SecuriCare (Medical) Ltd

Quality Report

SecuriCare (Medical) Limited
Cavell House
Loudwater
High Wycombe
HP10 9QY
Tel: 0800 585125
Website: www.securicaremedical.co.uk

Date of inspection visit: 28 September 2017
Date of publication: 07/12/2017

This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Overall summary

SecuriCare (Medical) Ltd provide a nursing service in the community for patients requiring support with stoma care.

We have not rated this service because we do not currently have a legal duty to rate this type of service or the regulated activities it provides.

We inspected, but have not rated, all elements of the five key questions including whether the service was safe, effective, responsive, caring and well led.

SecuriCare (Medical) Ltd is registered in respect of:

- Regulated Activity: Treatment of disease, disorder or injury.

We found the following areas of good practice:

- SecuriCare demonstrated patients were at the centre of their service delivery and developments
- Stoma care nurses had the skills, competencies and knowledge to carry out their role independently. The specialist nurses demonstrated expertise in all aspects of stoma care.
- Patients were able to access support and advice from SecuriCare nurses when required.
- Nurses provided compassionate care to patients, treating them with dignity and respect.

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

- Details of the process for duty of candour were not included in the governance policy or other policies.
- Not all staff were trained to level 2 safeguarding children. This did not meet the standards for safeguarding children set out in the intercollegiate document (Royal College of Paediatrics and Child Health standards for safeguarding competencies for health care staff)
- The safeguarding lead for the organisation was only trained to level 2 safeguarding children. This did not meet the standards for safeguarding children set out in the intercollegiate document.
- The provider had limited systems for monitoring performance against national guidance and regulations.

Following this inspection, we told the provider that it must take some actions to comply with the regulations

Summary of findings

and that it should make other improvements, even though a regulation had not been breached, to help the service improve. We also issued the provider with one requirement notice. Details are at the end of the report.

Summary of findings

Contents

SecuriCare (Medical) Ltd

Services we looked at
Community health services for adults

Summary of this inspection

Background to SecuriCare (Medical) Ltd

SecuriCare (Medical) Ltd is part of the CliniMed Group, a company that develops, manufactures and markets healthcare products and services worldwide. The company makes medical products for ostomy and continence care.

SecuriCare (Medical) Ltd provides specialist stoma nursing care and we inspected this part of the service. The service is based in High Wycombe and has clinical partnerships in 13 locations across England. The provision of care was implemented through local agreements with both acute and primary care service providers. The specialist stoma care nurses, through these agreements provide ongoing support and continuity of care for patients with ostomy needs. The nurses offer support in the community setting through local clinics or in patients' own homes. At the time of our inspection there were 45 specialist stoma care nurses employed, two clinical support workers, two administration staff and seven NHS funded nurses, including two staff covering maternity leave. These staff worked in 13 locations across England.

SecuriCare (Medical) Ltd was registered with CQC in April 2016. The registered manager had been in their role since the service was registered. This was the first inspection of the service.

SecuriCare (Medical) Ltd provide stoma care to all age groups.

Our inspection team

A CQC inspector led the inspection. The team comprised one further CQC inspectors and a specialist advisor who was a registered community nurse. Nick Mulholland Head of Hospital Inspection oversaw the inspection.

Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive community health inspection programme.

How we carried out this inspection

To get to the heart of people who use services' experience of care, we always as the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well led?

Before visiting, we reviewed a range of information we hold about the service and asked other organisations to share what they knew. We carried out an announced visit on 28 September 2017. During the visit, we spoke with a range of staff who worked for the nursing service and some who represented SecuriCare (Medical) Ltd. They included the National Nurse Manager, Clinical Governance Lead, four regional nurse managers, two nurses, the Group Director of Legal Services and the Managing Director.

We reviewed four sets of patient records, attended two home visits and a clinic.

Summary of this inspection

We spoke with two patients on visits and two patients at the clinic. We also made contact with five nurses and four patients in the days following the visit.

What people who use the service say

People who used the service were very complimentary about the support provided to them by SecuriCare nurses. They told us they trusted the nurses and the advice they gave. They found the teaching and support the SecuriCare nurses gave meant they could manage their stoma independently.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

By safe, we mean people are protected from abuse and avoidable harm.

