Alcura UK Limited

Alcura House

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

Alcura House is run by Alcura UK Limited and offers patients individualised care across the UK. The service offers patients the flexibility of receiving treatments, including injections and infusions in the comfort of their own homes. Qualified nurses clinically assess patients, administer medicines, monitor each patient for potential ill effects or adverse reactions of any treatments, supply required medical equipment and also train patients to self-administer medicines in their own homes. Referrals into the service are received primarily by NHS organisations. At the time of this inspection, Alcura House had 1251 active patients.

This was the first inspection of Alcura House.

We rated the service as good because:

- The service had enough staff to care for patients and keep them safe. Alcura House had a pool of regular bank staff and did not use agency staff. Patients therefore received consistent care from the same nurses. All nursing staff had training in key clinical skills which had been tested through competency assessments.
- Staff understood how to protect patients from abuse. All staff received safeguarding training and adhered to the organisations policy. We saw that concerns had been raised appropriately when recognised.
- The service controlled infection risk well with all nurses adhering to national guidelines. All nurses had been supplied with relevant personal protective equipment throughout the COVID-19 pandemic and had not experienced supply issues.
- Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff routinely 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 in their roles. Staff teams worked well together for the benefit of patients. Nurses supported patients to make decisions about their care.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. Staff 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 upon referral to 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 responsibilities. Staff were committed to improving services to ensure patients received the best possible care.

Summary of findings

Our judgements about each of the main services

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

Summary of findings

Contents

Summary of this inspection

Background to Alcura House

Alcura House offers patients tailored care across the UK. Clinical nurse support services and patient support services offers patients the flexibility of receiving treatments, including injections and infusions at home. Additional telephone support is provided. Qualified nurses administer medicines, assess patients clinically, supply required medical equipment as well as regularly monitoring each patient for potential ill effects or adverse reactions of any treatments. Nurses also train patients to self-administer medicines in their own homes as and when needed. Alcura House support clinical trials and so work with healthcare providers and medicine manufacturers to educate patients, administer medicines and regularly monitor new treatments.

The Care Quality Commission do not regulate all of the services Alcura House offers, as some of these are governed by different bodies. These services consist of pharmacy support services (prescription registration and management; dispensing; delivery and waste collection) and specialty wholesale of medicines, which consists of stock management, storage, distribution and reporting.

Alcura House have a team of nurses who work across the UK. The service has a registered manager. Alcura House was registered with the CQC on 5 January 2017. The head office is located in Northampton. It is registered to provide the following regulated activities:

- Treatment of disease, disorder or injury
- Transport services, triage and medical advice provided remotely.

How we carried out this inspection

A team consisting of one inspector and one specialist nurse advisor visited the service. We also had an expert by experience who telephoned and interviewed patients who were receiving care. During the inspection, the team:

- undertook a tour of facilities at the head office.
- accompanied a nurse on a visit to the home of a patient.
- spoke with eight patients who were using the service.
- monitored calls to and from patients by call handlers and other staff.
- spoke with 12 staff at the service, including; three nurses, the head of nursing, the superintendent pharmacist, quality and performance manager, head of projects, head of homecare and secondary care and nurse administrators.
- reviewed 11 care records in total, three of which we cased tracked from admission into the service.
- observed the flow of work from the service receiving an incoming prescription and followed the process through until dispensing. (The pharmacy is not regulated by the Care Quality Commission)
- undertook a sample review of incidents, complaints and safeguarding.
- looked at a range of policies, procedures and other documents relating to the running of the service.

Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. Action a service SHOULD take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Summary of this inspection

Action the service SHOULD take to improve:

- The provider should ensure that care records fully reflect holistic care and emotional support given to patients during home visits.

Our findings

Overview of ratings

Our ratings for this location are:

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

Good

Community health services for adults

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

Are Community health services for adults safe?

Good

This was the first inspection of the 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.

