

Fittleworth Medical Limited

Connect Prescription Services

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

Connect Prescription Services are part of Fittleworth Medical Limited and are contracted by the NHS to operate services in Nottingham, Luton and Harrow. They offer an advice, support and prescription service to people requiring stoma products to ensure they receive the products they need in a timely fashion.

We rated this location 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. They had put additional protocols in place during the COVID-19 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 patients' stomas were working effectively and reviewed different stoma products regularly with patients.
- Managers monitored the effectiveness of the service and made sure staff were competent to meet patients' needs. 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 for the rest of their lives. This included dietary input, advice about maintaining hygiene and the most effective ways to use products to ensure their stoma products performed well.
- 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.
- Patients said staff treated them well and with kindness. The service conducted an annual survey to gain feedback from patients. In the 2021 survey the overwhelming majority of patients surveyed said they would recommend the service to others.
- 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 teams to ensure continuity of care.
- 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 | Rating | Summary of each main service |
|---|--|---|
| Community health services for adults | Good  | We rated this service as good. See the summary above for details. |



Summary of findings

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Summary of this inspection

Background to Connect Prescription Services

Connect Prescription Services are part of Fittleworth Medical Limited and are contracted by the NHS to operate services in Nottingham, Luton and Harrow. They offer an advice, support and prescription service to people requiring stoma products to ensure they received the products they need in a timely fashion. A stoma is an opening on the abdomen that has been surgically created to allow waste from the digestive or urinary system (faeces or urine) to be diverted out of the body.

In addition, the Nottingham team offered clinic appointments, video consultations and nurse home visits for users of the service to monitor their condition and the effectiveness of the products they prescribe.

The service is registered with the CQC to provide the following regulated activity:

- Treatment of disease, disorder or injury. The service had a registered manager.

We had not previously inspected or rated this service prior to this inspection.

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 the key questions, are services safe, effective, caring, responsive and well led and rated the service on these findings. We visited the office location in Nottingham on 8 February 2022 and spoke with the registered manager, a senior manager, clinical lead, service manager, and clinical services project manager. We reviewed 10 patient records, personnel files and a range of policies and procedures. We interviewed six staff working full time for the service, including nurses and prescription co-ordinators. We observed three co-ordinators taking telephone calls, a patient review in clinic and a nurse during two home visits with the patient's consent in the following fortnight.

We contacted and received feedback from 13 users of the service. We also heard from two carers about the support offered to them and their relatives.

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>

Outstanding practice

We found the following outstanding practice:

The service was highly focused on service development and were continually striving to improve. Managers recognised, promoted and regularly implemented innovative systems in order to provide a high-quality service. They promoted staff development at all levels of the service and ensured all their staff were highly trained, often over and above what was needed for them to complete their commissioned tasks. Managers promoted a positive and inclusive culture among staff in order to deliver a genuinely holistic package of care. The service found innovative and creative ways to empower people to voice their opinions and patients overwhelmingly said they would recommend the service. The clinical lead has contributed to national and international publications and the service was at the forefront of innovations in stoma care.

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?

Mandatory Training

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

Staff received and kept up to date with their mandatory training. All staff had completed their mandatory training. New staff received a comprehensive induction, including support via a buddy system.

The mandatory training was comprehensive and met the needs of patients and staff. This included regular sepsis awareness, basic life support, safeguarding, information governance, lone working and Mental Capacity Act training. The clinical lead provided regular sepsis training and the infection control lead provided regular updates for staff.

Clinical staff completed training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia. Managers actively encouraged staff to learn new skills and develop their knowledge and understanding by attending specialist training.

Managers monitored mandatory training and alerted staff when they needed to update their 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.

Staff received training specific for their role on how to recognise and report abuse. All staff received training to level 3, the Clinical Lead, Service Manager and Clinical Services Project Manager completed level 4 and the safeguarding lead had completed level 5 safeguarding training. This was in line with or exceeded 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.

