Salts Medilink Stoma Nurse Team

Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from 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?	Good
Are services well-led?	Good

Overall summary

Salts Medilink Stoma Care Nurse Team is operated by Salts Healthcare Limited. Salts Healthcare Limited is a British manufacturing company and distributor of stoma appliances and accessories. The Salts Medilink Stoma Care Nurse Team is a team of clinical nurse specialists in stoma care that operate clinical partnerships in 13 locations throughout England. There is no regulated activity carried out at the head office.

Summary of findings

The specialist stoma nurse team provide ongoing support and continuity of care for patients within the community setting, through local clinics held on NHS premises or in the patients' own homes.

We inspected this service using our comprehensive inspection methodology. The inspection was a short-term announced inspection (staff knew we were coming) to ensure the nurse managers were available at the head office and to gain advanced consent from patients to observe care in their homes.

We inspected the head office on 13 May 2019, to look at staff profiles, patient records, policies and procedures, and to speak with the leaders of the nursing team. We also went on home visits with a nurse providing a service within the West Midlands on the same day. We made phone calls to staff and patients from across the country to ask questions and gain feedback on 15 and 16 May 2019.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

The main service provided by this provider was community health services for adults.

We rated the service as **Good** overall because;

- The service ensured staff and patients were protected from avoidable harm and abuse, whilst ensuring they met legal requirements.
- There were clearly defined and embedded systems to keep people safe that were reliable, minimised the potential for error, reflected national, professional guidance and legislation, and were appropriate for the care setting. These were understood by staff, implemented consistently and reviewed regularly.
- Staff received up to date training in safety systems, processes and practices.
- Staff could access the information they needed to assess, plan and deliver care, treatment and support to patients in a timely way. They had involved partner agencies and carers when sharing information.
- Patients' care and treatment was planned and delivered in line with current evidence-based guidance, best practice, legislation and professional standards.
- Patients had comprehensive assessments of their needs including clinical, mental health, physical health and wellbeing. Individual patient goals were identified and staff regularly reviewed and updated care and treatment to achieve these.
- There were appropriate referral pathways to ensure all needs were addressed.
- Information about patients' care and treatment was routinely collected, monitored and used to improve services.
- Staff were qualified and had the skills they needed to carry out their roles effectively, in line with best practice. Learning needs of staff were identified and training was provided to meet these needs.
- Staff were supported to maintain and further develop their professional skills and experience, and to deliver effective care and treatment.
- Staff ensured patients received coordinated care by working collaboratively with external organisations.
- Staff were consistent in supporting patients to live healthier lives, including identifying those who needed extra support. Staff achieved this through a targeted and proactive approach to health promotion and prevention of ill-health. They used every contact with patients to do so.
- Consent to care and treatment was obtained in line with legislation and guidance. Patients were supported to make decisions about their care and treatment.
- Patients were supported, treated with dignity and respect, and were involved as partners in their care,

Summary of findings

practically and emotionally. Feedback from patients, those close to them and stakeholders was continually positive about the way staff treated people.

- Staff supported patients and those close to them to manage their emotional response to their care and treatment. They recognised patients' emotional and social needs as being as important as their physical needs.
- Staff communicated with patients and those close to them, in a way that they could understand.
- Patients' needs were met through the way services were organised and delivered. The importance of flexibility, informed choice and continuity of care was reflected in the service.
- Staff coordinated care and treatment with other services and providers, including liaising with families and carers to ensure all services were informed of any diverse needs that needed to be addressed.
- Staff made reasonable adjustments to remove barriers when patients found it hard to use or access services.
- Patients could access the right care at the right time. Staff took account of patients' needs, including those with urgent need when managing access to care.
- Patients knew how to give feedback about their experiences and could do so in a range of accessible ways, including how to raise concerns or issues.
- The leadership, governance and culture promoted the delivery of high-quality person-centred care.
- Leaders had the experience, capacity, capability and integrity to ensure the service was delivered in line with the strategy and risks to performance were addressed.
- There was a clear statement of vision and values that had been translated into a realistic strategy with well-defined objectives that were achievable and relevant. These had been developed in collaboration with staff.
- Structures, processes and systems of accountability, including the governance and management of partnerships were clearly set out, understood and effective. Staff were clear about their roles and accountabilities.
- A full and diverse range of people's views and concerns was encouraged, heard and acted on to shape services and culture. This included staff, patients and those close to them, and external organisations.
- The service was transparent, collaborative and open with all relevant stakeholders about performance, to build a shared understanding of challenges and to ensure the needs of the population it served were met.
- There was a strong focus on continuous learning and improvement that included appropriate use of external accreditation, participation in research and sharing best practice through publication of papers.

However, we also found the following issues that the service provider needs to improve:

- There was no formal deteriorating patient or sepsis policy and procedure to support staff in identifying and managing deteriorating patients.
- Audits were not reported on as a workforce, only on an individual basis.
- The service was not directly auditing compliance against some evidence based practice and national guidelines at the time of our visit, for example hand hygiene.
- There were no formal competency checks to provide evidence of ongoing assurance for experienced staff.

Following this inspection, we told the provider that it should make improvements, even though a regulation had not been breached, to help the service improve. Details are at the end of the report.

Nigel Acheson

Deputy Chief Inspector of Hospitals

Summary of findings

Contents

Good

Salts Medilink Stoma Care Nurse Team

Services we looked at
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Summary of this inspection

Background to Salts Medilink Stoma Nurse Team

Salts Medilink Stoma Care Nurse Team is operated by Salts Healthcare Limited. The service has been registered with CQC since June 2016. The head office is based in Birmingham, West Midlands.

Salts Medilink nursing team serves the communities of the following areas: Airedale, Bradford, East Midlands, East Yorkshire, Northampton, North London, North West England, Plymouth, South Yorkshire, West Midlands and North Yorkshire. The service also has an honorary contract through a service level agreement with two NHS trusts, where nurses are based at the hospital and see patients in the acute setting.

The service primarily provides care to patients over the age of 18 years old. They occasionally accept referrals of patients under 18 years of age, but there are currently no active patients 18 years of age and under on the caseloads across the country. A small percentage of nurses may see one to two patients per year who are under 18 years old. Therefore, we did not inspect community services for children and young people separately.

The service has had a registered manager in post since the provider registered with CQC on 15 June 2016.

Salts Healthcare Limited also has a nurse academy where they provide an accredited stoma care course. The course was developed and launched as part of a degree level of study in September 2013, by Salts and a University. The course has since achieved accreditation at master's level.

