

Optimum Medical Solutions Ltd

Tennant Hall

Inspection report

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

Ratings

Overall rating for this location

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Overall summary

This was the first rating of this service. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- Not all staff were up to date with their mandatory training in using the Deprivation of Liberty Safeguards.
- The provider did not always maintain a complete care record for every patient.

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

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Summary of this inspection

Background to Tennant Hall

Tennant Hall in Leeds is the headquarters for Optimum Medical Solutions. The service provides specialist nursing care for adults over the age of 18, with continence issues, who may require procedures, such as bladder scanning, catheterisation, and urinalysis. Staff can advise patients about continence products and can supply products where required. All product stock is held at their warehouse in Bradford, but patients are seen in their own homes for advice and treatment around continence care. At the time of inspection there were regular clinics in some areas of the South East and South West, West Yorkshire, Coventry, The Wirral, and Bradford.

Referrals to the service come primarily from NHS hospital urology services, community continence teams, district nurses, consultants, although people can self-refer. The service works in partnership with the NHS, and one of their main aims is to support NHS services by helping to reduce waiting times for patients.

The patient does not pay for the services, and payments are claimed back from the NHS by the provider for each intervention.

The location has been registered since November 2021 for two Regulated activities.

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

There was a registered manager in post. This is the first time the service has been inspected since it was registered.

How we carried out this inspection

The team that inspected the service consisted of 1 CQC inspector and 2 specialist advisors that were experienced in community nursing. Before the inspection visit, we reviewed information that we held about the location. During the inspection visit, the inspection team:

- visited the head office in Leeds and the warehouse in Bradford
- spoke with 9 staff including the registered manager, the operations manager, and the co-owner
- spoke with 5 patients
- observed 3 patient visits
- reviewed 6 patient records
- received feedback from one stakeholder

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>.

Summary of this inspection

Areas for improvement

Action the service SHOULD take to improve:

The provider should ensure all clinical staff complete training in the Deprivation of Liberty Safeguards (DoLS).

The provider should ensure that all their care records contain at least a summary to ensure the provider has oversight of all the care being delivered.

Our findings

Overview of ratings

Our ratings for this location are:

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

Community health services for adults

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

Is the service safe?

Good 

This was the first rating of safe for this service. We rated it as good.

Mandatory Training

The service provided mandatory training in key skills to all staff and made sure everyone completed it.

Nursing staff received and kept up to date with their mandatory training. We spoke with staff and looked at training records to confirm this. At the time of the inspection, the compliance rate for mandatory training was at 90%. However, at the time of our inspection, only 2 out of 7 staff had completed specific training in the Deprivation of Liberty Safeguards. This was because the course was new, so staff had been given a deadline of the end of August 2023 to complete this. We found that staff were knowledgeable in this area and we could not find any evidence of impact on patients.

The mandatory training was comprehensive and met the needs of patients and staff. Clinical staff had a matrix that outlined what training they were required to do. Essential training included basic life support, manual handling, infection control, mental health awareness, and lone worker safety.

Clinical staff completed training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia. All nursing staff had completed this, which was in addition to mental health awareness training.

Managers monitored mandatory training and alerted staff when they needed to update their training. We spoke with human resources and clinical staff to confirm that staff received an alert when their training was about to expire. Each nurse had one day per week allocated to do administration and to complete essential training.

Community health services for adults

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. Clinical staff were required to complete a higher level of safeguarding training than non-clinical staff, but both completed training in adult and child safeguarding procedures. In addition, clinical staff were required to complete PREVENT training, and training in identifying and responding to female genital mutilation. PREVENT training aims to safeguard people from being radicalised.

Managers and clinical leads completed a higher level of safeguarding training. They were also in the process of being trained to enable them to provide safeguarding supervision to clinical staff in the nursing service .