Positively, we found that:

- Staff recognised incidents and were aware of how to report them. They understood their responsibilities relating to duty of candour.
- Safeguarding procedures were in place and staff knew how to make a referral to the local authority.
- Staff followed infection prevention and control procedures.
- Staff maintained clinical records to a high standard.
- Staffing levels were sufficient to meet the needs of patients by attending all appointments and clinics.

However,

- The governance policy did not include details of the process for duty of candour.
- The safeguarding lead for the organisation was only trained to level 2 safeguarding children. This did not meet the standards for safeguarding children set out in the intercollegiate document.

Are services effective?

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes good quality of life and is based on the best available evidence.

Positively we found that:

- Staff took account of best practice guidelines and followed a proven accredited stoma care pathway to deliver care.
- Staff assessed the patient requirements for alternative stoma care products and gave advice on eating and drinking.
- The service collected feedback on patient outcomes regularly.
- Staff were competent to carry out their roles and worked within a competency framework.
- Staff co-ordinated care effectively with GPs, district nurses and hospitals.

However

- The service had limited systems for auditing nurse performance against best practice.

Summary of this inspection

Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

Positively we found that:

- Nursing staff cared for patients with compassion and respect.
- Patients we spoke with were consistently positive about the care SecuriCare nurses provided.
- Nursing staff included patients in decisions about their care as equal partners.
- Patients felt well supported by the stoma care nurses.

Are services responsive?

By responsive we mean that services are organised so that they meet people's needs.

Positively we found that:

- The service provided flexible appointment in clinics or in patients' homes to suit the demand.
- Stoma care nurse did not discriminate against patients and accepted all referrals to the service.
- Nurses worked closely with NHS services to provide a tailored service to patients.

Are services well-led?

By well-led, we that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Positively we found that:

- The management team provided strong leadership and supported nurses to achieve high clinical standards.
- The service had an open and honest culture and had a Freedom to Speak Up Guardians.
- Leaders encouraged nurses to develop their clinical skills and share best practice.
- There was effective engagement with patients and staff.
- The service supported innovation and staff were encouraged to suggest improvements and carry them forward.

However,

- The provider had limited systems for monitoring performance against national guidance and regulations.

Community health services for adults

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are community health services for adults safe?

Safety performance

- SecuriCare provided specialist stoma care nursing to patients. The service did not monitor harm free care or safety thermometer indicators such as pressure ulcers, falls and urinary tract infections as these were not relevant to the service.
- SecuriCare monitored safety performance through reviewing incidents and complaints and sharing learning with nurses.

Incident reporting, learning and improvement

- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. The clinical governance lead investigated incidents and shared lessons learned with the whole team.
- There were nine clinical incidents reported in the year June 2016 to June 2017. There were no trends identified and all the incidents were harm free. Five incidents originated from partner organisations and SecuriCare provided their feedback relating to the stoma care the patient had received.
- There were no serious incidents or never events reported in the last 12 months. Never events are serious incidents that are entirely preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all healthcare providers. The staff we spoke with were able to describe the incident reporting process and understood their responsibilities to report safety incidents. Staff told us they would report incidents to their line manager by phone or email and the nurse managers would enter the incident into an electronic incident database.
- The clinical governance lead regularly reviewed the incident database and incidents were discussed at quarterly governance and monthly team meetings. We observed that incidents on the database included a risk rating.
- Nurses confirmed learning from incidents was shared at team meetings. The national nurse manager described how learning from one incident involving a nurse's registration lapsing had led to the service monitoring NMC registration more closely.
- Nurses told us staff in an NHS service would report incidents to the NHS matron for logging and investigation through the local trust incident system. They also reported these incidents to SecuriCare for monitoring and learning purposes. This was confirmed by the clinical governance lead. Nurse managers told us the lead for investigating incidents would depend on which service the incident related to.

Duty of Candour

- The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person.
- The service had not reported any incidents that met the threshold for duty of candour.
- Nurses we spoke with understood the principles of duty of candour requirements for a written apology and to notify the GP if appropriate.
- The clinical governance policy referred to 'Openness (Duty of Candour)' but did not explain the legal duty and the process for complying with the legal requirements.