Our inspection team

The team that inspected the service comprised a CQC lead inspector and a specialist advisor with expertise in urology. The inspection team was overseen by Victoria Watkins, Head of Hospital Inspection.

Information about Salts Medilink Stoma Nurse Team

The Salts stoma care nursing team service is an independent community health service and is registered to provide the following regulated activities:

- Treatment of disease, disorder or injury.

During the inspection, we visited the head office and observed four home visits. We spoke with five staff including registered nurses and senior managers. We spoke with five patients and reviewed 11 sets of patient records.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. This was the service's first inspection since registration with CQC, which found that the service was meeting all standards of quality and safety it was inspected against.

Activity (January 2018 to December 2018)

- In the reporting period January 2018 to December 2018, there were 924 new patients added to the nursing team caseload across the country.

(Source: Salts Healthcare MI performance report, nursing team overview tab)

The service employed two registered nurse managers, 29 registered nurses and two health care assistants.

Track record on safety

- 0 Never events
- 0 Clinical incidents
- 0 serious injuries

The service had no complaints within the reporting period.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Good

We rated safe as **Good** because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- 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.
- The service controlled infection risk well. Staff used control measures to prevent the spread of infection.
- Staff took holistic assessments and updated records when they encountered changes. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- 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.
- Staff gave advice on medicines in line with national guidance. There were suitable and appropriate protocols developed in line with best practice, when patients needed a medicine prescribed.
- The service had an excellent track record on safety. Staff recognised incidents and knew how to report them appropriately.

However;

- There was no formal deteriorating patient or sepsis policy and procedure to support staff in identifying and managing deteriorating patients.

Are services effective?

Good

We rated effective as **Good** because:

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed most guidance.
- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and ensured additional pain relief was arranged to ease pain.

Summary of this inspection

- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes.
- 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.
- All those responsible for delivering care worked together as a team to benefit patients. They worked as multi-agency teams to support each other to provide good care and communicated effectively with other organisations.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

However;

- Audits were not reported on as a workforce, only on an individual basis.
- The service was not directly auditing compliance against some evidence based practice and national guidelines at the time of our visit, for example hand hygiene.
- There were no formal competency checks to provide evidence of ongoing assurance for experienced staff.

Are services caring?

Good

We rated caring as **Good** because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- 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, families and carers to understand their condition and make decisions about their care and treatment.

Are services responsive?

Good

We rated responsive as **Good** because:

Summary of this inspection

- The service planned and provided services in a way that met the needs of local people and the community served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access the service. They coordinated care with other service and providers.
- People could access the service when they needed it and received the right care in a timely way.
- It was easy for people to give feedback and raise concerns about care received. Managers had training to investigate complaints appropriately and there was a complaints policy for staff to follow.

Are services well-led?

Good

We rated well-led as **Good** because:

- Leaders had the integrity, 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.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action, developed with staff. Leaders and staff understood and knew how to apply them and monitor progress.
- 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.
- 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 performance of the service.
- 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.
- 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.

Summary of this inspection

- 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.

However;

- Risks related to identifying sepsis in deteriorating patients was not identified or recorded appropriately.

Detailed findings from this inspection

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

We rated safe as **good**.

Mandatory training

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff completed a mandatory training programme delivered by an established external training company well known for delivering training to health care providers and the NHS. Training was a mixture of classroom based learning and electronic learning. The training programme covered all the training required for the type of service provided. Staff completed basic life support including cardiopulmonary resuscitation (CPR), infection prevention and control, and lone working for example.
- Staff said mandatory training was effective and enabled them to carry out their role safely. Staff based in the acute hospitals completed Salts mandatory training as well as the mandatory training programme of the NHS organisation in which they were working.
- Managers were assured staff were up to date with relevant mandatory training. They held a training matrix of all staff that alerted them when mandatory training was due to expire. Progress against mandatory training was discussed with staff in one to one meetings, appraisals and professional development reviews. Managers also met quarterly to discuss mandatory training with the trusts they held service level agreement honorary contracts with.
- All staff were 100% compliant with mandatory training. Staff had protected time to complete their training modules. This was generally booked at the same time for all staff in a classroom setting so staff could get together and network. Staff members who were unavailable for the classroom training completed it online.

Safeguarding

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- Staff were trained to the appropriate adult and children safeguarding level. All staff were trained to level 3 for both adult and children safeguarding. Staff received safeguarding training annually as part of their mandatory training programme.
- Staff were able to identify and assess needs for vulnerable groups of people including female genital mutilation (FGM) victims, victims of abuse and people with learning disabilities. Safeguarding mandatory training included FGM, child sexual exploitation (CSE) and domestic violence. Staff had also completed separate Prevent training that enabled them to identify people being drawn into terrorism and to challenge extremist ideas. Staff also attended Association of Stoma Care Nurses (ASCN) conference days that had included training and information around FGM, CSE and domestic violence.

- Staff understood their responsibilities for raising safeguarding alerts and adhered to safeguarding policies and procedures. The service had a safeguarding policy that was based on relevant legislation and included flow diagrams for staff to follow. There was a lead nurse for safeguarding adults and a lead nurse for safeguarding children at the service, whose roles were clearly defined within the safeguarding policy. The safeguarding leads were both trained to level 4. All staff knew the internal safeguarding leads and how to contact the external safeguarding agencies within the areas they worked.
- There had been no safeguarding alerts raised in the previous 12 months. However, staff were able to explain when they would raise a concern and how they would do so.
- There were mechanisms for staff to feedback concerns to external organisations such as general practitioners (GPs), health visitors, trusts and social services. Staff felt comfortable raising concerns with other health professionals actively involved in the care of their patients. They documented in patients' records when concerns had been raised.

Cleanliness, infection control and hygiene

- The service controlled infection risk well. Staff used control measures to prevent the spread of infection.There was an infection, prevention and control policy that was in date and referenced relevant best practice guidelines. Staff knew how to access the policy and their roles and responsibilities to help prevent the spread of infection.
- Staff providing care in patients' own homes carried their own handwash and dry wipes to wash and dry their hands before and after providing care to a patient. All staff said it was policy not to use patients' handtowels or soap. They knew they had to have their hair tied back off their faces, arms bare below the elbow except for a plain wedding band and nails free of varnish and gel or acrylic. Patients told us nurses always washed their hands and we observed care and treatment given in line with the infection, prevention and control policy.
- We observed four home visits and saw staff were compliant with infection, prevention and control policies, procedures and national guidance.
- Managers observed practice compliant with infection, prevention and control policies, procedures and national guidelines informally as part of the informal field visit audits. However, the service recognised the need to formally audit against infection, prevention and control national guidance and had plans to implement an infection, prevention and control audit as part of their existing audit programme.