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. All clinical staff received training in equality and diversity issues, which included information about protected characteristics.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff gave us examples of working with district nursing teams and mental health agencies to identify and respond to people that required safeguarding, including people at risk of self-neglect.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. The nurse manager and clinical leads acted as the safeguarding leads for the team. They had access to all the contact details for the safeguarding teams across the geographical footprint of the organisation. We saw examples of referrals that staff had made to local authority safeguarding teams. The provider gave us data to show that in the previous 12 months, staff had made one external safeguarding referral.

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.

Staff followed infection control principles including the use of personal protective equipment (PPE). We observed several home visits and received feedback from patients to confirm that staff always followed good hygiene procedures and used appropriate PPE. The manager carried out regular audits to check staff compliance with infection control procedures, including hand hygiene and bare below the elbow policies.

Staff cleaned equipment after patient contact and equipment decontamination log completed weekly. We spoke with patients and observed some patient visits to confirm that staff always cleaned equipment, for example, bladder scanners between patients. Nurses were required to keep a weekly log to demonstrate they had cleaned their equipment even if it had not been used. This was checked regularly by the nurse manager and clinical leads.

Environment and equipment

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

Staff carried out daily safety checks of specialist equipment. Managers also kept a portable appliance testing log and a log of when equipment, such as bladder scanners were due to be replaced.

Community health services for adults

Prior to visiting new patients, nurses carried out environmental risk assessments to determine whether the patient's home environment was suitable for carrying out the required procedures and was safe for staff. Staff followed good lone working practices and had access to software on their mobile phones to help keep them safe and alert urgent help.

The service had enough suitable equipment to help them to safely care for patients. Each nurse had their own set of equipment and were not required to share with anyone else. They had access to a bladder scanner, and suitable equipment for routine checks, such as blood pressure and temperature.

Staff disposed of waste safely. Staff were only required to dispose of waste that could be left in patients' own domestic waste bins. They did not carry out procedures that generated clinical waste.

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 nationally recognised tools to identify deteriorating patients and escalated them appropriately. All staff carried sepsis awareness cards, and were trained in the National Early Warning Score (NEWS) tool. Nurses had the equipment and were trained to carry out observations as required. They carried out baseline observations for patients that required invasive procedures. We saw examples in care records where staff had called a patient's GP to escalate concerns about their health condition.

Staff completed risk assessments for each patient on admission to the service. Prior to each patient visit, staff carried out a risk assessment, for example, to determine whether the patient was suitable to have the procedure and whether any specialist equipment, for example, hoists was needed. Where appropriate, staff carried out joint visits with a patient's carers or their health visitors.

Staff knew about and dealt with any specific risk issues. Staff routinely asked patients about any allergies, for example to latex, and they had access to alternative equipment. Staff told us that, where appropriate, they carried out falls risk assessments and always carried sepsis awareness cards.

Staff shared key information to keep patients safe when handing over their care to others. On discharge, nursing staff sent a discharge letter to the referring clinician outlining what care had been delivered and the outcome. Nurses had good relationships with district nursing and continence teams to handover information concerning patient safety, either verbally or through shared care records.

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. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.

The service had enough nursing and support staff to keep patients safe. At the time of the inspection, the service employed 6 full time nurses, including a nurse manager, and 1 part-time nurse to carry out patient interventions. The provider did not take on patients in a new geographical area unless they had the staff to support this, and nurses were encouraged to carry out no more than 4 visits per day.

Community health services for adults

Each month, managers monitored the numbers of patients on each of the nurses' caseloads to ensure they had enough capacity to safely manage patients. We spoke with nursing staff to confirm their workload was manageable and they had enough time to spend with patients and their carers.

The service had low vacancy rates. The service did not have any vacancies for nursing staff at the time of our inspection, and there was no new work planned.

The service had low turnover rates. Managers monitored staff turnover rates and since the service had become operational, there had only been one nurse that had left the service.

The service had low sickness rates. Managers monitored the lost time rate due to sickness absence, which was 12% for the period from 1 August 2022 to 31 July 2023. However, this data covered other staff in the customer care team, not just nursing staff. The nurse manager told us the nursing team had low rates of sickness and short-term sickness could be covered by other nurses including the manager, who did not carry a caseload.