All staff received mandatory training and kept up to date with this. Current compliance for mandatory training for substantive staff was 100%. The staff that were not 100% compliant were bank staff and had not been working for Alcura House in recent times. These staff were expected to complete their mandatory training before re-commencing bank shifts.

Mandatory training provided was comprehensive and relevant to the service. This included basic life support, anaphylaxis management, manual handling, the safeguarding of adults and children, health and safety and infection prevention and control.

Additionally, managers provided training which was specific to nurse's roles. For example, additional training in oncology or different types of medicines used for specific conditions.

Managers held staff training data electronically and informed staff when training was due.

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 received training specific for their role on how to recognise and report abuse. All nursing staff received level three training in line with national guidance. Training compliance for safeguarding adults and children was 100%. Staff knew how to recognise adults and children at risk of or suffering 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. Staff were also aware of when safeguarding concerns needed to be reported to the Care Quality Commission. They were aware of risks to children who were part of a patient's family or circle of friends and would take action if concerns were raised about their safety. Alcura House had a policy in place around the safeguarding of adults and children.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Alcura House had an equal opportunities policy in place which was comprehensive which staff could refer too.

Between 1 October 2021 and 22 February 2022, staff had reported 11 safeguarding concerns to the patient's healthcare provider. We saw that none of these required escalating to the local authority as risks were known and recorded and appropriate safety measures were in place. Staff knew how to escalate to the local authority if deemed necessary, which was supported by the provider policy. Staff clearly recorded outcomes of any concerns raised within care records.

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.

Nurses undertaking home visits cleaned equipment, such as thermometers after each use and wore appropriate personal protective equipment (PPE). We observed this during a home visit. Patients we spoke with also confirmed this.

Staff were adhering to national guidance with regards to COVID-19 infection prevention and control precautions. Alcura House had various protocols in place such as undertaking a COVID-19 pre-visit questionnaire, clinical waste guidelines, as well as nurse exposure to a patient who had tested positive protocol. Staff we spoke with were aware of these and were adhering to them.

Infection prevention and control was part of mandatory training. All substantive staff were up to date in this.

Environment and equipment

Staff managed clinical waste well. When providing care in patients' homes staff took precautions and actions to protect themselves and patients.

Alcura House had a process in place to ensure that any equipment provided was safe and in full working order. Staff undertook monthly audits of equipment, which included ensuring regular calibration of devices had been undertaken.

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.

The referring healthcare provider gave Alcura House all relevant and pertinent information regarding a patient's risk upon referral. Staff then completed a home environment and patient suitability assessment prior to accepting the

patient, to ensure that the service could safely provide the care required. All eleven care records we reviewed had these completed. The assessment included but was not limited to; ascertaining if the patient had any children, pets, history of aggression, and if they were a smoker. The risk assessment tool used by nurses was an in-house model. Staff updated clinical records if there were any changes to risk and completed incident forms to reflect if appropriate.

Staff identified and acted upon patients at risk of physical deterioration. Staff told us that if they were concerned about a patient, they would contact the patient's GP or the patient's allocated healthcare specialist. Staff identified allocated healthcare professionals who were involved in the patient's care during the referral process. If a nurse witnessed an urgent deterioration, staff would ensure that the patient received immediate medical assessment and treatment through a local hospital, via an ambulance.

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. Managers regularly reviewed and adjusted staffing levels and skill mix. All staff received a thorough induction, whether substantive or bank.

Resource planning was used to calculate nurses' workload and tasks. This factored in administration and travel time. Senior staff reviewed these monthly and appropriate action was taken to ensure patients' needs were met and to ensure balance of individual workload.

Managers regularly reviewed the capacity of each full-time nurse. Managers had calculated that nursing capacity triggers a new member of staff at 60%, which related to each nurse caseload. There was an expectation that nurses would undertake a minimum of three patient visits per day. Managers did have the capability to use regular bank staff, who were used to cover weekend visits as well as hard to reach locations as and when necessary.

