Air Liquide Healthcare Limited

Air Liquide Healthcare Ltd

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

We rated it as good because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. 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. 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.
- 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.
- 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 kept detailed records of patients' care and treatment. Records were clear, up to date, stored securely and easily available to all staff providing care. The service used systems and processes to safely prescribe oxygen.
- Staff treated patients with compassion and kindness and respected their dignity. The Staff provided emotional support to patients, families, and carers to minimise their distress. They understood patients' personal, cultural, and religious needs. Staff supported and involved patients to understand their condition and make decisions about their care and treatment.
- 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.
- 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.

However:

- The service did not always gain patients consent to speak to relatives.
- The service was not always inclusive and did not take into account the individual needs of patients with a learning disability.
- Carers said they were not provided with information about support available for carers.
- The service did not have a Freedom to Speak Up Guardian.

Summary of findings

Our judgements about each of the main services

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

Summary of findings

Contents

Summary of this inspection

Background to Air Liquide Healthcare Ltd

Air Liquide Healthcare Limited is an independent community health service providing a home oxygen assessment and review service for adults across five clinical commissioning groups in the North East of England. The service consisted of a head office in Droitwich, a local office in South Shields and three clinics that were held at least once a week across the region in Durham, Sunderland, and Middlesbrough. The service also visited patients in their homes. Referrals to the service were made from other healthcare professionals in those areas for patients with respiratory concerns and any other conditions that may require oxygen. The service assesses for home oxygen use, and if appropriate, will order the oxygen, provide support, and complete follow-up assessments.

The service has a registered manager and has been registered with the Care Quality Commission since 2 May 2013 to carry out the following regulated activities:

- Treatment of disease, disorder, or injury
- Diagnostic and screening procedures

This was the services first inspection by the Care Quality Commission since registration.

How we carried out this inspection

The team that inspected the service comprised of one CQC inspector, one nurse specialist advisor and one expert by experience.

During the inspection, the inspection team:

- visited the services headquarters and all three clinics
- spoke to 13 patients who were using the service
- spoke to three carers / relatives
- spoke with the registered manager, Head of Human Resources, and the IMS & Regulatory Affairs Manager
- spoke with nine staff members including seven nurses
- received feedback from the clinical commissioning group lead
- looked at 15 patient records
- observed seven patient appointments
- attended a meeting specific to the running of the service

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

Areas for improvement

Action a provider 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 service SHOULD take to improve:

Summary of this inspection

- The service should ensure that a consent to share policy is created and implemented.
- The service should ensure that carers are provided with information about being a carer and the services available to them.
- The service should consider creating easy read documentation for patients who require it.
- The service should consider appointing a Freedom to Speak Up Guardian.

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

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

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. Nurses had completed 100% of their mandatory training which included health, safety and welfare and moving and handling. 91.6% of nurses had completed conflict resolution and 83% had completed the Mental Capacity Act programme. Nurses completed competency assessments on each of their required skills such as administrating oxygen safely and effectively, and capillary blood gas sampling which was reviewed by their line manager annually.

The mandatory training was comprehensive and met the needs of patients and staff. The team also had guest speakers at their quarterly team meetings for continuing professional development.

Managers monitored mandatory training and alerted staff when they needed to update their training. Staff received e-mails when training was due to expire with reminders sent until it had been completed.

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.

Nursing staff received training specific for their role on how to recognise and report abuse. All the nurses had received safeguarding level two training for both adults and children which was completed annually. Training requirements for safeguarding was detailed within the providers safeguarding policy. The registered manager at the service was also the safeguarding lead.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. All nurses had completed equality and diversity training. Staff provided examples of how they had submitted safeguarding referrals since being employed at the service and what had prompted the alert. These referrals included hoarding concerns and alleged relational abuse.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. There had been one safeguarding referral made by the service in the previous 12 months. The referral included working closely with the social services and the fire service to ensure the best outcome for the patient.

Following the inspection, the service also sent us a template staff use to review their safeguarding awareness and a safeguarding competency assessment tool template.

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.

Clinic areas were clean and had suitable furnishings which were clean and well-maintained. Ambulatory oxygen (a therapy designed to help those whose oxygen level in their blood drops when they are active) assessments were generally completed in clinic where the patient was required to complete a 6-minute walk test which determines a person's exercise tolerance. All three clinics we visited had appropriate space to complete the walk test and were clean and well maintained. All other assessments were generally completed in the patient's home.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. All clinics were clean and in good repair. The service also had various daily cleaning checklists in place that had been completed.