The service never used bank or agency nurses. If they had unplanned absence and this was likely to impact on patient wait times, they informed the referring clinician who would halt referrals to that clinic.

The service did not employ medical staff. Staff worked alongside district nursing and continence teams to deliver specific nurse-led interventions.

Records

Staff kept detailed records of patients' care and treatment. Records were not always clear, but they were up to date, stored securely and available to all staff providing care.

Patient notes were comprehensive, and all staff could access them easily. However, nurses were required to input both on the provider's care record and the patient's care record within the NHS. This meant the provider did not always have access to the complete patient record, but the nurse seeing the patient would use the NHS record to record all care. A summary would be recorded on the provider's care record system.

We looked at the provider's care records of 6 current patients and found that 1 record was brief and directed the reader to the patient's NHS record. The provider told us they had plans to integrate their records system with the new NHS digital platform which would mean nurses would record all patient care in their NHS care record which would be shared with the provider as appropriate. In the meantime, the provider met regularly with the trusts where staff held honorary contracts to check there were no issues with care records and completeness.

When patients transferred to a new team, there were no delays in staff accessing their records. When nurses transferred the patient back to their district nursing or continence care team, there were no delays in them accessing the record because the nurse recorded all their care on the NHS record.

Records were stored securely. Patient care records were electronic, and each nurse had discrete log-in details to access the record.

Medicines

The service did not prescribe, administer, or store any medicines. Any medicines required were prescribed by the patient's GP. However, the provider received alerts from the Medicines and Healthcare products Regulatory Agency, (MHRA), which they cascaded to clinical staff and to staff in the products team. We saw examples of alerts they had cascaded where this affected the products stocked by the provider.

Community health services for adults

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. All staff we spoke with knew how to report incidents. Most incidents were concerned with the delivery of equipment and very few were connected with patient care.

Staff raised concerns and reported incidents and near misses in line with provider policy. We looked at the incident log and spoke with staff to confirm this. Where staff held honorary contracts with NHS trusts, they were required to follow the trust's incident procedures, but a copy would be sent to the provider's nurse manager or clinical leads.

Staff reported serious incidents clearly and in line with organisational policy. During the previous year, there had been one serious incident, where a patient had been supplied with the wrong product. There was no harm to the patient because it was identified and rectified before the patient used the product.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. Since the service opened, there had been 1 incident dealt with under the provider's duty of candour policy, though there was no harm caused to the patient. Staff were open and honest with the patient about their mistake. They offered an apology and rectified the situation.

Staff received feedback from investigation of incidents, both internal and external to the service, and staff met to discuss the feedback and look at improvements to patient care. The nurse manager facilitated weekly nurse meetings where incidents were discussed. All the nurses we spoke with were aware of what incidents had happened in the service and what actions had been taken as a result.

There was evidence that changes had been made as a result of feedback. As a result of an incident where a patient was provided with an incorrect product for their needs, we saw that customer care staff were provided with additional training and the part-time nurse already appointed, provided additional advice and support for customer care staff.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations. We spoke with the nurse manager and looked at incident investigation reports to confirm this.

Managers debriefed and supported staff after any serious incident. The staff we spoke with confirmed they would receive support as needed from the nurse manager or clinical leads. Staff also had access to additional emotional support through the provider's employee assistance programme.

Community health services for adults

Is the service effective?

Good 

This was the first rating of effective for this service. We rated it as 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. We looked at a sample of the provider's clinical policies to confirm that care provided by staff was based on guidance from the National Institute for Health and Care

Excellence (NICE), the Royal College of Nursing (RCN), the British Association of Urological Nurses (BAUN) and the European Association of Urological Nurses (EAUN). The clinical leads worked alongside the nurse manager to ensure policies were up to date and in line with good practice.