Community health services for adults

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.

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.

Office, storeroom and clinical areas were clean and had suitable furnishings which were clean and well-maintained. Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. Staff followed infection control principles including the use of personal protective equipment (PPE).

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. Managers conducted regular handwashing and infection control audits to ensure staff were following guidance. The service had regularly reviewed and revised their policy to reflect the changing guidance issued by the Department of Health and Social Care during the COVID-19 pandemic. Staff observed these at all times during our visit.

Staff providing care in patients' own homes carried their own PPE. They disposed of gloves and aprons in the patient's home with patients' permission. They disposed of masks after they completed the visit.

Nurses and prescription co-ordinators completed twice-weekly lateral flow tests to monitor COVID-19 infection risk. We observed two 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 design, maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well. When providing care in patients' homes staff took precautions and actions to protect themselves and patients.

There was sufficient suitable single use PPE available for staff. Staff undertaking home visits carried with them enough PPE such as gloves, disposable aprons and gowns, alcohol gel, eye protection and masks. Nurses managed their own stock of PPE.

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

Nurses carried a range of stoma care products when conducting home visits.

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 each visit or contact. These were clearly recorded in each patient's electronic notes and shared with other care organisations where appropriate through an integrated patient records system.

Community health services for adults

Staff knew about and dealt with any specific risk issues. Prescription co-ordinators updated information following calls and escalated to the nursing team or specialist hospital team when needed. Staff had daily handovers to ensure necessary key information was passed on to keep patients safe.

Nurses assessed and reviewed the abdomen and stoma site for any signs of infection, skin breakdown, blockages or other concerns. Staff were able to explain what they would look out for with signs of infection; they made treatment plans and escalated non-urgent concerns to the patients' GPs and surgical teams where appropriate. Nursing staff were trained to address and minimise risk by offering alternative treatments following clinical assessment.

There was a lone working policy in place to support the safety of nurses working independently. This addressed risks of visiting in patients' homes and whilst travelling. The clinic room had a panic alarm to alert other members of staff when needed.

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 and gave all staff a full induction.

The service had enough staff to keep patients safe. The service employed co-ordinators to answer calls, with additional managerial backup when the telephone lines were busier than usual. The numbers of staff ensured that most calls were answered within 45 seconds.

The registered manager calculated and reviewed the number of staff needed to meet demand for the service. The service had no vacancies and had never used bank or agency staff.

The service had enough nurses to keep people safe. Nurses in the Nottingham service undertook clinic appointments, video consultations and home visits in Nottinghamshire. They also had oversight of and offered advice and support to the services in Harrow and Luton.

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.

The service had low vacancy rates with only one vacancy in the previous 12 months.

The service had low and reducing sickness rates. During 2021 the service had a sickness rate of 6% but this had reduced since October 2021. Between 1 October 2021 and 22 March 2022, the sickness rate for the service was 2.6%. Sickness rates included absences due to the COVID-19 pandemic. Managers made arrangements for staff to work from home during the COVID-19 lockdown when necessary and offered regular advice and support about how to keep well during the pandemic.

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. Managers produced standardised assessment templates for co-ordinators and nurses to complete when patients called into the service or before and after home visits. Managers regularly reviewed these with the whole team.

Community health services for adults

Staff wrote and managed patients' individual care records in a way that kept them safe. All staff had a laptop or tablet that allowed them to access patient care records when delivering care in patients' homes. The service had recently ordered a number of new laptops with improved performance and connectivity for staff.

Patient records were electronic and held on a secure system with relevant safeguards to ensure the records were secure. The system integrated with other NHS service providers involved in the patients' care.

Staff shared information needed for ongoing care appropriately, in a timely way and in line with relevant protocols.

Medical devices

The service used systems and processes to safely prescribe, administer, record and store medical devices.

Staff followed systems and processes when safely prescribing, administering, recording and storing medical devices. Prescription co-ordinators arranged for items to be delivered after telephone contact with patients.