During 2021, a total of five nurses had left the service, which equated to 12%. Generally, the staffing team were stable. Nurses had left to take up different opportunities in other areas. At the time of inspection there was only one nurse vacancy, which managers were successfully covering through existing staff and regular bank nurses.

Managers monitored staff sickness on a monthly basis and over the 12 months prior to the inspection, this had ranged between 0% and 5.9%. Time taken off for COVID-19 and / or isolation was included within these figures. Generally, the sickness levels were under 2%. One staff member talked about requiring some extended time off work and told us they felt supported throughout this time and returned to work when they were ready without feeling hurried.

Records

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

Nurses had laptops and were able to input visits as they completed within each patient's home. Nurses also had portable printers so that appropriate information could be printed and left with the patient where necessary. Any handwritten forms were uploaded onto the system in a timely way.

We reviewed a total of 11 care records and found these to be comprehensive and up to date to reflect interventions and treatments given.

Good

Community health services for adults

Medicines

The service used systems and processes to safely administer, record and store medicines.

The pharmacy within Alcura House is regulated by a separate regulatory body. Prescriptions were sent through by referring healthcare providers. The inspection team followed through the process of Alcura House receiving a prescription, through to dispatch. Staff ensured that all prescriptions were original and were signed. The prescription underwent numerous quality checks from administrative staff as well as qualified pharmacists before the flow moved through into delivery. Staff contacted the patient to organise a convenient time for delivery. After further checks, staff labelled medicines in preparation for delivery.

Robust processes were in place regarding the storing of medicines at the correct temperatures. Cooler temperatures were maintained where required internally and during delivery to ensure medicines remained effective and safe for administration.

Staff stored and managed prescribing documents in line with the provider's policy and national guidance. The service had systems to ensure staff knew about safety alerts and incidents, so patients received all medicines safely.

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.

Staff knew what incidents to report and how to report them. Staff we spoke with were able to give examples of incidents which they would be required to report and were familiar with the electronic reporting system. Senior staff analysed all incidents monthly across different departments to review any themes and identify areas of risk.

Staff met to discuss the feedback and looked for areas for improvement. Senior staff discussed this information during monthly compliance meetings, quarterly patient safety meetings and clinical governance meetings. Nursing managers cascaded relevant information to nurses and fed back during team meetings, through supervision or general catch-up calls.

We undertook a review of eight incidents across the service. We found accurate reporting and follow up actions. A relevant individual within the relevant team undertook the investigations and tried to identify any root causes. Staff recorded all findings within the incident log.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation when things went wrong. All staff undertook duty of candour training as part of their induction.

Changes had been made because of repeated incidents in a specific area. For example, there had been lots of incidents reported about the delivery of medicines. As a result of this, Alcura House changed their courier service and have since found that reported incidents of this nature had reduced.

The service had not had any never events or serious incidents. Alcura House had a policy in place which clearly identified what staff should do if such incidents occurred. Staff were aware of this policy. There were processes in place to support staff following any serious incidents, which included a de-brief and additional support if needed.

Good

Community health services for adults

Are Community health services for adults effective?

Good

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 provided a range of care and treatments suitable for the patients in the service. Nursing staff delivered care in line with best practice and national guidance, such as the National Institute for Health and Care Excellence (NICE).

Managers and staff carried out regular audits to review quality and patient outcomes. Examples of monthly audits staff undertook included medical equipment audits, clinical evaluation form audits (quality of these and time taken to submit to healthcare providers) and cannulation attempts audit. The Clinical Governance meetings facilitated the sharing of audit outcomes to enable learning across the service.

Patients had support for their physical health needs from their GP or community services. However, nursing staff could and did act when noting a deterioration in the physical health of patients. This would be in the form of any immediate health assistance, relating to the treatment area the nurse was dealing with, or consideration of emergency treatment at a hospital if deemed necessary. Staff informed the patients GP of any interventions and recommendations.