Staff had to sign to say they had read the provider's policies, including when they were updated. We looked at a sample of employee files to confirm that staff had signed to say they had read and understood these.

Patient outcomes

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

Outcomes for patients were positive. The provider received highly positive feedback from patients about the nursing service and had started to use a 'bothersome' score to measure the impact of treatment. Patients were encouraged to identify how much their condition bothered them both at the start and the end of treatment. From the period April 2023 to the end of June 2023, 86 patients reported a reduction in their bothersome score, 9 reported no change and no patients reported an increase.

Managers and staff used the results to improve patients' outcomes. The service had effective mechanisms to gather feedback from patients about the nursing service as well as the products on offer. Staff translated the feedback into a service improvement log with records of actions taken to improve services for patients. Examples included additional customer care training, digital solutions, and reviewing patient and staff onboarding materials.

Managers used information from the audits to improve care and treatment. The nurse manager and the clinical leads carried out audits, for example on patient records. They re-audited the same records to identify improvements.

Managers shared and made sure staff understood information from the audits. Managers and clinical leads used weekly nurse team meetings to discuss audit results. Following the inspection, we looked at a sample of the notes from these meetings to confirm that improvement was checked and monitored.

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. All the nurses employed in the service were experienced continence nurses with a background in urology.

Community health services for adults

Managers gave all new staff a full induction tailored to their role before they started work. We checked a sample of employee files to confirm that new nurses had a full corporate and clinical induction. New starters shadowed patient visits and had to be observed and signed off as competent by the nurse manager before being allowed to carry out patient procedures alone. We checked employee files to verify that staff had been inducted properly and were signed off as competent.

Managers supported nurses to develop through yearly, constructive appraisals of their work. We looked at data, which showed that 87% of nursing staff were up to date with their appraisal.

Managers supported nursing staff to develop through regular, constructive clinical supervision of their work. We spoke with staff, who confirmed they had access to clinical supervision, which took place in monthly peer group supervision meetings. They confirmed they had access to 1-1 support if they needed it, either from their supervisor or the nurse manager. In addition, when the nurse manager and clinical leads had received the appropriate training, they were planning to roll out safeguarding supervision to all clinical staff.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. Nurses met together for weekly catch ups and, monthly, they had a longer meeting with a more structured agenda. All meetings were documented, and notes stored where nurses could access them. Attendance at the meetings was high.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Managers identified training needs through regular meetings with the nursing team, who were given time and financial support to attend training and conferences. We saw examples of additional training for nurses in bowel issues and pelvic floor assessments.

Managers made sure staff received any specialist training for their role. The team had good links with a university hospital which provided shadowing opportunities to learn, for example, complex catheterisation procedures.

Managers identified poor staff performance promptly and supported staff to improve. The provider had a people and culture team that could provide support to managers where needed. We saw one example where a support plan had been put in place for an employee who needed help to improve.

Multidisciplinary working

Nurses and other healthcare professionals 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. The nursing team always provided feedback to the referring clinician and in those locations, where nurses held honorary contracts with the trust, they were invited to internal multidisciplinary meetings. Where appropriate, nurses attended meetings in the patient's GP practice. We received feedback from one medical stakeholder who gave highly positive comments about working with this provider's nursing service.

Staff referred patients for mental health assessments when they showed signs of mental ill health, depression. Nurses would liaise with the patient's GP in these situations.

Community health services for adults

Health promotion

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

The service had relevant information promoting healthy lifestyles. We checked a sample of patient care records to confirm that staff gave advice on, for example, smoking cessation, diet, and exercise. They could also signpost patients to local sources of further advice and support.