Community health services for adults

Safeguarding

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and showed a good understanding of safeguarding.
- Safeguarding adults level 1 and safeguarding children level 1 was part of SecuriCare mandatory training for all nurses. Nurses completed safeguarding adults level 2 and safeguarding children level 2 according to requirements of their contracts. This did not meet the competency standard set in the intercollegiate document which states level 2 safeguarding children training is the 'minimum level required for non-clinical and clinical staff who have some degree of contact with children and young people and/or parents/carers.'
- Training records showed the completion rate for safeguarding adults level 1 was 88%, safeguarding adults level 2 was 34% as it was not deemed to be required by all contractors. Safeguarding children level 1 was 88% and safeguarding children level 2 was 70%. We saw evidence that six nurses that were not up to date with safeguarding training were booked onto training course. Nurses with honorary NHS contracts completed NHS mandatory safeguarding training in addition to SecuriCare training.
- SecuriCare had an up to date safeguarding policy which contained definitions of adult and child abuse, female genital mutilation and radicalisation. A template safeguarding report form was included in the policy which staff had access to.
- Nurses had access to local authority safeguarding contact details. The national nurse manager told us contact details for local safeguarding boards was available to nurses in files at a regional level and we observed an example of this.
- Nurses we spoke with told us they reported safeguarding issues to their line manager and the nurse managers were responsible for reporting safeguarding issues to the local authority. They were confident their concerns would be escalated. Staff we spoke with understood the principles of safeguarding and explained how they would report their line manager. Nurses could enter a flag relating to safeguarding into the front of the patient electronic record.
- The clinical governance lead was also the safeguarding lead for the organisation and nurses we spoke with were aware of this. The safeguarding lead was trained to level 2 for safeguarding adults and children. This did not meet the standard intercollegiate document on safeguarding children and which requires all services which provide NHS funded care to have a lead trained to level 3 and access to a named professional safeguarding children trained to level 4.

Medicines

- SecuriCare did not have any direct responsibility for medicine management and therefore did not have a medicines management policy. The clinical governance lead told us nurses were governed by the NMC code and would follow hospital policies where nurses had honorary NHS contracts.
- Nurses liaised with the patient's GP if they thought the patient required medicines. We saw evidence in patient notes of nurses giving advice on medicines relevant to the management of their stoma. For example, one record included advice given to a patient on taking loperamide, a drug which can be used to reduce stoma output.
- Nurses could support and advise patients to order required stoma care products via a prescription letter to the GP. SecuriCare offered a free home delivery service for patients' stoma care products and could manage repeat prescriptions directly with the GP.
- There was one nurse prescriber on the team but they were not prescribing in their role with SecuriCare. The national nurse lead was arranging nurse prescriber training for staff, with the intention of nurses being able to prescribe medicines related to stoma management in the future.
- Patients were given a personal prescription card so they had a record of their prescription for stoma care products. The prescription included the date, product code and quantity and there was space for patients to record sample products tried and the outcome.

Environment and equipment

- The nurses held clinics at the SecuriCare premises and at NHS hospitals. Most nurses completed visits to patient's own homes. The SecuriCare premises at High Wycombe, where we observed a clinic, were safe and fit for purpose.
- Nurses had laptops to access electronic records.

- Nurses had access to stoma products provided by all manufacturers, not just those made by SecuriCare sister companies.
- We saw nurses used and disposed of equipment and products with safety in mind while on community visits. Nurses disposed of waste in patient bins during home visits.

