

Atos Medical UK Limited

Atos Care

Inspection report

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

Ratings

Overall rating for this location

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Overall summary

We rated it as good because:

- The provider delivered a specialist support service to patients who had been fitted with a head or neck stoma. There were enough appropriately skilled and experienced staff who understood how to support patients and keep them safe.
- Staff had training in key skills, managed safety well including how to ensure patients were safeguarded from abuse.
- The service controlled infection risk well. They had put additional protocols in place during the COVID pandemic and which they regularly reviewed to keep up with changing guidance.
- 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, checked that patient's stomas were patent and mitigated the risks of using medical devices to facilitate breathing.
- The registered manager 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. The service prioritised the development of self-management skills for patients who would be dependent on the equipment for the rest of their lives.
- 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 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. The service worked closely with hospital terms to ensure early follow up to surgery and when practical sought to meet patients before discharge to introduce themselves and the service.
- 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 broader health community to plan and manage services and all staff were committed to improving services continually.

Summary of findings

Our judgements about each of the main services

Service

Community health services for adults

Rating

Good



Summary of each main service

We rated it as good because:

- The provider delivered a specialist support service to patients who had been fitted with a head or neck stoma. There were enough appropriately skilled and experienced staff who understood how to support patients and keep them safe.
- Staff had training in key skills, managed safety well including how to ensure patients were safeguarded from abuse.
- The service controlled infection risk well. They had put additional protocols in place during the COVID pandemic and which they regularly reviewed to keep up with changing guidance.
- 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, checked that patient's stomas were patent and mitigated the risks of using medical devices to facilitate breathing.
- The registered manager 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. The service prioritised the development of self-management skills for patients who would be dependent on the equipment for the rest of their lives.
- 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 people, took account of patients' individual needs, and made it easy for people to give feedback.

Summary of findings

- People could access the service when they needed it and did not have to wait too long for treatment. The service worked closely with hospital terms to ensure early follow up to surgery and when practical sought to meet patients before discharge to introduce themselves and the service.
 - 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 broader health community to plan and manage services and all staff were committed to improving services continually.
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Summary of findings

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Summary of this inspection

Background to Atos Care

Atos Care, previously known as Countrywide Supplies, are a supplier company for head and neck stoma appliances for patients who have had a laryngectomy or tracheostomy and require stoma management. A stoma is an artificial opening made into a hollow organ, especially one on the surface of the body leading to the gut or trachea (windpipe). The company is contracted as a supplier by NHS England and are paid for the supply of specialist equipment and product support.

There is a team of five fulltime registered nurses plus an additional three bank (temporary) nurses. Nurses work from home and are in different parts of the country, covering a specified area: North East England, Northern England/ Yorkshire, Midlands, London/South East England, South West England.

The service is based in Nottingham, but the registered manager works largely from home.

The service is registered with the CQC to provide the regulated activity of treatment of disease, disorder or injury.

We had not previously inspected or rated this service.

How we carried out this inspection

This was a planned inspection with a two-day announcement period. We looked at all the key lines of enquiry for safe, effective, caring, responsive and well led. We rated the service on these findings. We visited the office location in Nottingham on 14 September 2021 and spoke with the human resources manager, operations manager and registered manager. We reviewed five case records, personnel files, policies and procedures.

We contacted and received feedback from nine users of the service using a variety of communication styles to allow patients to effectively communicate their views. We also heard from three carers about the support offered to them and their relatives.

We interviewed all five nurses working full time for the service, observing three of them during a home visit with the patient's consent in the following fortnight. These visits were across Yorkshire, Cheshire and the West Midlands. We also spoke with one hospital-based speech and language therapist who works with the ATOS Care team.

Our findings

Overview of ratings

Our ratings for this location are:

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

Community health services for adults

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

Are Community health services for adults safe?

Good 

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 which covered all the training required for the type of service provided. Staff completed basic life support including cardiopulmonary resuscitation), infection prevention and control, and tissue viability. It was delivered in both practical sessions in the classroom and via e learning.

Staff said mandatory training was effective and enabled them to carry out their role safely. The registered manager was 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. All staff were 100% compliant with mandatory training.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Nursing staff received training specific for their role on how to recognise and report abuse. All nurses had received level 3 training in safeguarding adults and children in line with the intercollegiate guidance.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. We discussed examples of how individual nurses had raised concerns and the management response in supporting nurses to do so.

Community health services for adults

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. They kept equipment and the premises visibly clean.

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

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. They had regularly reviewed and revised the policy to reflect the changing guidance issued by the Department of Health during the COVID 19 Pandemic.