Staff assessed each patient's health, as needed, and provided support for any individual needs to live a healthier lifestyle. For example, nurses used an evidence-based tool to assess bowel health, and they gave advice on fluid intake. We saw this when we looked at care records.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. We spoke with staff who gave us examples of how to assess a patient's capacity to make decisions about their care and treatment. These were discussed in peer group supervision meetings and used as learning opportunities for the rest of the nursing team.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. We looked at records and saw consent was clearly recorded in patient records. We observed staff on home visits and saw they gained informed consent prior to any intervention. Staff made sure patients consented to treatment based on all the information available. Their visits lasted between 1 and 1.5 hours so staff had plenty of time to explain all the relevant information to patients and their carers.

When patients could not give consent, staff made decisions in their best interest, taking into account patients' wishes, culture and traditions. Staff referred any best interest decision-making meetings back to the referring clinician. They could give us examples of unwise decision-making and how this differed from a lack of capacity, but they had not been involved in treating an adult without capacity.

Nursing staff received and kept up to date with training in the Mental Capacity Act but not with the Deprivation of Liberty Safeguards. This was part of their mandatory training, and at the time of our inspection, all staff had completed training in assessing mental capacity. However, training in the Deprivation of Liberty Safeguards, (DoLS) was new and all nursing staff had a deadline to complete it by the end of August 2023.

Managers did not specifically monitor how well the service followed the Mental Capacity Act, but they did audit care records and looked at consent to treatment. Their latest audit did not highlight any concerns in this area.

Community health services for adults

Good 

Is the service caring?

Good 

This was the first rating of caring for this service. We rated it as good.

Compassionate care

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

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 spoke with patients and observed home visits to determine that staff had the time to spend with patients, and were responsive to their needs. We observed highly positive interactions that demonstrated staff were caring and considerate with patients.

Patients said staff treated them well and with kindness. The nurse manager and clinical leads carried out observations of patient visits to ensure staff demonstrated compassion and kindness, when caring for patients. All the feedback we received from patients was highly positive, and we saw positive interactions when we observed patient visits.

Staff followed policy to keep patient care and treatment confidential. Staff would ask the patient's permission, for example, if carers or family members wanted to be present for the intervention. Patients knew the information they gave would be recorded in their NHS record and fed back to the referring clinician. We saw in records that they gave specific consent for this.

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients with mental health needs. We observed staff interacting with a patient with a learning disability and staff received training in working with people with mental health needs. Staff spoke with us about working with people with substance misuse issues and how they demonstrated an open minded and tolerant attitude.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. Staff received equality and diversity training which helped them understand and respect the needs of patients from a variety of different religious and cultural backgrounds.

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. Staff gave us examples and we saw through observing patient visits how staff provided support to carers, for example, in using the urology products. Feedback from patients was that staff provided appropriate emotional support. In one of their locations, staff had just started to work with a local carers' support group.

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 spoke with staff who demonstrated a thorough understanding of how continence issues could affect every aspect of a person's life. They provided practical advice on living with incontinence.

Community health services for adults

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 made sure patients and those close to them understood their care and treatment. Nurses had the time to spend with patients ensuring they and their carers understood their treatment and how to use the products on offer. The provider gathered feedback from patients to monitor whether staff explained the treatment properly.

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. We observed this during an observed visit with a patient with a learning disability. Nursing staff told us how they supported a patient with a hearing disability.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Patients and their families were encouraged to provide feedback, both about the quality of the provider's products, their customer care team, and the nursing service. Patients could submit reviews through an independent provider and, following a visit from the nurse, patients were sent a feedback form to complete and return via a freepost envelope. Patients could also submit feedback on-line. The provider analysed responses monthly and patients were followed up if their feedback score was below a certain threshold. Patients were invited to suggest any improvements, and these were considered in regular improvement meetings.

Patients gave positive feedback about the service. All of the patients we spoke with gave highly positive feedback about the nursing service. We looked at an example feedback report from June 2023 and saw that 7 out of 8 patients were either satisfied or very satisfied with the service and 6 patients would recommend the service to family and friends.

Is the service responsive?

Good 

This was the first rating of responsive for this service. We rated it as good.