The service did not dispense medicines; however, suitably qualified prescribing nurses prescribed medicines related to the provision of stoma care to speed up the commencement of treatment for some conditions.

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' regularly and provided specific advice to patients and carers about their condition, how to manage it and any enquiries about medical devices they had been given. We observed co-ordinators giving advice over the phone and a nurse giving detailed advice to patients about how best to use creams and sprays when changing their stoma appliance.

Staff stored, prescribed and managed medical devices in line with the provider's policy. The service did not prescribe, store or dispense medicines.

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

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

All staff knew what incidents to report and how to report them. Staff raised concerns and reported incidents and near misses in line with the provider's policy. The service had only one incident in the previous 12 months. We saw this had been dealt with well and had led to learning in the team. The registered manager investigated incidents thoroughly and was trained to do so. Patients and their families would be involved in these investigations. Managers and the clinical lead debriefed and supported staff after any incident, difficult call or visit.

Staff understood the duty of candour. They were open and transparent about any difficulties in obtaining medical devices and prescriptions and made alternative arrangements wherever possible after gaining the patient's consent. Staff gave patients and families a full explanation if and when things went wrong.

Community health services for adults

There was evidence that numerous changes and improvements had been made as a result of feedback. For example, staff received additional training in relation to pain, an extension of opening times, arranging patient events, electronic prescriptions, template changes and additional training for co-ordinators who take phone calls from patients.

Are Community health services for adults effective?

Good 

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Staff protected the rights of patients in their care.

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

The 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. Policies were regularly revised in line with changing guidance from the Department of Health and Social Care. Clinical policies referenced national best practice guidance. Nurses gave regular updates to staff, for example, about stoma care, sepsis, pain and wound care.

At supervision and team meetings, staff routinely discussed the psychological and emotional needs of patients, their relatives and carers. Staff discussed different options to improve the service and to meet patients' needs.

Staff holistically assessed patients' physical health, mental health and social needs on initial assessment. They provided help and emotional support when needed. Nurses supported patients to manage their stomas independently by giving them information to promote quality of life and teaching them to maintain the devices appropriately.

Prescription co-ordinators issued prescriptions after contact with patients via telephone, email or online. Prescriptions were then checked and signed by the prescribing nurses. In urgent cases, products were sent, or hand delivered, to the patients directly to ensure no one was without products whilst waiting for a prescription.

Staff told patients when they needed to seek further help and advised them on what to do if their condition deteriorated.

Nutrition and hydration

Staff regularly checked if patients were eating and drinking enough to stay healthy and help with their recovery.

Nursing staff gave advice to patients about nutrition and hydration needs, including stoma-friendly recipes and regular newsletters, and signposted those with specialist needs to other services when needed.

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.

Community health services for adults

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. Staff encouraged and regularly discussed patient feedback and any difficulties encountered in prescribing and delivering patient care to improve the service and improve outcomes for patients.

The registered manager and staff carried out a comprehensive programme of repeated audits to check improvement over time. This included regular case notes audits, reviews of staff telephone contacts with patients, training status and revalidation of staff where relevant. Managers used information from the audits to improve care and treatment. They shared and made sure staff understood information from the audits through team meetings and individual supervision.

Improvement was monitored through a service improvement log that was reviewed regularly. Staff recorded the date issues were raised and what improvements they had made in response. Managers monitored this to ensure this was effective and led to better outcomes for patients.

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 nurses had significant clinical experience in stoma care and received regular training to ensure they were up to date with current practice. Staff competencies were checked annually.

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

The registered manager, service manager and clinical lead supported staff to develop through twice yearly appraisals of their work. All staff had received an appraisal.

The registered manager and clinical lead supported nursing staff to develop through monthly clinical supervision of their work. All staff received regular supervision. Staff said they were well supported by managers and could also raise issues at any time.