Staff used technology to support patients. The head office had full electronic monitoring and computing equipment to deal with and log calls from patients. Managers had supplied the nursing team with laptops and portable printers which gave secure and immediate access to patient records. Alcura House was committed to further develop current information systems and worked continuously with an information technology team to help achieve this.

Competent staff

The service made sure staff were competent for their roles. Managers appraised the work performance of staff and held supervision meetings with them to provide support and development.

Managers made sure staff had the right skills, qualifications and experience to meet the needs of the patients in their care. Every new staff member received a full induction to the service before they started work. Staff we spoke with told us that induction was comprehensive. All staff had induction booklets which they worked through. New staff had allocated shadow days within the call centre, accounts department, pharmacy and warehouse to gain an understanding of what Alcura House achieved. Nursing staff then shadowed nurses before undertaking work independently.

Staff completed mandatory training. Senior nurses or nurse managers assessed clinical competencies in different areas, such as cannulation (insertion of a tube into a vein), venepuncture (taking blood) and administrations of medicines to include intravenous (injections into a vein) subcutaneous (under the skin), and administration of specific prescribed infusions.

Good

Community health services for adults

Managers supported staff through regular appraisals of their work. Managers undertook appraisals and performance and development reviews twice yearly. A mid-year review followed by end of year review. Staff had the opportunity to discuss challenges, achievements, feedback as well as learning and development and future career aspirations. All substantive staff had received an appraisal.

Managers did not always hold team meetings face-to-face due to nurses being spread across the UK, and due to recent COVID-19 national restrictions. When able, nurse managers strived to meet the entire nursing team together twice a year. Over the previous two years, meetings with staff had taken place via frequent telephone or video calls. Nurse managers ensured that all staff were up to date with relevant information. Nurses we interviewed told us that nurse managers were easily accessible and approachable, and they felt very supported in their roles. All staff had received regular supervision by their line manager which was recorded.

Managers recognised staff poor performance and had assistance from human resources to manage these as and when necessary.

Senior staff we interviewed talked about ongoing recruitment, and the importance of finding nurses with the right attitude and values as well as skills and experience to join the team.

Staff gave us examples of them being trained further and supported by the service which had led to promotions. Some senior nurses had been promoted since starting as a nurse. The manager of nursing administration had also been recently promoted within the service.

Multidisciplinary working

All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies as and when required.

Staff made sure they shared clear information about patients and any changes in their care. Staff used electronic recording systems and ensured that patients records were available to GPs and other healthcare professionals involved in their patients' care.

Staff had effective working relationships with other teams in the organisation. The service required close collaboration and a strong team work ethic to ensure that patient care was optimised. During the inspection, we saw how each part of the service interlinked, ensuring that each patient needs were met in a timely, professional and safe way.

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.

Managers delivered training to all staff upon induction about the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLs). This included the five key principles of the Act, along with exploring the Deprivation of Liberty in domestic settings, which is more relevant to Alcura House nursing staff. At the time of inspection, all staff had received this training.

Good

Community health services for adults

All staff we spoke with explained the importance of gaining a patient consent prior to any treatment or interventions given. Patient consent was also sought upon referral to the service by their GP or healthcare professional, which was recorded. Nursing staff explained to patients that they could withdraw their consent at any time.

The service had a policy around consent and the Mental Capacity Act. This offered staff clear guidance around the Mental Capacity Act and included capacity to make decisions, different types of consent, withholding of consent and the refusal of treatment. Nurses we spoke with knew who to contact if they felt that the capacity of a patient had changed. They would contact the GP or relevant healthcare professional.

Are Community health services for adults caring?

Good

We rated it as good.

Compassionate care

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

Staff were discreet and responsive when caring for patients. Patients told us that the nurses did not rush and took time to interact with them during their visits. Some patients explained that the nurses would stay after they had administered their treatment to make sure that they were ok.