Service planning and delivery to meet the needs of the local people

The service planned and provided care in a way that met the needs of local people and the communities served. 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. One of the aims of the service was to reduce pressure on NHS continence and urology services by seeing people that required specialist intervention, and reducing waiting times for patients. The service also provided training and advice to district nursing teams to upskill them in providing care to more complex patients. The provider recognised that there was not enough capacity in many NHS continence services, and, as a result, they had grown significantly since they launched. The provider had reduced wait times for patients because they could usually be seen quicker than by the NHS.

The service had systems to help care for patients in need of additional support or specialist intervention. The service provided specialist continence interventions, but referred patients for additional support as needed including occupational therapy.

Community health services for adults

Managers ensured that patients who did not attend appointments were contacted. Patients were given 3 opportunities to engage with the service and referred back to their clinician if they did not attend. Nurses kept records of all calls and letters to patients.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. The provider's aim was to make the products and services accessible to all patients, including prospective patients. The provider planned to make their website more accessible so visitors could change and magnify various aspects, like the font size. Staff told us the new design would incorporate a text to speech function for the live chat and the layout could be changed by the user to reflect their preferences.

The service had information leaflets available in languages spoken by the patients and local community. We looked at the provider's website to confirm that there were information leaflets to download in a variety of community languages, including Polish, Punjabi, Urdu and Bangla.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. The provider's website offered translation services for people whose first language was not English. Staff told us they would be able to arrange for signers from the referring clinician where this was required.

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. The service standards were that patients would be contacted within 48 hours of referral and would be seen within 2 working days. Planned leave was covered, but not unscheduled absence. The nurse manager told us they generally adhered to their maximum wait times. The provider had created a dedicated referral in-box that staff checked daily to ensure referrals received a timely response.

Managers worked to keep the number of cancelled appointments to a minimum. We looked at data for the previous 12 months to see that very few appointments were cancelled by the provider. Staff confirmed that if appointments were cancelled, they would be re-arranged as quickly as possible.

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. Detailed information about the complaints process was easily accessible through the provider's website, and the patients we spoke with confirmed they knew how to complain. Patients could also complain or give feedback about the provider to NHS England.

Staff understood the policy on complaints and knew how to handle them. Patient complaints were dealt with by the nurse manager and/or clinical leads. Some staff had received specific training to carry out detailed investigations where appropriate.

Community health services for adults

Managers investigated complaints and identified themes. We looked at the provider's complaints log for 2023. Most of the complaints received were about the product side of the business, for example, about the delivery service or damaged/faulty goods received. In the period January 2023 up to the time of the inspection, there was only one complaint about the nursing service, and this was resolved by the nurse manager speaking with the complainant the next working day.

Managers shared feedback from complaints with staff and learning was used to improve the service. Complaints and patient feedback was a standard agenda item on the nurses' monthly meeting. Managers also discussed complaint themes and trends in regular governance meetings.

Staff could give examples of how they used patient feedback to improve daily practice. The customer care/product support team and the nursing team worked closely together to improve the service for patients. Nurses had provided additional training for the customer care team and the provider had employed an additional part-time nurse to provide telephone support to patients and staff to resolve queries quickly.

Is the service well-led?

Good 

This was the first rating of well led at this service. We rated it as good.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

The registered manager had been with the service since it was registered and was also a Queen's Nurse. This is a formal recognition that they are part of a professional network of nurses committed to delivering and leading outstanding care in the community. The clinical leads were experienced continence nurses with a urology background. They carried a caseload and provided supervision and support to the other continence nurses. All the staff we spoke with told us that the leadership team was highly skilled and approachable. Staff met with leaders and managers frequently to discuss how to improve the service for patients and support staff to achieve high standards of care.

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 provider had a strong vision and ensured that employees at all levels understood the vision and values of the company. All new staff were required to undertake a thorough corporate induction and the provider employed a sustainability manager to oversee the company's environmental pledges. Staff had effective partnerships in place with some NHS services to reduce wait times for patients requiring continence products and services.