Staff providing care in patients' own homes carried their own hand wash 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. As visits could include the use of nebulisers and suction machines to moisturise and keep the airway clear they wore fitted FFP3 masks in line with guidance around aerosol generating procedures. All nurses had been fit tested for the use of these FFP3 respirator masks and used additional personal protective equipment

All nurses were completing twice weekly lateral flow tests to monitor COVID 19 infection risk. A pre-visit assessment was undertaken prior to any visits. Before entering the home, they took the temperatures of the patients and any carers and checked for any COVID 19 related symptoms.

We observed three home visits and saw staff were compliant with infection, prevention and control policies, procedures, and national guidance. Staff cleaned equipment after patient contact and safely disposed of personal protective equipment after use.

Environment and equipment

The operational policies around home visits and use of equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

There was suitable single use and personal protective equipment available, and staff were using these. Staff carried with them enough personal protective equipment such as gloves, disposable aprons and gowns, alcohol gel, eye protection and both fitted and surgical face masks. The individual nurses managed their own stock of personal protective equipment .

Staff disposed of clinical waste safely. Arrangements for managing waste kept people safe. Staff removed any used personal protective equipment, cleaning products and medical devices from the patient's home.

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 completed risk assessments for each patient on referral into the service and reviewed this regularly after visits.

Staff knew about and dealt with any specific risk issues. They reviewed the stoma site for any signs of infection, skin breakdown and any blockages of the airway. 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' GP's and surgical teams.

Community health services for adults

Staff shared key information to keep patients safe when handing over their care to others. This included initial teaching and then reinforcement of best practice in stoma and skin care to maintain an open airway.

There was also a lone working policy in place to support the safety of the nurses working independently. This addressed risks of visiting in patients' homes and whilst travelling. All ATOS care nurses had access to a tracking device through which they could raise an alert or be tracked if they failed to make contact. This device allowed the nurse to transmit audio and connect to the monitoring hub as well as issue a red alert if there was ever a threat to safety is identified. The device was built in to the nurse's identity badge and was easy to access in an emergency.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. The registered manager regularly reviewed and adjusted staffing levels and skill mix and gave locum staff a full induction.

The service had enough nursing staff to keep patients safe.

The registered manager calculated and reviewed the number of nurses, needed to meet demand for the service. The service had no vacancies. Additional staff were recruited on a temporary basis to meet short term changes in demand and cover absences.

The registered manager made sure all temporary staff had a full induction and understood the service.

The registered manager had oversight of staff capacity and caseloads. They planned patient visits and considered patient need, any risks and the amount of travelling required in defining caseloads for individual nurses.

Quality of Records

Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.

Patient notes were comprehensive, and all staff could access them easily. There was a standardised home visit template for the nurses to complete that set out the doorstep Covid 19 risk assessment, a review of mental capacity, visit outcomes and action plan.

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.

The main 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. There was an additional paper record that could be kept at home for patients' reference of the advice given. This detailed the current equipment in use and the nurse assessment of the effectiveness of the stoma. The patients' paper records also ensured other health care professionals involved in the patient's care were aware of the visit and the treatment provided.

Records were stored securely. Confidential patient information was only shared through a secure email service.

Community health services for adults

Medical Devices

The service used systems and processes to safely prescribe, administer, record and store the medical devices in use to maintain the neck stoma and airway.

Staff followed systems and processes when safely prescribing, administering, recording and storing medical devices. The individual nurses carried a small stock of a range of appliances and equipment with them. A central administrative team supported ordering which prompted patients to maintain good stock levels at home. Small top up orders could be urgently delivered if a patient was at risk of running out.

Staff reviewed patients' medical devices regularly and provided specific advice to patients and carers about their use. For instance, we observed one nurse talking about using the available range of heat and moisture exchangers and how they could be matched to different levels of activity and environment. Some models had been designed to support the patient maintain a good air flow during exercise and others for use during the night for sleep.

Staff stored and managed medical devices in line with the provider's policy.

The service had systems to ensure staff knew about medical devices safety alerts and incidents.

Safety performance, incident reporting, learning and improvement

The service had not reported any incidents in 2021. Staff recognised what would be classed as a reportable incident or near miss and how to report it. The registered manager investigated any concerns raised about care and shared lessons learned with the whole team and the wider service. If things went wrong, staff recognised the need to apologise and give patients honest information and suitable support. The registered manager ensured that actions from patient safety alerts were implemented and monitored.

All staff knew what incidents to report and how to report them. Staff would raise concerns and reported incidents and near misses in line with the provider policy.

Staff understood the duty of candour. They were open and transparent and gave patients and would give families a full explanation if and when things went wrong.

Staff received feedback from users of the service and other healthcare professionals, both internal and external to the service. Staff met to discuss the feedback and look at improvements to patient care.