Managers made sure staff attended team meetings every two weeks or had access to full notes when they could not attend. Nursing staff were supported to deliver effective care and treatment. Each nurse had regular one-to-one meetings to review caseloads.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Managers regularly reviewed training to ensure all staff had access to the knowledge they needed. We saw examples of managers implementing additional training for prescription co-ordinators to increase their understanding of the issues faced by patients. Managers made sure staff received any specialist training required for their role. The clinical lead gave regular update to staff, for example in stoma care, pain and sepsis.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Managers identified poor staff performance promptly and supported staff to improve.

Community health services for adults

Multidisciplinary working

Nurses and prescription co-ordinators worked together as a team to benefit patients and supported each other to provide high quality care. They communicated effectively with other agencies, including specialist hospital teams.

Nurses worked alongside co-ordinators to understand patients' needs. They liaised closely with staff in the referring hospitals and made referrals when needed. The service used a traffic light rating system to communicate with hospitals to ensure care was delivered by the most appropriate team.

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

Health promotion

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

The service had relevant information to promote healthy lifestyles and positive choices about health. Staff helped patients manage their condition by providing the skills and knowledge to deal with common stoma related problems.

Staff assessed each patient's health when referred and provided support for any individual needs to live a healthier lifestyle. We observed examples of staff discussing different options with patients who had requested advice about their condition and the healthiest ways to manage their stoma.

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. Staff gained consent from patients for their care and treatment in line with legislation and guidance. This was consistent across the whole staff group. We observed staff on the telephone obtaining consent and on home visits where nurses delivered treatment to patients.

When patients could not give consent, staff liaised with decision makers to ensure decisions were made 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.

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

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Community health services for adults

Are Community health services for adults caring?

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 observed three examples of staff interacting sensitively with patients with an understanding of their medical condition and their personal circumstances.

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 their 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. Staff treated patients sensitively and acknowledged when they were experiencing personal difficulties not related to their treatment. Patients and their carers were positive about the advice and support offered by the team.

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 discussed the practical and emotional effects of treatment with patients and their carers where appropriate and gave advice about how best to manage their stoma.

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. We saw nurses explaining to patients how best to manage their stoma.

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

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 after calls and online. Feedback The service conducted annual surveys of patients and their family carers. The service set up a patient steering group, which linked into patient associations and support groups to consider improvements to the service.

The results of the 2021 survey had not been collated at the time of the inspection. The 2020 survey showed high levels of satisfaction. The overwhelming majority of patients surveyed said they would recommend the service to others and over 90% of patients said they were confident or very confident about the knowledge of the staff. Patients we spoke with were extremely positive about their care and the impact the team had had on their quality of life. Managers reviewed negative comments and took action to address them, for example in extending opening times.

Nurses supported patients to make informed decisions about their care. They gave options and information patients might wish to consider so they could make an informed choice.

Patients gave positive feedback about the service. The service encouraged patients to leave on-line feedback about the service and individual nurses which was extremely positive.

Are Community health services for adults responsive?

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 patients referred across the areas it covered. 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 and distribution of the patient group. Managers met regularly with Clinical Commissioning Groups and the patient steering group.

Facilities and premises were appropriate for the services being delivered. The service had a clinic room which staff used to review patients where appropriate. The premises were appropriate for the telephone service offered by co-ordinators.

The service had systems to help care for patients in need of additional support or specialist intervention. The service offered nursing support in Nottinghamshire and signposted patients to the relevant specialist teams in the Luton and Harrow services. Managers monitored and took action to minimise missed appointments.

Managers ensured that patients who did not attend appointments were contacted. Managers ensured that different options were offered to patients in order to ensure they could be contacted and offered treatment when needed.

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Community health services for adults

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. They coordinated care with other services and providers.

Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs. Staff completed training in these areas to better understand the needs of patients. 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 patients. Information was provided in accessible formats, including braille and easy read when required. Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed.