Staff followed infection control principles including the use of personal protective equipment (PPE). Patients and carers told us that nurses followed infection control guidelines including wearing PPE at home visits and regularly washing their hands. We also observed good infection control whilst on site and at patients' homes. The customer services team confirmed with patients and their carers that there had been no signs or symptoms of COVID-19 in the home before a nurse was scheduled to complete a home visit. All nurses had completed infection prevention and control training.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. We observed this practice whilst at clinic after each patient appointment.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well. When providing care in patients' homes staff took precautions and actions to protect themselves and patients.

The service had enough suitable equipment to help them to safely care for patients and staff carried out daily safety checks of specialist equipment. The services external provider of oxygen completed six monthly reviews of the oxygen equipment on site. Nurses checked any equipment that would be used that day and checklists were kept up to date. During our interviews with staff, they showed us the equipment used and the checks completed regularly.

The service had suitable facilities to meet the needs of patients' families. All three clinics we visited were in good repair and clean with disabled access.

Staff disposed of clinical waste safely. There were clinical waste bins in clinics and staff described to us how they disposed of waste whilst in clinic and in a patient's home.

Good

Community health services for adults

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. Nurses referred to the clutter image rating scale to identify the level of seriousness of hoarding and clutter and if support from social services and the fire rescue service would be required. Staff used the Modified Borg Dyspnea scale, a numerical score used to measure shortness of breath as reported by the patient during exercise, to determine oxygen needs. A smoking risk assessment tool was used to determine the risk of a patient using oxygen.

Staff completed risk assessments for each patient. Patients received a pre-oxygen risk assessment prior to oxygen being prescribed and a post-oxygen risk assessment following installation of the oxygen. The post-oxygen risk assessment was reviewed annually. The service completed initial assessments, 3 week follow up reviews, 4 week follow up reviews, 3-month assessment, 6-month assessments, annual assessments, and ambulatory assessments. Patient risk assessments were also reviewed and updated following any incidents or changes to patient circumstances.

Staff knew about and dealt with any specific risk issues. Nurses completed the home oxygen risk mitigation form with patients to ensure they were aware of specific risk factors of using oxygen at home. Specific risks for patients included smoking, hoarding and pressure sores.

Staff shared key information to keep patients safe when handing over their care to others. The service used a handover sheet to share key information with other health professionals. Staff had access to patient information using their online customer system. Staff updated the patient record by the end of each day if it had not been possible to update whilst attending the appointment. All other staff have access to the system and can see any updates as they are logged. Any e-mail communication sent to nurses included all lead nurses and the regions nursing team to ensure important information was not missed. Patients who were identified as being sensitive to oxygen were provided with an oxygen alert card to alert other health care professionals to the patient's sensitivity and to indicate the exact amount of oxygen that was required. Where additional needs were identified outside of what the service provided, referrals were made to the appropriate health care professionals.

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.

The number of nurses matched the planned numbers. The service had eight specialist oxygen nurses and two lead specialist oxygen nurses supported by a quality assurance manager and a clinical services team manager. Nurses completed six home appointments per day over a four-day work week or five home appointments per day over a five-day work week. The nurses rotated clinic days with home appointments.

The service had low vacancy rates. There was one vacancy for a specialist oxygen nurse.

The service had low turnover rates. There has been one leaver in the previous 12 months.

The service had low sickness rates. There had been less than 1% of sickness in the previous 12 months.

The service had not used bank or agency nurses.

Good

Community health services for adults

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, stored securely, and all staff could access them easily. Nurses had laptops they could take with them to clinic and to patient homes. All notes were stored on a secure electronic system. If paper notes had been taken, these would be transcribed on to the electronic record by the end of the day and all paper documents were shredded. Care record audits were completed every six months with the latest one completed in April 2022. Results from assessments were sent via letters to each patients GP.

Medicines

The service used systems and processes to safely prescribe oxygen.

Staff followed systems and processes to prescribe oxygen safely. Nurses completed a competency assessment for administering oxygen safely and effectively. This competency assessment included being able to assess, arrange and administer ambulatory and long-term oxygen therapy to patients.

Staff reviewed each patient's oxygen regularly and provided advice to patients and carers about their oxygen. The service completed regular assessments at set intervals. If patients had concerns, nurses would schedule in additional reviews. We observed staff giving advice to both patients and carers about oxygen use.