There was evidence that changes had been made as a result of feedback. For example, some patients had expressed the loss felt by cancellation of support group meetings during the pandemic due to restrictions on meeting in person. In response, virtual meetings and support calls were set up to meet this need.

The registered manager investigated incidents thoroughly and was trained to do so. Patients and their families would be involved in these investigations. The registered manager debriefed and supported staff after any incident.

Community health services for adults

Are Community health services for adults effective?

Good 

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. The registered manager checked to make sure staff followed guidance.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance.

The registered manager checked to make sure staff followed all guidance. All policies were in date and referenced relevant legislation, best practice guidelines and professional standards. For example, the infection, prevention and control policy were regularly revised in line with changing guidance from the Department of Health. Clinical policies referenced national best practice guidance.

At supervision and team meetings, staff routinely referred to the psychological and emotional needs of patients, their relatives and carers. We saw these discussions recorded as case studies and patient outcomes tracked including referrals to other services.

Staff holistically assessed patients' physical health, mental health and social needs on initial assessment. There was a clear focus on supporting patients to manage their stomas independently by giving them information to promote quality of life 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.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain and gave advice on pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and supported referral to the surgical or primary care team for pain treatment when required.

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, consistent and met expectations, such as contractual standards. The registered manager and staff used the results to improve patients' outcomes.

The registered manager and staff carried out a comprehensive programme of repeated audits to check improvement over time. We saw evidence that the registered manager conducted regular quarterly audits of case notes, equipment, training status and an observation of a patient visit. The registered manager used information from the audits to improve care and treatment. The registered manager shared and made sure staff understood information from the audits.

Improvement is monitored through an improvement plan that was reviewed monthly and progress charted against an expected date for completion and current progress.

Community health services for adults

Competent staff

The service made sure staff were competent for their roles. The registered manager 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 had significant clinical experience in a surgical theatre or intensive care setting and were familiar with airway management.

The registered manager gave new staff a full induction tailored to their role before they started work.

The registered manager supported staff to develop through yearly appraisals of their work.

The registered manager supported nursing staff to develop through monthly clinical supervision of their work.

The registered manager made sure staff attended team meetings or had access to full notes when they could not attend. Nursing staff were supported to deliver effective care and treatment. Each nurse had a one-to-one meeting weekly to review their visit programme and caseload. In addition, there were the monthly team meetings to review activity, discuss case studies and product updates.

The registered manager identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Each member of nursing staff had a set of individual objectives and was given the opportunity to develop. The registered manager made sure staff received any specialist training required for their role.

The registered manager reviewed staff performance and working with the company's human resources team would support staff to improve if required.

Multidisciplinary working

The nurses worked together as a team to benefit patients. They supported each other to provide good care. They worked alongside colleagues in the sales team and call centre to understand patient's needs. They liaised closely with speech and language therapy teams in the referring hospitals.

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care.

Staff worked with other agencies to care for patients. In response to request for training from other community health practitioners the nursing team had developed standard training sessions for laryngectomy and tracheostomy care. They had received positive feedback about these sessions and were eager to share their specialist knowledge with others.

Staff had effective liaison with hospital teams leading on the care pathways for their patients. We heard from one speech and language therapist of their positive impressions of the team's responsiveness and professionalism.

Health promotion

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

The service had relevant information promoting healthy lifestyles and positive choices about health. Staff assessed each patient's health when referred and provided support for any individual needs to live a healthier lifestyle.

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.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff gained consent from patients for their care and treatment in line with legislation and guidance.

When patients could not give consent, staff could make decisions in their best interest, taking into account patients' wishes, culture and traditions.

Staff made sure patients consented to treatment based on all the information available. Staff clearly recorded consent in the patients' records.

Nursing staff received and kept up to date with training in the Mental Capacity Act.

Staff access to information

Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.

Are Community health services for adults caring?

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.

Patients said staff treated them well and with kindness. We observed staff interacting with patients in their homes and found them to be consistently positive and hopeful about improving quality of life.

Staff followed policy to keep patient care and treatment confidential.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs.

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. Patients and their carers were universally positive about the advice and support offered by the team.

Community health services for adults

Staff understood the emotional and social impact that a person's condition and treatment had on their wellbeing and on those close to them. They were patient and empathetic in recognising and supporting the adjustments required in living with a neck stoma.

Understanding and involvement of patients and those close to them

Staff supported 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. We saw nurses patiently explain the use of the equipment and how the individual could best use the range of products to enhance their quality of life.