Environment and equipment

- Staff did not carry specialist equipment with them. There was suitable single use and personal protective equipment available and staff were using these.
- The only equipment staff carried with them were personal protective equipment (PPE) such as non-latex gloves and disposable aprons, alcohol gel, own soap and dry wipes. None of the equipment had expiry dates and the stock levels were low enough that the equipment was used up in a timely manner. There were no blood pressure monitor or thermometers available for staff as they were only providing care relevant for the stoma.
- There were processes for staff to follow if there was a safety issue with the stoma they were assessing. There were internal quality issue forms for staff to complete if the issue was related to a Salts manufactured device. Staff knew how to escalate issues with stoma devices both internally and with other stoma manufacturing companies.
- Arrangements for managing waste kept people safe. Stoma bags that had been changed were placed into nappy bags before being put into general waste. Staff said they used to be able to provide clinical waste bags for patients. However, in recent years clinical waste bags were no longer available from local authorities unless in exceptional circumstances.

Assessing and responding to patient risk

- Staff took holistic assessments and updated records when they encountered changes. Staff identified and quickly acted upon patients at risk of deterioration. Staff were able to identify and respond appropriately to changing risks to people who used services,

including deteriorating health and wellbeing, medical emergencies and behaviour that challenged. They were able to seek support from senior staff in these situations.

- Staff completed a holistic risk assessment that incorporated both physical and emotional health needs on initial visits when patients were referred to the service. The assessment also included patients' medical histories and alerts that staff needed to be aware of urgently. These showed as a notification when staff opened a patient's record.
- Staff had training in basic life support and most of the nurses were very experienced clinical nurse specialists. The majority of patients they saw had been using the service and were known to the nurses for many years. Staff were able to explain what they would look out for with signs of infection and said they would escalate non-urgent concerns to the patients' GPs and critical concerns to the emergency services. Staff said when they had raised concerns to GPs, patients were seen within the hour and were assessed for further support.
- The service had recently purchased the Royal College of Nursing electronic database (RCNi) application on their laptops that enabled them to access all available tools and learning from the RCN. Included on the app was a sepsis pathway that staff followed to identify and escalate patients suspected of sepsis.
- However, there was no formal deteriorating patient or sepsis policy and procedures to support staff in identifying and managing deteriorating patients. Staff had not had specific training in sepsis management and they did not carry equipment that enabled them to undertake assessments to ascertain whether a patient needed urgent medical attention or referral. There were no thermometers or blood pressure monitors to aid staff in identifying concerns by taking patient observations.

Staffing

- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- The service used the Association of Stoma Care Nurses guidelines to plan and review staffing, and match the workforce with the caseloads. The guidelines stated there should be one nurse per 70 to 80 patients. Nurse managers used this guideline for the basis of service provision. They gave an example of where they submitted a business case for needing a nurse to support a hospital in the West Midlands due to the demand on the hospital.
- Staff caseloads were manageable and there were arrangements in place for staff to cover others when on leave. Staff told us they could have a caseload of around 200 to 300 patients per nurse but not all patients were active at all times. Most nurses worked in teams within the geographical area they covered so were able to share workload of new referrals across the team.
- Managers had oversight of staff capacity and caseloads. They had access to nurse's calendars and were confident nurses would raise concerns if they had reached capacity. Staff sent nurse managers monthly reports around capacity that included the number of clinical days and the number of patients for example.
- Caseloads took into account the patient risk and acuity. There were defined pathways that included the urgency of referral. Nurses working closely with acute hospitals prioritised patients who had a higher acuity. Patients who had been referred from their GP for a review were classed as non-urgent. Nurses prioritised depending upon the problem that led to the referral.
- There were appropriate handover arrangements between organisations and within the team. Nurses held team meetings within their local area to discuss patients on their caseload for nurses to be able to cover annual leave. The frequency of these meetings varied among teams. Nurses also left the details of the nurse covering on their answerphone message when they were out of office. The referrals from other organisations included specific information around the patient's health, including medical history, type of surgery the patient had and the level of support the patient needed.

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.Staff wrote and managed patients' individual care records in a way that kept them safe. All staff had a laptop/tablet hybrid that allowed them to access patient care records when delivering care in patients' homes. These electronic devices had inbuilt internet access. All Salts patient records were electronic and were held on a secure system with relevant safeguards to ensure the records were secure.
- Staff shared information needed for ongoing care appropriately, in a timely way and in line with relevant protocols. Patients who were under the care of other healthcare providers, such as district nurses had their paper records at home with them. Salts nurses recorded their visits within the patients' paper records left at the home with the patients, to ensure other health care professionals involved in the patient's care were aware of the visit and the treatment provided. This also allowed Salts nurses to see information about recent visits other healthcare professionals had made and any changes to the patients' ongoing care plans.
- The electronic system had a letter template function that enabled staff to quickly produce a letter of any changes to the patients' stoma care management plan. These letters were then sent to the patients' GPs through secured NHS email addresses.
- Records were completed in line with best practice guidelines. Staff told us that Appliance Use Review (AUR) forms needed to be completed every time there was a new problem or when there was a change to the stoma equipment. The forms encompassed three copies, the top copy was stored by the provider and kept for five years. One of the copies was sent to the GP and the other copy was left with the patient. We saw AUR forms were being filled out correctly.
- We reviewed 11 patient records and found these to be completed appropriately. All records had an electronic date, time stamp and user identification code. Records were comprehensive and included patient goal setting and treatment plans to reach them. There was evidence of discussion with patients' GPs.
- Managers regularly audited patient records and produced action plans when shortfalls were identified. Audits were completed yearly if there were no problems and audits were redone within a six to eight week period if problems were identified. Audits were carried out on a nurse by nurse basis and we saw all nurses had been audited annually. We saw there were actions for individual nurses to improve where performance was not up to standard. We saw there was a re-audit carried out and improvements had been made. All nurses were compliant with the patient record audits.