Staff completed oxygen prescription records accurately and kept them up to date. Staff stored and managed all medicines and prescribing documents safely. The service used a third-party company for the installing and supplying of oxygen products. Nurses completed an electronic home oxygen order form after assessment and would send the form to the allocated oxygen supplier via an electronic system. The prescriptions included the amount of oxygen, the type of equipment required and when it was to be delivered to the patient's home. We reviewed a sample of these forms during inspection.

Staff checked patients had the correct medicines when they were admitted, or they moved between services. The service reviewed patients who had already been prescribed oxygen by a different health care professional to ensure the prescription was correct and that the home environment was safe for the use of oxygen.

Staff learned from safety alerts and incidents to improve practice. The team regularly reviewed and discussed the NHS's central alerting system at their team meetings.

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 told us how they would report any incidents and gave examples of when they have had to report incidents in the past.

Good

Community health services for adults

Staff raised concerns and reported incidents and near misses in line with provider policy. The provider had an incident and near miss reporting and management policy. Staff told us how they raised incidents and near misses and the types of incidents that were reported which included smoking and hoarding concerns.

The service had not had any never events in the previous 12 months.

Managers shared learning with their staff about never events that happened elsewhere. The teams held regular staff meetings where incidents at other providers could be discussed and learned from. The external provider of the oxygen equipment shared their own incidents with the service.

Staff understood the duty of candour. The service had no incidents in the previous 12 months where duty of candour was required. The service had a duty of candour policy in place and there were posters around the building explaining to staff their duty to ensure they are open and transparent with patients and their relatives.

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. All incidents were discussed with staff during regular team meetings and if required, during supervision.

Managers debriefed and supported staff after any serious incident. Staff were able to link in with each other using a secure online forum daily for support. Nurses had a weekly debrief with their manager and each clinic had a fortnightly team supervision.

Are Community health services for adults effective?

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. The service followed the BTS (British Thoracic Society) guidelines for home oxygen use in adults and completed a quarterly audit to ensure compliance. They also completed a quarterly audit against the National Institute for Health and Care Excellence (NICE) Quality Standard: Chronic Obstructive Pulmonary Disease (COPD) in over 16s: Diagnosis and Management with patients who were diagnosed as having COPD in the BTS audit. Both audits were last completed in April 2022.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. Due to COVID the number of audits from external regulators were restricted for Health and Safety during 2020 and 2021. An audit was scheduled in for December 2022 at two of the services clinics and the service had completed their own audit in March 2022 for one clinic.

Managers used information from the audits to improve care and treatment. Improvements to the service following the BTS and NICE audits have included developing a stop smoking pack, purchasing three carbon monoxide monitors to support patients to stop smoking, and updating processes and information documents to be more efficient and useful.

Managers shared and made sure staff understood information from the audits. The actions from audits were shared with the team at their quarterly team meetings.

The service was accredited by the national quality assurance (NQA) global certificate body. The service has accreditations from the NQA in Quality Management, Environmental Management Systems, Occupational Health and Safety Management, and Information Security.

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 identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. All nurses were given study days to ensure training was kept up to date. The study time was also used so the team could enhance their own knowledge by spending time with other specialists in key areas which included ventilation services and specialist heart failure nurses.

Managers gave all new staff a full induction tailored to their role before they started work. All staff received an induction to the service which included the shadowing of other nurses. Once the induction was completed; nurses were observed every three months for the first year to ensure competencies were being achieved.

Managers supported nursing staff to develop through regular, constructive clinical supervision of their work. All staff had received supervision and their annual appraisal. The service had a performance appraisal and development framework with guidance that appraisals were to be completed annually, with 6 monthly 1:1's as a minimum to discuss performance and development. Each staff member completed a form each month that was sent to the leadership team which included any issues, any positive feedback and any lessons learned. All staff we spoke to said they felt fully supported and were provided with frequent opportunities for supervision.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. Nurse team meetings were held quarterly at different locations across the service's region to ensure equitability for access to the meetings. Each locality met every two weeks so that the team lead could pass on any information or learning, and it was an opportunity for the nurses to discuss patient care.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Staff told us they had raised areas of study they were interested in and were provided with the opportunity to expand their knowledge, this included being able to spend the day with other health care professionals such as palliative care nurses.

Managers made sure staff received any specialist training for their role. Staff were supported to attend training that provided further knowledge into the needs of patients who require oxygen and other health care professionals' roles.

Nurses were also provided the opportunity to complete the chronic obstructive pulmonary disease (COPD) and asthma university certificate in professional development provided at a local university. The service paid for the course and provided paid training days to attend. Following inspection, the service also sent us a self-appraisal document of how staff align with the Care Quality Commission's key lines of enquiry.