Staff gave each patient a copy of the patient's charter. This clearly highlighted what each patient should expect from staff, in terms of respectful behaviours, being treated kindly, with privacy and dignity.

All eight patients we spoke with talked about staff in a positive way and had lots of praise for the nurses they regularly saw. Two of the patients referred to their nurse as "like being part of their family". All patients felt that the nurses were easy to talk to, were friendly, caring and professional. Patients we spoke with thought that the nurses were well trained.

Nurses promoted continuity for those patients who were receiving regular and planned administration of medicines. Each patient was assigned a regular nurse who had the appropriate qualifications, skill set and knowledge to perform their treatment. Patients were also assigned and met a "buddy nurse", who would cover the patient's treatment should there be any periods of absence due to holiday, training or sickness. All patients we spoke with confirmed this.

Staff followed policy to keep patient information confidential. Patient details were maintained on a secure electronic system.

Only one patient of the eight we spoke with talked about being sent a text message with an invitation to complete a satisfaction survey. However, patients were aware that they could leave any comments or feedback on the provider website or speak with the visiting nurses.

Most patients knew how to make a complaint. Patients told us staff had given them written information with different contact numbers on. One patient said they would call their consultant if they had any concerns. Another patient felt they could ring their nurse to discuss any issues. Information given to patients stated that the service was regulated by the Care Quality Commission and gave the website address for patients to use to contact the Care Quality Commission if they wished.

Emotional support

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

We saw from assessments that staff considered the patient's family dynamics and used a person-centred approach to providing care. Staff understood that some illnesses and treatments could emotionally affect a patient's wellbeing and those close to them.

Staff consistently gave patients time during face-to-face appointments for the patient to express how they were, and to voice any specific concerns. All patients we spoke with told us that the nurses were supportive and talked to them about many aspects of their life and not just the treatments they were receiving or their illness. One patient commented that they had a whole hour where they could sit and talk to their nurse, which they looked forward too.

We attended a home visit. The nurse demonstrated excellent communication, a rapport with the patient and asked about their health holistically. The nurse ensured the patient understood the nature of their treatment and possible side effects of this. The nurse checked that the patient had relevant contact numbers to call if they had any concerns or anxieties.

Although nursing staff offered regular emotional support to patients, we noted that some nurses did not always reflect this fully within individual patient records. Nursing entries could have been more descriptive to demonstrate emotional support given, as well as the prescribed medical interventions.

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. With the patients' consent, staff explained care and treatment to carers as well as patients. Staff provided relevant written information where appropriate and signposted patients to relevant organisations. Two patients we spoke with told us how nurses had sign-posted them to other healthcare professionals and organisations which they had found helpful.

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. We noted that one patient required a family member present to translate as English was not the patient's first language. Visiting staff always ensured that a convenient time had been arranged which suited both the patient and their relative. A translation service was accessible for staff to request, but in this instance, the patient chose to use their family member.

Good

Community health services for adults

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. This was explained in each patient's welcome pack. Staff encouraged patients to complete any feedback in a variety of ways, whether in written form, verbally to the service, through the provider website, or through the Care Quality Commission.

Are Community health services for adults responsive?

Good

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 communities across different areas across the UK. Alcura House worked with others in the wider system and with local organisations to plan and deliver care.

Patients were able to receive care and treatment at home as opposed to being in a hospital. All patients we spoke with told us that they preferred receiving their treatment at home. Some patients had felt a little uncertain with receiving treatments at home as opposed to in a medical setting initially, but had soon realised the benefits of this.

Nurses offered flexibility of visits to suit the patient's needs. Nurse visits could be undertaken at home, at work, in some clinics, alternative sites or where appropriate virtually. Patients had some flexibility and choice in the appointment times available. Staff visited patients at times that were convenient to them. One patient explained that nurses booked their visits eight weeks in advance so that they knew when they were coming. Many patients told us that they had needed to change some appointment times, which the nurses had facilitated. All patients told us that the nurses ring them the day before each visit to confirm. Visits were offered seven days a week. Appointments usually ran on time and staff informed patients of any delays.