Medicines

- Staff did not prescribe, give or store medicines within the service. Staff gave advice on medicines in line with national guidance. There were suitable and appropriate protocols developed in line with best practice, when patients needed a medicine prescribed.
- Staff administered treatment in line with the Association of Stoma Care Nurses guidelines. They administered topical medicine in the form of silver nitrate to manage granulomas. Granulomas are small, red, raised areas on or around the stoma. They develop as a result of over-healing of damaged skin or the stoma surface. Staff requested for silver nitrate to be prescribed from the patients' GPs when needed. They would then apply the treatment at the next visit once the patient had the prescription. The silver nitrate stayed with the patient in their home.

Incident reporting, learning and improvement

- The service had an excellent track record on safety. Staff recognised incidents and how to report them appropriately. There had been no clinical incidents raised since Salts had been registered.
- Staff knew how to identify and raise incidents. Staff were aware of the incident policy and knew who to escalate an incident to. There were two forms for filling out, one that was for clinical incidents and one for product issues. There was no learning shared within the team from clinical incidents that had occurred at Salts because there had been no clinical incidents. However, hospital based nurses shared learning from their experiences on the hospital wards.

Good

Community health services for adults

- Staff knew to apologise and give patients honest information and suitable support if things went wrong. All staff we spoke with were aware of duty of candour, what it meant and when it needed to be applied. Staff gave an example of an incident where another organisation involved in a patient's care had caused an information breach. Salts had raised this issue and had contacted the patient to make them aware, let them know what they were doing about it and apologised to the patient. It was recorded appropriately following their policy and the telephone call was confirmed in a letter. Salts had put processes in place to ensure this incident did not happen within their team.
- Managers were qualified to investigate incidents appropriately. The company had accountable managers for different incident types. The nurse managers were accountable and responsible for investigating clinical incidents. They had been trained in root cause analysis that had been refreshed recently. The data protection officer of the manufacturing company was responsible for investigating information breaches and the quality officer of the manufacturing company was responsible for investigating incidents with products.

Are community health services for adults effective?

(for example, treatment is effective)

Good

We rated effective as **good.**

Evidence-based care and treatment

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed most guidance. All policies were in date and referenced relevant legislation, best practice guidelines and professional standards. For example, the infection, prevention and control policy was based on the Department of Health code of practice on the prevention of infection, National Institute for Health and Care Excellence (NICE) guidance and other professional standards.
- Staff holistically assessed patients' physical health, mental health and social needs on initial assessment. They delivered care and treatment in line with best practice guidelines and professional standards. Staff worked towards the Association of Stoma Care Nurses standards for providing care and treatment for stoma care. This included supporting patients to manage their stomas independently by giving them information on how to promote a healthy output and teaching them to maintain the devices appropriately.
- Staff told patients when they needed to seek further help and advised them on what to do if their condition deteriorated. Once patients had been referred to the service they were not discharged unless the patient passed away or no longer had a stoma. Patients were given the contact details of the nurse for any stoma related care issues and patients were able to contact the nurses as and when they needed help with their stomas. Staff also gave patients information on national health associations for their particular stoma, which included national patient committees and support groups.
- Patients had clear care plans that were up to date and in line with relevant good practice guidance. These included personalised outcome goals that staff supported patients to achieve. The main patient goal was to become independent in managing their own stomas. Staff also gave examples of individual goals, such as travelling by bus independently.
- Managers completed a regular audit programme. This programme included auditing the care pathways patients followed, patient electronic records, lone worker audit and field visit audits to ensure staff were adhering to policy. Audits were carried out on a nurse by nurse basis to ensure any shortfalls identified were shared directly with the nurse, including actions for improvement. Managers re-audited non-compliant staff six to eight weeks after the initial audits to reassess compliance. Each nurse had each audit completed on a yearly basis.
- However, the audits were only reported on an individual basis and not reported on as a workforce. Therefore, managers would not have timely access to evidence the compliance of the entire workforce for example, percentage of the workforce that were compliant with the lone working policy.

- At the time of our inspection visit, the provider was not auditing compliance against all evidence based practice and national guidelines. The electronic system the provider used for auditing was newly implemented and had recently become fully embedded prior to our inspection visit. Staff recognised they needed to include more audits to their programme and had plans to implement audits to assess compliance against Association of Stoma Care Nurses invasive treatments and NICE guidelines for infection, prevention and control, such as hand hygiene audits.
- Before the electronic system was implemented, managers covered hand hygiene and infection control practice within the informal field visit audits. These audits were very broad and covered several aspects of care. The provider was working towards separating out aspects of this audit into more detailed and specific audits.
- The Salts nursing team staff were members of the Association of Stoma Care Nurses and attended national and international conferences on stoma care. Staff discussed learning and good practice from these conferences during team meetings. Several nurses had presented at both national and international conferences to share good practice. There were also nurses who had published articles on stoma care for patients of different cultures in the British Journal of Nursing.

Pain relief

- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and ensured additional pain relief was arranged to ease pain.
- Staff assessed pain levels using recognised pain scale tools and during conversations with patients on how they were feeling. If a patient was unable to communicate, they used suitable tools, such as pictorial prompts and smiley faces.
- Staff referred patients six-months post-surgery or more back to their GP if a patient's pain was not being managed effectively. They would call the GP whilst at the visit to explain the issue and arrange for a GP to assess the patient. If a patient had recent surgery up to six-months before, staff would also contact the surgical team at the hospital if the surgery had been very recent in addition to the GP.

Patient outcomes

- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes. Managers assessed the effectiveness of care and treatment through patient satisfaction surveys. They used the quality and outcome information to inform improvements in the service. Survey results showed patients' needs were being met.
- The surverys covered all aspects of care provided from the specialist stoma care nurses. For example, "were you given adequate verbal and written information in order to make a decision about stoma formation and care", and "have any stoma related issues or problems you have had been dealt with efficiently" were two of the measures reported. Results from the service wide patient satisfaction survey 2018, showed 15 of the 19 questions had a positive result of above 90%. Of the remaining four questions, two scored 88%, one scored 87% and one scored 83%.
- We saw actions and learning had been implemented as a result of the survey results. For example, nurses had developed a template that was easily accessible from the patient record for completing whilst with the patient when changes to their care, treatment or device occurred. This template was then sent directly to the GP and decisions with the patient about information sharing was documented within the notes.
- Managers completed quarterly and biannual reviews of the service level agreements and honorary contract outcomes. This included sharing the results of patient satisfaction surveys and any action plans for improvement.

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. However, there were no formal competency checks to provide evidence of

ongoing assurance of experienced staff. Most of the nurses employed by the provider had been clinical nurse specialists in stoma care for many years within the NHS before being employed by Salts.