Senior managers focussed on making tasks simpler for staff to improve workflow and customer care. They monitored the progress of their strategy through what they called sprint objectives. Staff at all levels were involved in turning the strategy into action, and could suggest ways in which services could be delivered more effectively for everyone.

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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.

All the staff we spoke with felt valued, supported, and empowered to provide a high standard of patient and customer care. They described the provider as a great company to work for with opportunities for professional development and career progression. The company directors were visible and approachable. They invited all staff to an away day twice per year and the culture of the company was about having fun, and developing people as well striving for excellence in customer and patient care.

All the staff we spoke with, without exception, described an open, no-blame culture where employees could speak freely, without fear. Senior managers welcomed challenge and identified opportunities for learning from service user and staff feedback. The provider had an up-to-date whistleblowing policy in place, and staff know how to access this.

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.

Overall, the location had strong governance systems in place to ensure patients had access to care and treatment that was evidence based, and delivered by well trained and experienced staff.

The provider had robust procedures in place to ensure staff were recruited safely, supported in their job and received any specialist training for their role. There were robust safeguarding processes in place, and incidents were investigated thoroughly and in a timely way. Processes for learning from incidents, complaints and feedback were well embedded in the service and staff had enough opportunity to be involved in the development of the service. Staff worked effectively with NHS trusts to deliver care that was responsive to peoples' needs.

Nursing staff met together every week and had access to corporate meetings where the patient experience was discussed. They could contribute to the development of the service by suggesting improvements. Staff celebrated success by sharing compliments and positive feedback from patients and other stakeholders.

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, and staff contributed to decision-making.

Staff were invited to regular meetings called 'Constantly Creating Better', where they were encouraged to reflect on how the service could do things better for people, including service users and staff. Managers kept a running log of issues they identified as needing improvement based on incidents, complaints, service user and staff feedback. Managers identified risks and recorded them on a corporate risk register, which they reviewed regularly.

The provider had sustainability and corporate social responsibility plans in place, and staff were committed to reducing their impact on the environment. They had business continuity plans in place and had used these during the recent pandemic.

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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.

Managers met for monthly clinical governance meetings where they discussed the performance of the service including the number of patients seen and whether they were seen within the relevant timescales. Managers monitored compliance with staff training, supervision and appraisal. Performance information was shared with the nursing team who met monthly to review to identify any areas for improvement. The product and customer care teams worked effectively with the nursing team to identify opportunities improve the patient experience. However, the nursing team had to duplicate care records, which meant the provider did not always have complete oversight of the patient's documented care and treatment. To eradicate this, the provider had plans to integrate their care records system with the NHS digital spine. They hoped to achieve this over the next 6 months. The provider submitted notifications to the Care Quality Commission in line with legislation.

Engagement

Leaders and staff actively and openly engaged with patients and staff, the public and NHS organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

Staff engagement with the provider was high and all the staff we spoke with on inspection were highly motivated, positive, and committed to the values and ethos of the company. The provider carried out 6 monthly staff satisfaction surveys. We looked at the latest survey carried out in December 2022. It showed that most staff felt happy and proud to work for the provider. Staff felt they had all the equipment needed to perform their role and had received appropriate training to do their job. Participation in the survey had increased and was at 81%. The overall satisfaction and motivation score was 91%.

Staff took part in a regular awards scheme where staff could vote for colleagues who demonstrated quality and commitment to their work. The provider donated money to the winners' chosen charity.

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.

All staff, including nursing staff were encouraged to attend regular meetings called 'Constantly Creating Better'. The aim of these meetings was so that the provider could identify from staff at all levels what the service could do to improve the customer and patient experience. The provider also had a customer experience team that met twice per week to drive improvements forward.

Staff were encouraged to think about the company's impact on the environment and the provider had gained accreditations for calculating their carbon emissions and reducing their carbon footprint.

The provider was in the process of developing a products and services newsletter for patients and the website was being improved to deliver a more responsive customer and patient experience.