The service met target times for seeing patients from referral to assessment. Nurses were expected to make contact with each patient and complete an initial clinical evaluation form within a 48-hour period. Nurses then sent the completed forms to the referrer. When patients required virtual training, nurses had five days in which to arrange and deliver. Nursing staff were consistently meetings these. These key performance indicators and others were discussed monthly by senior staff, which enabled any issues to be addressed.

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.

Nurses identified which preferred method of communication each patient required and wanted. Staff recorded this within the patient's electronic records. Nurses added any specific requirements to the patient's critical notes which activated an electronic alert if necessary. The electronic notes enabled the sharing of vital information to all who had a legitimate interest in the patient.

Good

Community health services for adults

Staff understood meeting communication needs of patients with a disability or sensory loss. They used physical and sensory aids to assist with supporting patients as and when needed. One example a nurse gave us involved helping a visually impaired patient administer their medicines safely. Staff sourced a device which held the medicine. This meant that the patients' carer could check the device before enabling the patient to administer independently.

Nursing staff could access translators if they visited patients whose first language was not English. Staff identified this during the referral process and through the suitability assessment undertaken.

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 staff team actioned new referrals into the service promptly. Staff aimed to contact each patient within 48 hours. Minutes of meetings demonstrated that this was being achieved. Nurses providing training virtually were expected to arrange and undertake within five days. Staff usually met this target.

Technology used helped the teams across the organisation to track their targets and to see if they were on track to deliver timely care to patients. We saw numerous computerised systems were in place. Internal teams communicated with one another effectively to ensure all appropriate information was passed to the correct person. For example, information from a call handler through to the nursing administration team, or through to pharmacy. Nurses had individual laptops and portable printers which they took with them to patient visits. This ensured that all information was entered in real time.

The referring healthcare provider informed Alcura House as and when homecare services were no longer required. With each discharge from the service, nurses completed a summary clinical evaluation form which they returned to the referrer. Nursing staff ensured that any home record notes were returned, along with any medical equipment or devices.

Learning from complaints and concerns

Patients and carers could 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 where appropriate.

Patients, relatives and carers knew how to complain or raise concerns. Staff gave patients and carers information about this as part of the welcome pack to the service. This explained how to make a complaint by telephone, in writing or through the website.

The service had a complaints policy in place which staff adhered too. We examined five complaints and tracked actions taken from when they were raised, to when they had been closed, or were in progress. We found that the provider's policy had been adhered too. Staff acknowledged the complaints in a timely way. Managers allocated appropriate staff to investigate the complaint. We saw that investigating staff looked for root causes and fed back as expected to the individual or organisation who had submitted the complaint.

Senior staff regularly reviewed complaints. Complaints were discussed in numerous meetings, including the Clinical Governance meeting. Additionally, learning from complaints was shared with wider teams through team meetings, supervision, internal newsletters or bulletins.

Good

Community health services for adults

Nursing staff signposted patients to local advocacy services if this was felt needed.

Are Community health services for adults well-led?

Good

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. They supported staff to develop their skills and take on more senior roles.

There was compassionate, inclusive and effective leadership at all levels. Leaders had the skills knowledge and experience to consistently deliver high quality personalised care. Leadership development was embedded into the service and there was a strong culture of staff development across all levels of the service.

Leaders had a clear in-depth knowledge of the priorities, risks and challenges within the service and used this to continuously develop and improve service delivery. It was clear through interviews that staff wanted the best possible care and outcomes for patients.

The leadership team met weekly, monthly and quarterly to review compliance, quality, governance and risk. All key areas of the business featured on a rolling programme to ensure that all aspects of the service were discussed, reviewed and actions owned to drive improvement and quality for patients.