- There was an induction programme for new starters that involved understanding the company ethos and to complete company mandatory training. New starters were given mentors who reviewed their practice over a given timeframe dependent on the individual. Junior nurses had a six month mentoring programme and more experienced nurses had the programme until they felt confident to make decisions out in the community. The mentoring programmes were signed off by nurse managers or the practice development nurses.
- There was a competency framework for health care assistants to complete throughout their employment. Once initial competencies had been completed, further competencies were added dependent on the staff members personal objectives and development plan. These were signed off by the nurse managers or practice development nurses.
- One of the health care assistants was completing a nursing degree alongside working at Salts to become qualified nurses. They had the opportunity to complete a specialist stoma course on completion of their degree. They had succession planning as part of their degree and they were able to attend specialist stoma courses delivered by national associations and professional bodies along with the nurses.
- We saw a competency framework for a registered nurse who did not have a background in stoma care prior to being employed with Salts. The competency framework was based on Association of Stoma Care Nurses (ASCN) guidelines and Royal College of Nursing professional standards. These competencies had been signed off by a nurse manager during an induction process.
- We viewed three staff profiles and saw several certificates for attending accredited stoma care training sessions and staff told us there was plenty of opportunity for attending additional training. They were all members of the ASCN and were able to keep up to date with the latest practice and guidance.
- Staff had the skills, knowledge and experience to identify and manage issues arising from patients' mental health conditions, learning disability and dementia. All staff had completed training on learning disabilities and dementia as part of their mandatory training programme. They also received conflict management training to sensitively manage any difficult behaviours that patients may display.
- Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service. All staff had received an annual appraisal that included an end of year review as well as a mid-year review within the previous 12 months. Staff objectives were discussed and reviewed at each of these meetings. In addition, staff had one to one meetings face to face with their manager quarterly. One to one meetings over the telephone were carried out regularly and the frequency of those meetings was determined by the individual staff member.
- Managers used supervision meetings to identify training need and preference. The company had their own training academy that provided specialist stoma care courses to any registered nurse with an interest in stoma care and Salts nurses were easily able to access this.
- However, there were no formal competency frameworks for demonstrating experienced staff were continually competent to carry out their role. Managers were conducting field visit audits that observed and assessed all aspects of care and treatment delivered by staff. These field visit audits informally observed staff competence in stoma care but managers did not formally sign off competencies on an ongoing basis for experienced staff.
- We raised the lack of a formal competency framwork with managers at the time of our visit. They sought advice from the chair of the West Midlands Stoma Group and the chair of the ASCN who felt that it was not normal practice for clinical nurse specialists band 6 or above to have an ongoing competency framework. However, in response to our feedback, they had developed plans to ensure ongoing assurance was achieved by formally documenting annual field visits on all team members where observations of clinical care delivered was made.

Good

Community health services for adults

Multidisciplinary working and coordinated care pathways

- Staff worked well with other agencies and organisations to benefit patients. They worked as multi-agency team alongside patients' health care professionals to provide good co-ordinated care.
- Staff developed a working in partnership care pathway for patients with long term conditions. The care pathway was divided into three stages that patients followed based on when they were referred to the service. The pathways were stage one for pre-operative counselling and was predominately delivered by nurses based within the acute hospital setting. Stage two was for post-operative patients up to six months and stage three was for patients referred any time after six months post-surgery, regardless of how long ago their surgery was. The pathways were based on evidence based practice and ASCN professional standards.
- Staff had good relationships with other organisations to ensure care was planned and delivered in a joined up way. Staff that worked closely with other organisations to deliver care to patients on stage one and stage two pathways, were involved in assessing, planning and delivering care and treatment alongside those organisations. They were invited into multidisciplinary team meetings within the organisation in which they held a contract, to discuss ongoing care and treatment needs of patients requiring extra support in the community.
- There were clear mechanisms for sharing appropriate information with patients' GPs and other relevant providers to ensure they fully understood ongoing plans for stoma management. Each nurse had formed relationships with the social care providers and GP surgeries within their region. Nurses generated and sent letters to inform GPs of any changes around the management of patients' stomas whilst in their homes. They were aware of the routes for raising safeguarding concerns within their local areas. Staff told us they had been invited to social worker meetings in exceptional circumstances. This was only when issues had been around a patients' ability to maintain their stoma independently.
- There were safe triaging arrangements within regions that provided both stage two and stage three care. Patient concerns were identified as being urgent, non-urgent or routine. Staff contacted patients with urgent concerns by telephone within 48-hours of referral and saw them within five working days. Compliance with referral times for each of the three classifications was audited in the statement of purpose audit the provider completed.

Health promotion

- Staff gave patients practical support and advice to lead healthier lives. Patients were involved in regularly monitoring their health. Staff empowered and supported patients to manage their own health, care and wellbeing to maximise their independence. The main aim of the service was to ensure patients were independent in managing their stoma and providing advice and support when they encountered problems at any stage in their stoma journey. Nurses discussed key information about the type of stoma a patient had and taught the patient, family member, carers or care home staff on how to change the stoma bags and how to dispose of them appropriately.
- Staff gave advice around nutrition and hydration related to managing the stoma output. They educated patients and carers on what output they should expect for the type of stoma they had. Advice included how patients could keep themselves hydrated by drinking plenty of the right types of fluids and the occasions when they would need to take on extra fluids. It also included the types of foods and medications that may alter the consistency of the output.
- Staff also provided advice, information and support around intimacy and relationships, travelling abroad, training and exercise, body image and clothing, problems experienced with stomas, emotional challenges and medical advice. Staff signposted patients to relevant specialist services if patients required further support outside of their expertise.
- Staff provided patients with detailed booklets specific to their type of surgery they had that resulted in needing a stoma for example, colostomy, ileostomy or urostomy.

Good

Community health services for adults

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.
- All staff had completed training in consent, Mental Capacity Act and Deprivation of Liberty Safeguards. Generally, patients had their mental capacity assessed before referral to the service. If staff had any concerns about a patient's capacity they contacted the patient's GP before continuing with their visit.
- All staff we spoke with understood consent, capacity and their responsibilities in supporting patients to make informed decisions. They explained how they would ensure patients were able to make informed decisions and included patients' family or carers when a patient lacked capacity.
- Staff gave an example of a patient living with dementia who had capacity, but sometimes forgot information given on previous visits. Staff made sure the patient's family members were included in decisions and outcomes of decisions to help support the patient whilst they were at home. They documented discussions with family members in patient records.
- We observed four home visits and observed staff gaining consent from the patient before providing care and treatment. The electronic patient records included a consent form that staff completed on the patients' initial assessment after referral. Staff gained verbal consent on an ongoing basis.