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. The service conducted a survey of patients' views and experience of care every six months. The latest results from May/June 2021 demonstrated high levels of satisfaction with the quality of nursing care with 82% giving a top rating of excellent. 100% of patients responding would recommend the service to others. Comments were wholly positive about the impact of the service on the confidence of patients and their quality of life. When asked about improvements to the service there was a request to continue the online support meetings set up to support patients during the pandemic to allow the involvement of those who could not travel to the face-to-face events.

Staff supported patients to make informed decisions about their care.

Are Community health services for adults responsive?

Planning and delivering services which meet people's needs

The service planned and provided care in a way that met the needs of patients referred to them from across England. It also worked with others in the wider system and local organisations to plan care.

The registered manager planned and organised services, so they met the changing needs and distribution of the patient group. As it was a national service, patients were widespread and carefully managed to ensure travel requirements were able to be met by individual nurses.

The service had systems to help care for patients in need of additional support or specialist intervention. The nurses could escalate any requests for equipment to the administrative team for urgent action and to the co-ordinating hospital team for additional specialist support. The registered manager monitored and took action to minimise missed appointments.

Meeting the needs of people in vulnerable circumstances

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

Community health services for adults

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss.

The service had information leaflets available in languages spoken by the patients. Written materials in languages other than English were available as the provider was an international organisation.

The registered manager made sure staff, and patients, loved ones and carers could get help from speech and language therapists and other specialists to facilitate communication. As many patients had lost their ability to speak there was a range of strategies available to provide support to finding a new voice through technology or new communication skills.

Staff had access to communication aids to help patients become partners in their care and treatment. The nurses worked closely with speech and language therapists to develop speech using an electrolarynx, voice prosthesis and other aids and techniques to improve or substitute for speech. An electrolarynx is an electrical device that produces sound to create a voice when the voice box (larynx) has been removed. It is often used after surgery, before healing enough to speak with a voice prosthesis. A voice prosthesis is a valve that allows you to make sounds by pushing air from your lungs.

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.

The registered manager monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and contractual targets. The nursing service development plan set out a goal to develop a tool in partnership with the company's data analyst and sales team to improve the early identification of any new referrals to the nursing service and track responsiveness of the service in the different territories

The registered manager worked to keep the number of cancelled appointments to a minimum.

When patients had their appointments cancelled at the last minute, The registered manager made sure they were rearranged as soon 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 had received three complaints in 2021 all of which were resolved immediately.

Patients, relatives and carers knew how to complain or raise concerns. This was confirmed during our patient interviews, staff provided contact details for raising any concerns about the service at the first appointment.

Staff understood the policy on complaints and knew how to handle them. The registered manager would investigate complaints and identify themes in line with the policy.

Staff knew how to acknowledge complaints and patients received feedback from the registered manager after the investigation into their complaint. The registered manager shared feedback from concerns and complaints with staff and learning was used to improve the service.

Staff could give examples of how they used patient feedback to improve daily practice.

Community health services for adults

Are Community health services for adults well-led?

Good 

Leadership

The service was managed and led by one clinician, who was an experienced nurse. They had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. The registered manager was always visible in the service and approachable for patients and staff. There was a regular programme of her supporting home visits with each of the nurses to observe and receive direct feedback on the service.

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 developments within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

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.

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 the performance of the service.

Monthly reports on performance were reported to the corporate team against targets. Development opportunities were identified and tracked month by month.

The activities most closely monitored are appliance use reviews. These were planned face to face consultations between an ATOS nurse and a patient to discuss the medical device that the patient was using. These reviews help increase the patient's knowledge and understanding of their appliance and gave them time to discuss any queries or concerns they may have. The service reported completion of these reviews' forms part of their contractual agreement with the NHS. This information was also needs shared with the patient's GP.

The target for home visits had been missed during the COVID 19 lockdowns but had been recovering to target levels from July 2021. Telephone and video calls had been used in place of face to face contact during lockdown. There was a continuing review of the risks of visiting at home and the positive benefits of a face-to-face visit and at the time of inspection home visits were being carried out.

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.

Community health services for adults

Engagement

The registered manager and staff actively and openly engaged with patients, carers and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

Patients views and experiences were gathered and acted on to shape and improve the services and culture.

Staff views were gathered through regular meetings and more formally in an annual staff survey. There were clear outcomes from staff engagement in an action plan to develop the service.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

As part of a larger international organisation the ATOS Care staff had participated in multi-centre studies on the effectiveness of the medical devices they supported and their impact on the quality of life of patients.

The management team operated effective governance processes, throughout the service and with partner organisations as required. The registered manager of the nursing service was clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service with other managers responsible for sales and supply within the company.

Management of risk, issues and performance

The management team used systems to manage performance effectively. They accepted feedback and identified relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events such as the restrictions placed on them by the Covid –19 pandemic. The management team focussed their decision-making to help avoid financial pressures compromising the quality of care.