Vision and strategy

The service had a vision for what it wanted to achieve with regards to the future provision of healthcare and a strategy in place to turn this into action. The vision and strategy were focused on sustainability of services and aligned to plans within the wider health economy.

There was a systematic and integrated approach to monitoring, reviewing and providing evidence of progress against future plans and strategy.

There were clear shared goals that were known to staff. The providers overall mission is to make excellent healthcare easily accessible for all patients and communities. They aim to be the partner of choice for clinical homecare, distribution, logistics and value while bringing innovative solutions to the healthcare sector.

Staff knew and understood the provider's vision and values and how they were applied to their work. The provider values included dedication, innovation, care, partnership and trust. Senior staff considered these to be important and expected to see such values in action across the workforce.

Culture

Good

Community health services for adults

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 inclusive opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

Staff that we spoke with were very proud of the service and spoke highly of colleagues and managers at all levels. Teams were collaborative and cohesive and shared a vision and determination to deliver consistently high-quality care. There was a strong organisational commitment and effective systems and processes in place to ensure that equality and inclusion underpinned the service.

There were no cases of bullying or harassment reported within the nursing service. Staff we spoke with said they could raise concerns without the fear of repercussions. The service had a whistle blowing policy which staff could access. Managers covered whistle blowing during staff induction to the service. There were two separate telephone lines which staff could call anonymously if they wished, or alternatively could express concerns via email.

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.

There were robust governance processes in place which leaders had embedded into the service. Senior staff routinely reviewed the quality of the service through various meetings which staff recorded. Senior staff cascaded required actions and learning to relevant staff and teams.

The service used key performance indicators to drive performance, as well as keeping relevant stakeholders and healthcare services informed of progress.

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.

The organisation had systems and processes in place to manage current and future performance. There was an effective and comprehensive process to identify, understand, monitor and address current and future risks. The organisation reviewed its processes and ensured that staff at all levels had the skills and knowledge to use all systems effectively. Where challenges arose, leaders dealt with them quickly and effectively.

The electronic monitoring and information system used at the service enabled staff to enter records in real time. Each nurse had a laptop computer that was able to access relevant information and allowed for easier access to GP and secondary care providers to alert them of any changes required in treatment or problems encountered. Nurses uploaded relevant information and sent documents via attachments electronically to relevant professionals.

The service had a risk register that staff could submit items to, through their line manager or the senior management team. There were no examples where financial pressures compromised care.

Good

Community health services for adults

Information management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

The information used in reporting, performance management and delivering quality care was consistently found to be accurate, valid, reliable, timely and relevant. There was a demonstrated commitment to sharing data and information proactively to drive and support internal decision making as well as system-wide working and improvement.

Engagement

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

Staff felt that they could give feedback leading to service development. Staff we spoke with said that senior management was always open to listening to suggestions on how to improve the service provided. Within the nursing team, senior managers held weekly telephone or video conferencing slots which were open to any staff to attend, to generally catch up, discuss any issues or new ideas.

Alcura House had recently developed a nursing journal, with two published issues. The journal offered staff key updates within the nursing team, to include news, progress, ongoing or upcoming projects, recent successes and challenges. Staff we spoke with were proud of this initiative.

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.

There were organisational systems to support the improvement and innovation work. These included individual and team staff objectives, various data systems, and ways of sharing improvement work.

The service made effective use of internal and external reviews, and learning was shared effectively across teams at all levels and used to make improvements.

The company have an initiative whereby colleagues can nominate staff every quarter to reward good performance. Once a year a nominated staff member receives some money as well as an additional day's holiday as an acknowledgement of ongoing hard work, commitment and innovation. Alcura House have been successful in having the annual winner for the last three years.

At the time of the inspection, senior nursing staff were working with a national organisation through a clinical working group. This group planned to achieve a post graduate accreditation for clinical homecare nursing as a specialty. This is an industry level standard and will be designed to shape the clinical homecare framework for nurse training. Work was ongoing, with the imminent aim to get the module content approved and finalised.