Are community health services for adults caring?

Good

We rated caring as **good.**

Compassionate care

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Staff took the time to interact with patients and those close to them in a respectful and considerate way. We observed four home visits where staff were very compassionate and respectful. Two of the visits were new referrals and staff spent time to explain the condition and how to manage their stoma moving forward. Patients that were newly referred to the service had longer and more frequent appointments to ensure their needs were met.
- Staff ensured they maintained patients' dignity whilst providing care and treatment. In patient's own homes, staff would check with the patient if they wanted their stoma reviewed in private. If the patients were happy to have relatives in the room, the staff would ensure a sheet or gown was covering areas of the body so the patient was not exposed. In care homes, staff ensured patients' stomas were changed in a private setting, either in their individual rooms or their bay with the curtains drawn.
- We spoke with five patients who all said the nurses were fantastic and very caring.
- The service ensured that patients could give valid feedback. Staff left real time feedback cards with patients along with stamped and addressed envelopes to fill out when they were alone at home. The service also conducted a patient experience survey every year for most places with the exception of Croydon, which was carried out every six months. Staff also provided patients with a statement of purpose leaflet that included what the patient could expect from the service depending on the pathway they were aligned to. The statement of purpose included complaints and compliments contact details.
- Results of the service wide patient satisfaction survey 2018, showed 95% of patients surveyed were satisfied or very satisfied with the level of service they received. From the same survey, 98% of patients would recommend the service to other stoma patients.

Emotional support

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

Good

Community health services for adults

- Clinical nurse specialists in stoma care had completed post-graduate courses that included training on the emotional impact of the condition and how to support patients emotionally. Staff also had study days where a psychologist, linked to the Salts training academy, provided extra training in emotional support. The Association of Stoma Care Nurses meetings also incorporated patient stories and information on emotional support.
- Staff assessed patients' mood through observation and communication, asking them how they felt. Staff looking after patients who were being referred from hospital discussed the patients' wellbeing with the staff at the hospital before visiting the patient.
- There were arrangements for referral to suitable health professionals for example, psychologists or GPs if there were issues identified that were outside of the nurses' expertise.
- Staff had implemented patient-led support groups in most areas and signposted patients to national associations for support groups. Nurses attended the patient-led support groups to help facilitate and answer any questions. Patients we spoke with said they were members of support groups and had been signposted to them by the staff at Salts.
- A patient said, "Salts nurses have provided me with fantastic support to emotionally accept my condition. I feel so confident now to manage my condition independently, but wouldn't have been in this position if it was not for the Salts nurses, they have been wonderful."
- A few patients said whenever they had a problem, they were able to access the nurses who would either resolve their concerns over the telephone or would see them in person in a timely manner. Staff also checked on non-active patients on a yearly basis over the telephone, to see how they were managing and to remind them they were there if the patients needed them at any point.

Understanding and involvement of patients and those close to them

- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.
- Staff taught patients, carers and their family members to manage the stoma and had produced step by step guides for people to follow. Staff referred carers to GPs and social services if carers were identified as needing additional support. They said they would let patients and their families know if they needed to share information about their care and treatment with other health professionals and patients confirmed that staff did this.
- We spoke with five patients who all said staff had taken the time to explain the condition, treatment and ongoing care in an understandable way. They all said they were involved in decisions about their care plan along with their loved ones. One patient said, "They really took the time to ensure that I understood my condition and treatment, and was able to manage it independently both physically and emotionally." Other patients said they always felt listened to and respected by the nurses.
- Results from the Croydon patient satisfaction survey 2018, showed 100% of patients surveyed felt they were given adequate verbal and written information in order to make a decision about their stoma formation and care. In the same survey, 100% of patients surveyed said the nurse involved them in their stoma care.

Are community health services for adults responsive to people's needs?

(for example, to feedback?)

Good

We rated responsive as **good.**

Planning and delivering services which meet people's needs

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

- Salts nurses had developed clinical partnerships with other health organisations in 13 locations across England. Their service model worked slightly different in areas and was dependent on the need of the external organisation.
- There were models where Salts nurses were integrated within and worked on honorary contracts at an acute hospital that was managed through a service level agreement (SLA).
- Salts had also sponsored NHS trusts to allow recruitment for community clinical nurse specialists to support patients being discharged from hospital. This model was also managed through an SLA.
- Most of the nurses delivered care and treatment in patients' own homes. However, some nurses had formed good working relationships with GP surgeries that allowed them to run clinics from their premises.
- Salts were able to develop business plans for additional nurses based on the demand from the external organisations, such as NHS trusts or clinical commissioning groups.

Meeting the needs of people in vulnerable circumstances

- The service was inclusice and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access the service. They coordinated care with other service and providers.Staff discussed ways in which they could implement adjustments to ensure their patients were able to access the service on an equal basis without barriers. There were no physical barriers for patients as they were seen in their own home environments.
- Staff had access to language line for patients with a language barrier and there were information leaflets available in lots of different languages. They could download and print these leaflets off remotely and generally did this before the visit if they were aware of the language barrier beforehand. Staff understood the importance of using an independent translator when discussing sensitive information about diagnosis.
- The service was compliant with the Assessible Information Standard by identifying, recording, flagging, sharing and meeting the needs of people with a sensory loss or disability. There was an alert system integrated into the electronic patient records that alerted staff to additional needs and support requirements on opening a record. There were audio recordings of advice online for visually impaired patients to access and staff were able to print large font leaflets when needed. The service had recognised they did not have Braille available and had raised this with the company's head of marketing before our visit. They hoped that Braille would be available for patients who needed it in the near future.
- Staff used pictorial cards and prompts on how to change a stoma bag for patients with a learning disability.
- Nursing staff often gave their ideas and views to the marketing department when developing new products to meet the needs of vulnerable people. They told us about a product being developed for patients living with dementia, where the nurses had given their ideas on how to make the products more dementia friendly.

Access to the right care at the right time

- People could access the service when they needed it and received the right care in a timely way
- Staff responded to patients who required urgent care, advice and support within 48 hours of referral and visited them within a week if necessary. Staff based at the acute hospitals were involved with the patients before and directly after receiving surgery. Those who were working closely with early stage two patients were also included in the hospital discharge planning for the patients and were able to respond to the need at the right time.
- Patients who were further in their stoma journey (stage three), who had either self-referred or had been referred by their GP, were seen within two weeks of referral dependent on clinical need.
- There were no waiting lists at the time of our inspection visit. Staff checked in on patients who were non-active on their caseloads by calling them once a year to see how they were. They ensured their details were left with the patient and encouraged them to call any time if there was a problem.
- All patients we spoke with said their concerns or problems with their stoma had been resolved in a very

timely way. They said whenever they had a problem they could call and either have their problem resolved there and then over the telephone, or seen within a couple of days after the telephone call to be reassessed.