Managers identified poor staff performance promptly and supported staff to improve. The service had received two complaints in the previous 12 months. One had been upheld and one had not been upheld. In both cases leaders at the service had formal conversations with staff members to ensure a robust investigation into any allegations and discussions with the team to ensure learning was shared.

Multidisciplinary working

Nurses 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. There was a quarterly quality, governance, patient safety and risk committee meeting held internally. The meeting covered all aspects of the service being provided, including incidents, complaints, concerns, and safeguarding. Each nurse was given a specialism to link in with, such as heart failure. Staff at the service regularly supported patients with any concerns or issues they had with the external oxygen supplier, and these were highlighted in the compliments the team received from patients and carers.

Health promotion

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

The service had relevant information promoting healthy lifestyles. All patients, and people who lived in the patient's home who smoked, were offered information about smoking cessation. Leaflets were also provided about a range of health information such as breathing exercises and we observed staff providing information about

Staff assessed each patient's health and provided support for any individual needs to live a healthier lifestyle. Patients were tested for ambulatory oxygen at either the local clinics or in the patient's home if they were unable to attend clinic. The service had received training about nutritional support and were able to order samples for patients.

Patients identified as being suitable for pulmonary rehabilitation were referred to services and this was monitored through key performance indicators. The service had achieved 100% of their target for this.

Consent and the Mental Capacity Act

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.

Nursing staff received and kept up to date with training in the Mental Capacity Act. They understood how and when to assess whether a patient had the capacity to make decisions about their care. 83% of staff had completed the Mental Capacity Act training programme.

Good

Community health services for adults

Staff gained consent from patients for their care and treatment in line with legislation and guidance and clearly recorded consent in the patients' records Staff assumed patient capacity as per the Mental Capacity Act principles and this was recorded on the patient's electronic care record. If a question about capacity arose, the nurse would refer to the patients GP for a capacity assessment.

Staff could describe and knew how to access policy and get accurate advice on Mental Capacity Act. The provider had a Mental Capacity Act and Deprivation of Liberty policy and standard operating procedure in place.

Are Community health services for adults caring?

Good

Compassionate care

Staff treated patients with compassion and kindness and respected their dignity. The service did not always gain consent from patients to speak to relatives.

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. We observed three clinic appointments and joined a nurse on her daily home visits. All the interactions between staff and the patients and their carers were very supportive, and staff took time to care for the patient and ensure all their needs were met. We spoke to 13 patients who all said they knew who to contact with any concerns or questions and that they were always responded to quickly by staff.

Patients said staff treated them well and with kindness. We spoke to 13 patients who all said they were happy with the care provided to them by the staff at the service. Patients described staff as being lovely, knowledgeable, polite and that they could always rely on them.

Staff did not always keep patient care and treatment confidential when speaking to relatives. We observed staff calling next of kin to advise about future appointments although there was no record confirming consent had been received from the patient to share this information with the relative. The service did not have a consent to share policy that was specific to next of kin, and this was raised with the service during the inspection. Following the inspection, the service told us they would discuss sharing information with the next of kin with the patient and documenting whether patients consented to this. A prompt was also added to the nurse's assessment to ensure this was always discussed. The service said they would integrate the consent to share into their existing consent policy. However, patients did sign an agreement to confirm they agreed with the treatment being provided being shared with the oxygen provider, the fire rescue services team, and the patients GP and/or referring health care professional. The service also had a policy which outlined the services commitment to the data protection of patients and the sharing of information with external organisations.

Staff understood and respected the personal, cultural, social, and religious needs of patients and how they may relate to care needs. All staff received dignity at work training whilst on induction. A staff member told us they scheduled one patients' appointment around their prayer times to ensure they were not interrupted.

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. All the appointments we observed showed nurses providing additional support outside of the oxygen assessment, including mental health support, carer support, referrals to other care providers, and travelling with oxygen information.

Staff undertook training on breaking bad news and demonstrated empathy when having difficult conversations. The provider had recently implemented a new empathy policy and had delivered training on the policy to all staff at the service. 91.6% of nurses had completed conflict resolution training. Staff told us about conversations they had with patients who were on palliative care and the care they provided.

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. We observed staff supporting patients with questions about how oxygen use would impact their lives, including travelling abroad with oxygen. The service had implemented a pulmonary fibrosis support group prior to the COVID-19 pandemic, and this was due to re-start again in October 2022.