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 service had a system in place to ensure that services were put in place quickly following referral.

Managers worked to keep the number of cancelled appointments to a minimum.

When patients had their appointments cancelled at the last minute, managers made sure they rearranged them 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 included patients in the investigation of their complaint.

Patients, relatives and carers knew how to complain or raise concerns. This was confirmed during our patient and carer interviews. Most carers said they had never made a complaint. Those that had made a complaint told us it was about two years ago and that the service had dealt with this well and sorted out the problem. The service clearly displayed information about how to raise a concern in patient areas.

Staff understood the policy on complaints and knew how to handle them. The registered manager investigated complaints and identified themes in line with the policy. The service had received one complaint in the 12 months prior to inspection. This was dealt with quickly and in line with 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 received feedback from users of the service, their carers and other healthcare professionals, both internal and external to the service. Staff could give examples of how they used feedback from patients and professionals to improve

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daily practice. Staff encouraged patients to give feedback to the service if they were concerned about this. Staff met regularly to discuss feedback and made frequent improvements to the service and to patient care as a result. The service promoted a learning culture and kept a learning log of any issues that arose in relation to the management of patient prescriptions and patient care. Service improvements were recorded in the learning log and monitored by managers. All staff took responsibility for suggesting improvements and a strong learning culture was evident throughout the staff team. Learning opportunities were discussed in team meetings, governance meetings and individual one-to-one meetings where appropriate.

Are Community health services for adults well-led?

Good 

Leadership

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

Leaders were proactive in encouraging staff to learn new skills and take on different roles within the organisation. They provided staff with regular updates and specialist training and supported staff in their professional and personal development.

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 service was committed to the core values of dedication, caring, integrity and quality. Staff knew and worked to the vision of the service in providing high quality care and treatment to patients and improving their quality of life.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

The service was focused towards learning and improving. Staff were encouraged to identify areas where practice could be improved. Managers put systems in place to monitor improvements to ensure they were effective and consistently applied. We saw examples of templates used by service co-ordinators being updated to include additional information and additional training for staff so they could better understand patients' conditions and treatment.

Morale at the service was high and staff felt positive and proud to work for the organisation. Staff gave positive feedback about managers through an anonymous survey.

The provider held quarterly reward ceremonies which recognised the contribution of several members of the team.

Community health services for adults

Governance

Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

The service had robust systems in place to monitor the performance of the team and to make improvements when needed. Managers monitored training, appraisals, supervision, key competences and revalidation for nurses and regular clinical audits. The service was overseen by a clinical governance group which met monthly. Actions from each meeting were recorded separately to ensure progress was tracked.

The service provided regular opportunities for staff to learn from performance issues and these were well documented. Learning and service developments were recorded in a separate document.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

Managers ensured that any risk issues for individual patients were updated after home visits or patient contacts.

The service had a risk register that documented risks to the service and patients. Risks were discussed at clinical governance meetings, displayed in the office and patient waiting area and shared with staff members, patients, directors and external stakeholders.

The service had a comprehensive business continuity plan in place to address how to manage the service should unexpected events take place.

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 recorded interventions which reduced the burden on other NHS services, such as GP appointments and emergency admissions.

Engagement

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

Staff encouraged patients to feed back about the service and share their experiences. The service gathered and acted on these to shape and improve the service and culture.

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Managers encouraged staff to share their view of the service and suggest improvements through regular meetings, supervision and in a six-weekly staff survey. Managers acted on feedback from staff and made changes to the service as a result.

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.

Leaders encouraged a learning culture amongst all staff. They were committed to continually improving the service and ensuring those improvements were effective and embedded in staff practice.

Staff were members of external stoma care organisations and had contributed to national and international publications to share learning on stoma care. Nurses provided training updates to the whole staff team across a range of topics.

The service, together with other organisations, collaborated with Nottingham and Nottinghamshire Integrated Care System to help develop continuous pathways of care for colorectal patients.