- Normal service hours were between Monday to Friday, 8am until 4pm or 9am until 5pm dependent on the geographical area. Patients were encouraged to contact their GP if they had concerns out of service hours.
- Managers within the service did not routinely collect delayed discharges from hospital to community for patients on stage 2 pathways, where Salts nurses were already involved in the care of the patient, or readmission rates. This information was collected and reported internally within the NHS trusts that Salts held contracts with. Salts managers discussed performance with their contracted NHS trusts on a regulalr basis and were able to request this information when necessary.
- Salts had a contract indicator specific to one of the NHS trusts that related to an Enhanced Recovery Programme for patients undergoing Cystectomy, an operation to remove the bladder. We reviewed feedback from the trust that stated they had seen a significant reduction of their length of stay figures from 14 days to seven days for open surgery, and five days for robotic surgery. The trust acknowledged a key part of their pathway was the "superb stoma education and care" Salts nurses provided to their patients. They credited the Salts team for their contribution and the impact they had on reducing the length of stay. The trust also highlighted that they had seen "huge improvement in the time taken for patients to return to normal activities" aided by the intervention of the Salts team.

Learning from complaints and concerns

- It was easy for people to give feedback and raise concerns about care received. Managers had training to investigate complaints appropriately and there was a complaints policy for staff to follow.
- Staff provided patients with a number of routes for providing feedback both positive and negative. However, there were no formal complaints that had been received since the service was registered in 2016.
- Staff were able to give examples of where they had changed an area of practice because of informal feedback. An example they gave was not wearing a nurse uniform on some visits because patients did not want their neighbours to know they were regularly visited by a nurse.
- The complaints policy was up to date and defined clear roles and responsibilities. We saw that there was a pathway for escalation if a patient was not happy with their response from the nurse managers. The managing director of the company would then investigate and respond to the patients. Nurses knew the independent authority to signpost patients to if they were unhappy with the response from the managing director. However, this was not documented in the complaints policy. We raised this with the nurse managers whilst on site and the service has since updated their policy to include an independent review stage.

Are community health services for adults well-led?

Good

We rated well-led as **good.**

Leadership of services

- Leaders had the integrity, 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.The service was led by two nurse managers who were clinical nurse specialists in stoma care and had previously managed teams within an NHS setting. Both managers had attended leadership training and programmes to enable them to run a service. They had direct line management responsibilities for the nurses within the North and South teams.
- The managers of the nursing service sat within the overall corporate governance structure and were accountable to the head of business development.

- All staff we spoke with told us leaders were visible and approachable.
- Leaders understood the challenges to the service and identified actions needed to address them. These included understanding of the clinical role from non-clinical staff within the company, and expectations of other organisations.
- They said initially there was a lot of speculation and anxiety from other organisations that Salts nurses were going to change or pressure patients to switch to Salts products. The service has eliminated this expectation by being very transparent and showing other health providers the focus of the service was on the clinical need of the patients.
- There were clear priorities for ensuring sustainable, compassionate and effective leadership. The service had implemented a leadership development programme that included succession planning. They had developed the role of practice development nurses that included aspects of running the service in preparation for retirement of the leadership team.

Service vision and strategy

- The service had a vision for what it wanted to achieve and workable plans to turn it into action, developed with staff. Leaders and staff understood and knew how to apply them and monitor progress.
- The nursing service had a clinical vision and values that linked in with the overarching corporate vision and values. The clinical vision and values were developed with all the nurses. They were divided into groups to provide ideas on how they could apply aspects of the corporate vision and values to the service they provided. All staff were aware of the vision and values of the service.
- The clinical values were the NHS England six C's; Care, Compassion, Competence, Communication, Courage and Commitment. The clinical vision was called the mission statement and was, "making a difference to our patients' lives each and every day."
- The nursing service strategy was called their statement of purpose, which outlined what the service was going to provide and how they were going to provide it, incorporating their values to achieve their mission statement. There was one overarching statement of purpose for the nursing service, with three separate statement of purpose documents for the three different pathways provided. Each patient was provided with a statement of purpose on their initial visit to the service so they knew what to expect from the service and what was expected of them.
- The service monitored and reviewed the progress against delivering the strategy. Staff carried out statement of purpose audits annually on an individual basis and any shortfalls had actions identified.

Culture within the service

- 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 culture of the service encouraged openness and honesty at all levels within the organisation, including with patients. Meeting the needs of patients to make a difference to their quality of life was at the centre of the provider's culture.
- There was a strong emphasis on the safety and well-being of staff. They carried out regular health and well-being surveys so staff could better understand how they could help their staff have a good work-life balance. All staff we spoke with said they felt valued, respected and supported.
- There were embedded measures to protect the safety of staff who worked alone and as dispersed teams working in the community. The service had a very robust lone worker policy and procedure to ensure staff were safe at all times. They utilised technology from a well-established personal safety service that enabled staff devices to link directly with a 24 hour a day, seven days a week incident management centre. The devices had two-way audio as well as global positioning system technology that allowed managers to identify exactly where a member staff were at any given time.
- The lone worker devices were audited annually on an individual basis, to ensure that staff were adhering to the lone worker policy and to identify any training

needs with the devices. All staff we spoke with understood how to use their devices effectively and their responsibilities under the lone worker policy to ensure their own safety.

- Leaders and staff understood the importance of being able to raise concerns without fear of retribution. There was a whistle blowing policy given to staff within their handbooks on induction. All staff were aware of the policy and who to go to if they needed to raise any concerns. Staff felt comfortable and confident to raise concerns and knew they would be treated fairly.