Understanding and involvement of patients and those close to them

Staff supported and involved patients to understand their condition and make decisions about their care and treatment. Carers said they were not provided with information about support available for carers.

Staff made sure patients understood their care and treatment. The clinical commissioning groups conducted a survey of patient feedback about this service in July 2021 by sending a questionnaire to a sample of current patients and a patient engagement report was created. The report, published in August 2021, said that 89.8% of respondents said the home oxygen nurse explained in detail the reasons why oxygen had been prescribed and that 96.78% of respondents were satisfied with the training given to them for the safe use of their equipment.

We spoke to three carers who said they could always call the service if they had any concerns and that the nurses at the service were always supportive. However, they did say that they had not received any information about support available for carers. Following the inspection, the service has started to provide carers with an information document about caring for someone with a lung condition.

Staff talked with patients, families, and carers in a way they could understand, using communication aids where necessary. All nurses had a lanyard with their name and picture on. We observed staff talking to patients and their relatives in a warm and supportive manner.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Nurses provide all patients a feedback questionnaire after their first assessment and then after each 12-month assessment which they could return to the service using the pre-paid envelope or they can complete online using a third-party survey website. The service had implemented an action plan in response to their patient satisfaction feedback survey that was sent out in December 2020. In September 2021 a newsletter was sent to all patients of the service following a patient survey sent in December 2020 which outlined the feedback received from the survey and what the service would improve upon.

Staff supported patients to make informed decisions about their care. Staff provided patients with information about their condition and the impact of oxygen. Patients could also access the providers website where links to a support and help groups for patients were listed. Staff also told patients about the financial support available for electricity bills because of higher bills due to oxygen being used in their home.

Good

Community health services for adults

Patients gave positive feedback about the service. The service had received 39 compliments from July 2021 to August 2022. The compliments included thanks to the nurses for being so helpful and supportive and from carers for the positive care being provided to their relatives.

Are Community health services for adults responsive?

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.

Managers planned and organised services, so they met the changing needs of the local population. Regular meetings were held with the commissioning bodies who commissioned the service to ensure key performance indicators were being met as outlined in the services contract with the five clinical commissioning bodies.

Facilities and premises were appropriate for the services being delivered. Three clinics were located across the region and home visits were completed daily.

The service had systems to help care for patients in need of additional support or specialist intervention. Patients could contact the service by telephone from Monday to Friday 8 am to 6 pm. Patients were also provided the telephone number of the oxygen supplier who was available 24 hours over seven days a week.

Managers monitored and took action to minimise missed appointments. As part of the services quality assurance, all appointments that had not been attended were monitored on a monthly dashboard. The service added additional clinic sessions to help reduced the number of unattended appointments.

Managers ensured that patients who did not attend appointments were contacted. The customer services team call any patients who are not home when a nurse has attended, and the nurse also leaves a card to advise they have been, but no one was home. After three missed appointments, the patient was referred back to the referring health care professional and told to re-refer if needed. If the patient was already on oxygen, they are sent a letter from the service to advise them that they are at risk of having the oxygen removed if they do not arrange a review as the service cannot be assured of their ongoing safety and prescription requirements. If a patient has missed a clinic appointment, the service tried to arrange a home appointment.

Meeting people's individual needs

Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers. The service was not always inclusive and did not take into account the individual needs of patients with a learning disability.

The service did not have documentation that was specifically made for people with a learning disability, such as 'easy read' or picture books. They did have large print documents available for those who needed it. The service told us they will ensure easy read documentation will be available in the future.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. Staff told us they had asked for braille to be put onto oxygen products for patients who were blind or had difficulty with their sight.

The service had information leaflets available in languages spoken by the patients and local community. The service had translated their information leaflets into multiple languages depending on patient need. The service was able to access translation services for all leaflets to be translated within a few days for any new languages. Nurses also had an application on their phone that provided translation services.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. The service was able to access language services either over the phone or in person. Staff provided examples of when they had used a translator for patients who spoke different languages and for patients who required a British sign language translator.

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. At the time of inspection, the service had 3,545 patients using the service. The service had a key performance indicator to see each patient within 15 working days of a referral being received. There were exclusions to this indictor, including when the referral was not appropriate, the patient was unwell, or the patient had been on antibiotics recently. At the time of inspection, there were 44 patients on the waiting list for their next appointment. We observed the customer service team calling patients on the waiting list to book in their next appointment.

