The OT spoke about Med Equip and adaptations with mobile stairlift being installed, for which measurements have been taken. Other adaptations were considered, to help the patient, and to ensure the patient's ongoing support and safety.

We have also spoken to the patient about his emotional wellbeing and support groups available.

The patient was satisfied with the information received and with the outcome of the visit, feeling safer in his home-environment. He resides there with his wife, who is also offering him support and care.

Meeting after the visit was completed:

Following our visit to the CIS service, the review team met again to discuss findings. Daniela spoke to the QSAV Lead, who reiterated that the findings were mainly positive, which Daniela agreed to. There was evidence from the discussions we had with staff members, patients, and service users, as well as managers looking into the electronic recording systems, and paper files, as applicable.

Summary

Staff and managers were able to demonstrate considerable progress in the service, with a holistic approach that is Needs led. The manager has a good insight into what is needed, to support both staff and service users.

Strengths:

- Staff all have a visible presence, as they are encouraged to work from the office base and see patients face-to-face, by carrying out regular home visits, for assessments and reviews, and delivering intervention and other sessions, as necessary: occupational therapy, physiotherapy, emotional support etc.
- The staff know, understand, and adhere to, the internal policies and procedures.
- Compliments from service users of positive experiences.
- Acknowledging and continuously trying to improve staff recruitment and retention.

Needs:

- A couple of electronic templates will be provided by the QSAV Lead to the Operational Lead, for future use.
- More staffing resources are needed to manage additional demands.

Next Steps

The report will now be published on our website and copies will be forwarded to MPFT.