Governance, risk management and quality measurement

- 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 performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.
- The service referred to their risk register as risk assessments. There was a separate risk assessment for each area within the business, including the clinical risk assessment that included all risks related to the nursing service. All risk assessments were held on an electronic system that stored risk and data management, including audits.
- There was sufficient senior oversight of the nursing service at corporate board level. Governance structures were clear with clear lines of communication from the service to the board. Staff confirmed they had received regular feedback from the board.
- The corporate health and safety manager had overall responsibility for maintaining the risk assessments, including the clinical risk assessment. The risk assessment was reviewed annually and board members could access the risk assessments at any time. The leaders of the nursing service were clear about what was on their risk assessment and were able to explain control measures to reducing the risks. For example, one of the risks was going into patients' homes on the initial visits. Control measures included the use of technology to ensure the safety of their staff.
- The nursing service produced an annual business plan that reviewed the progress of the service over the previous 12 months and plans to move forward. This business plan was presented to the corporate managing director and corporate head of business, who gave feedback on objectives for the service.
- They collected, analysed, managed and used information well to support its activities, using secure electronic systems with security safeguards. They used this information to systematically improve the service quality and to safeguard high standards of care.
- Patient records were held electronically and were monitored and reviewed regularly to ensure information was accurate and managed in a way that kept people save.
- The service collected patient experiences through annual surveys in addition to real time feedback. Staff were able to give examples of where the services had improved because of feedback. For example, implementation of support groups and implementing standardised voicemail messages with cover arrangements when a nurse is on leave or out of hours.
- Nurse managers shared data with external organisations where there were service level agreements (SLAs) involved and leaders were clear about their accountabilities. The overall management of SLAs was the responsibility of the corporate contract's manager. The nurse managers were responsible for ensuring the clinical key performance indicators of each SLA were met.
- However, not all risks were identified appropriately and recorded. During our visit, we identified staff had not received specific sepsis training and they did not carry equipment that enabled them to undertake patient observations, for example blood pressure and temperature. There was also no formal deteriorating

patient or sepsis policy and procedure to support staff in identifying and managing deteriorating patients. These risks were not identified on the clinical risk assessment.

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.
- Patients had the opportunity to provide feedback to the service on shaping the delivery of the service through several routes. There was an annual patient experience survey, real time feedback cards and support groups for patients to attend.
- Staff engaged with patients to deliver support groups in a way that mostly benefitted the patients. After consultation, the service implemented a structured approach to ensure consistency across the service.
- Staff had held several educational study days for patients that had been focused on hot topics and themes that were important to the patients. For example, they ran a day on foods to avoid over the Christmas period to avoid a hospital admission.
- Managers engaged well with staff to ensure the service they provided supported staff to deliver care and treatment safely. They carried out surveys to gain feedback from nurses on what is important to them. For example, they carried out a communication from managers' survey where they asked staff on the structure and frequency of their meetings, and frequency of ongoing communication. They had plans to carry out a survey on clinical supervision in the near future.
- The service involved external organisations to help them improve and sustain the care provided to patients with mental health or emotional wellbeing issues. They had links with a clinical psychologist through the Salts training academy, who was booked in for a study day shortly after our inspection visit. The service regularly had external speakers attend study days to help staff provide emotional support for their patients. For example, they had MacMillan cancer nurse specialists come to one study day and they had an external speaker on sexual dysfunction on another study day.
- We spoke with three external organisations that had SLAs with the Salts nursing team. Feedback from these organisations was very positive. They were very complimentary of the service provided and had received high praise from the patients they serviced.

Innovation, improvement and sustainability

- 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.
- Managers encouraged staff to volunteer for Association of Stoma Care Nurses (ASCN) research proposals. At the time of our inspection visit, nurses in the Croydon area were involved in an Association of Coloprotology of Great Britain and Ireland (ACPGBI) Cohort study to Investigate the prevention of Parastomal hernias (CIPHER).
- Staff were encouraged to share best practice with other health care professionals. Managers encouraged staff to present at ASCN national conferences as well as internationally at World Council of Enterostomal Therapists (WCET) conferences.
- Several nurses had written published papers in national journals, for example the British Journal of Nurses and the Gastrointestinal Nursing (GIN) Journal. We saw a paper written by one of the nurses published in GIN called, "A guide to stoma care for Sikh patients" published in September 2018.
- Staff had developed stoma care literature that had been implemented nationally, such as patient information leaflets around chemotherapy use of loperamide and the effects on stoma output, urology patient passports, and stoma care in adolescence.
- There was a dedicated research and development team that looked at ways to better manufacture products for patients with additional needs. The nursing team was involved in the design of these products to help patients with visual impairments and dementia.

Good

Community health services for adults

- Salts had their own nurse teaching academy that provided an accredited stoma course. The course was developed and launched as part of a degree level of study in September 2013 by Salts academy alongside a University. The module was developed in response to a need for a formally recognised qualification in stoma care. On completion, student nurses were awarded with a post-graduate level 6 certificate. The course has since achieved accreditation at master's level. Nurses within the service regularly taught on the course.
- All nurses were encouraged and had the opportunity to deliver and facilitate educational study days held at the Salts academy. They had provided study days in siting stomas, colorectal cancer, inflammatory bowel disease, urology, stoma care in younger people and stoma care in older people. Nurses also delivered national study days. In 2017, they ran "Everybody matters," which looked at body image and body confidence. At the time of our visit, nurses were planning a national study day for June 2019 called "Bottoms Up!" which was going to look at patients' journeys through a diagnosis of rectal cancer.

Outstanding practice and areas for improvement

Outstanding practice

- Staff regularly delivered educational study days for patients that focused on hot topics and themes that were important to the patients. For example, they ran a day on foods to avoid over the Christmas period to avoid a hospital admission. They had also ran a study day around travelling abroad with a stoma.
- Staff were actively engaged in sharing best practice with other professionals within their field both nationally and internationally. They regularly taught on the post-graduate level 6 stoma course developed by Salts alongside a University, and were involved in the development of information leaflets that had since been implemented nationally.
- Nurses had the ability to be involved with early design stages of stoma devices. They were able to provide their clinical knowledge and expertise to the manufacturing team to ensure stoma devices met people's individual needs.

Areas for improvement

Action the provider SHOULD take to improve

- The provider should implement a deteriorating patient policy and procedure that includes specific guidance and advice for staff to follow when managing sepsis and deteriorating patients.
- The provider should ensure staff have received specific training on sepsis management.
- The provider should consider reporting audit outcomes as a whole team so the service can evidence compliance across the workforce.
- The provider should continue to implement additional audits to assess compliance against national standards and guidelines for example, hand hygiene audits.
- The provider should continue to develop a formal process to ensure managers can evidence ongoing assurance of experienced nurse competencies. The provider should ensure they identify risks and record them appropriately on the clinical risk assessments.
- The provider should ensure all risks related to identification of sepsis in deteriorating patients are identified and recorded appropriately on the clinical risk register.