Managers worked to keep the number of cancelled appointments to a minimum. When patients had their appointments cancelled at the last minute, managers made sure they were rearranged as soon as possible. If staff sickness would impact on a patient appointment, the rest of the team would work to cover the appointments so that there was minimal impact on patient needs.

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. All patients and carers we spoke to said they knew how to raise concerns if they needed to and said they knew the staff would be receptive and helpful with any issues.

The service clearly displayed information about how to raise a concern in patient areas. There were CQC feedback posters in the clinics and patients were given an information leaflet about the service which provided information on how to complain. The providers website had information on how to contact the service with a concern.

Staff understood the policy on complaints and knew how to handle them. Staff said they knew the complaints process and that they would also raise with the leadership team if they had any questions or concerns.

Managers investigated complaints and identified themes. There had been two complaints in the last 12 months. One complaint was not upheld. Both complainants received a response from the service.

Good

Community health services for adults

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. Complaints were logged and a formal response was sent to the complainant within 20 working days.

Managers shared feedback from complaints with staff and learning was used to improve the service. Staff could give examples of how they used patient feedback to improve daily practice. Complaints were discussed with staff during regular team meetings and a learning log was referred to.

Are Community health services for adults well-led?

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.

Staff were very happy with the leadership at the service. The management team had hands on knowledge of the staff's role and could support where necessary. We were told that leaders within the team were always available to support staff with any questions or concerns they had. Staff told us that there was always someone to support them following a difficult situation or conversation with patients. One staff member said that although they were lone workers, they never felt like they were lone working because of the support available to them. Staff said they were supported for additional training and learning when requested.

The service had changed their working hour's structure following feedback from staff so that there was more of a work life balance. This was done without compromising patient care or reducing the number of patients being seen.

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.

The leaders at the service took time to deliver their vision and strategy to the team and involved them in their ongoing plans and vision for the service.

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.

The service offered staff a range of employee resources including an employee assistance programme. There were medical and mental health first aiders at the headquarters site.

The provider had an online system where staff could raise any whistleblowing concerns and staff told us where they could access the whistleblowing policy.

The customer service centre held a monthly reward and recognition scheme. The provider had an inclusion champion and the service had just launched a “women at work” forum.

The service used an external company to supply electronic lone working alarms to staff which were checked regularly with the provider.

The service did not have a Freedom to Speak Up Guardian. All organisations that provide services under the NHS Standard Contract are required to appoint a Freedom to Speak Up Guardian.

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 service provides home oxygen assessment and prescriptions to patients across five clinical commissioning groups in the North East of England. We observed a meeting with the commissioning leads where the service shared their outcomes, and the feedback was positive including that key performance indicators were being achieved and that the commissioning team were confident in the services actions. The contract managers for this service also fed back to us that they were happy with the service being provided.

The service held quarterly management meetings and team meetings. The governance meetings included discussions of all aspects of the running of the service including incidents, safeguarding and lessons learned.

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 had a business continuity plan in place which had been updated following lessons learned during the COVID-19 pandemic.

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 had systems in place to ensure patient identifiable information was not shared outside of the service. Staff received training in data security awareness. The provider had a Caldicott Guardian in place who made sure that the personal information about those who use the organisation’s services was used legally, ethically, and appropriately, and that confidentiality was maintained.

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.

Good

Community health services for adults

The service is currently working with an NHS trust in the region to promote and arrange referral for patients who would benefit from lung volume reduction. performed either by surgery or by minimally invasive means via a bronchoscope and the insertion of small one-way valves called endobronchial valves. These valves slowly remove the trapped air from the diseased portions of the lung and allow the patient to breath much more effectively and efficiently to reduce their symptoms.

The provider is part of the British Compressed Gases Association (BCGA) who meets regularly to discuss standards, regulations and provides an opportunity to share learning among all members of the association who are also involved in oxygen services.

The providers website had a dedicated page to other health care professionals that listed useful information in relation to oxygen use, this included home oxygen safety, ordering home oxygen and information about the different types of home oxygen equipment.

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.

At the teams quarterly meeting they would select a case review to discuss at length. The service provided continuous improvement toolbox training and some of the staff had already attended this training with more scheduled to attend in the future.

During the COVID-19 pandemic, the service implemented a virtual ward pathway so that there was limited disruption to the care patients received. Although this service does not have any current patients using the virtual ward, it is still available if required.

The service was working alongside a local NHS Foundation Trust and a specialist consultant in respiratory medicine to deliver more effective care to patients with Interstitial Lung Disease (ILD) and to share the learning with other health care professionals.