Quality of records

- Staff kept contemporaneous records of patients' care and treatment. The four electronic records we reviewed were clear and up-to-date. Electronic records were stored on a database that nurses had secure passwords to access. We observed on inspection that computers were locked when not in use.
- SecuriCare used an electronic records system and paper notes. The electronic clinical record was based on the stoma care pathway and included sections to record: pre-operatively, post-operatively, discharge, follow-up and review.
- Nurses used a paper consent form on patient visits, which they used for additional notes. Nurses entered the patient notes onto the electronic system and the consent forms were archived. Nurses told us they would write brief paper notes and enter details into the electronic system within 24 hours of visiting the patient. We observed in patient electronic records that nurses recorded the time since the interaction to inputting the notes.
- We saw that paper clinical records, when used, were contained securely in a lockable case which nurses kept in their locked car boots while they were in the community.
- Community nurses we spoke with told us they had enough time to enter their notes into the electronic system.
- Nurses recorded all telephone calls in the electronic record. We saw evidence of telephone calls to patients recorded in the four records we viewed.
- When SecuriCare nurses saw stoma patients in an inpatient hospital environment, they recorded their notes in the patient's paper hospital record as well as in the SecuriCare electronic record. This meant there everyone involved in the patient's hospital care could access.
- The clinical governance lead completed a records audit every other year. The audit was of a 2.5% sample from each locality. Nurse managers spoke about reminding staff of the results of the recent records audit in the nurse managers meeting we observed.
- Following the most recent records audit the clinical governance lead identified inconsistent use of abbreviations as a risk. The clinical governance lead developed an agreed list of abbreviations to reduce this risk. We saw evidence in nurse team meetings that the abbreviations list was discussed with teams at regional level.
- Nurses recorded contacts made to patients by the customer service team who arranged delivery of stoma care supplies in patient notes. We saw evidence of a contact from the customer service team in patient notes. This supported continuity of care. The customer service team did not have access to patient medical notes.

Cleanliness, infection control and hygiene

- The service controlled infection risk well. Staff completed infection prevention and control training every year as part of mandatory training. Records showed that 88% of staff had completed the training.
- Nurse managers worked alongside nurses in the community to ensure nurses were following infection prevention measures for example, bare below the elbows and regular hand washing. However, the three visit records we reviewed did not include any reference to infection control practice. We were told this was because they would report by exception and there would only be documented information if a concern was identified.
- Nurses had access to personal protective equipment, gloves and aprons, and carried hand sanitiser gel. Nurses wore uniforms that were bare below the elbow. During the clinic and two home visits, we observed nurses wore gloves and aprons every time they examined patient's stomas. The nurse cleaned the couch between every patient use during clinic.
- We saw on home visits nurses carried appropriate equipment for hand washing and disposal of waste. We witnessed good aseptic techniques and the patients we spoke with confirmed that nurses always washed their hands and wore aprons and gloves when necessary.

- Infection control was included in nurse sharing best practice meetings. For example, in one region, nurses had a clinical supervision session on the topic of stomas and clostridum difficile infection.

Mandatory training

- SecuriCare provided suitable mandatory training for staff and had processes in place to ensure staff completed training.
- The clinical governance lead kept a log of compliance with mandatory training centrally. The mandatory training completion rate was 88%. We saw evidence that the six nurses who were not up to date with mandatory training were booked onto upcoming mandatory training courses.
- Mandatory training modules included health & safety, information governance, fire safety, equality & diversity, infection control, basic life support, manual handling, complaints handling and lone working. Nurses had to complete mandatory training every year.
- Staff who held honorary contracts at NHS trusts completed NHS mandatory training in place of SecuriCare training. Nurse managers were responsible for ensuring mandatory training was completed.
- We saw evidence of staff being reminded to complete mandatory training in team meeting minutes and six monthly reviews.

Assessing and responding to patient risk

- The specialist nurses completed a holistic assessment of each patient at the first face-to-face appointment, which included taking a medical history.
- Nurses used a stoma-scoring thermometer (SST) tool to calculate the risk level of a stoma patient. This tool included acute risk factors such as a patient receiving chemotherapy, a recent hospital admission or vomiting and abdominal pain that prompted the nurse to visit the patient urgently to review their care. Nurses used the tool to triage the urgency of new referrals and after consultations. We saw evidence in the four patient notes we reviewed of the SST score recorded at the end of each entry into the patient record.
- Nurses used the stoma-scoring thermometer and their clinical judgement to decide if the patient needed a more proactive nursing plan or to be referred back to the GP or their consultant for advice.

Staffing levels and caseload

- The service had enough staff with the right qualifications, skills, training and experience to keep people safe and to provide the right care and treatment
- Recruitment took place according to service demands and when new areas required the service of SecuriCare stoma care nurses. At the time of our inspection there were 45 specialist stoma care nurses employed, two clinical support workers, two administration staff and seven NHS funded nurses, including two staff covering maternity leave. These staff worked in 13 locations across England.
- The provider had two vacancies, one vacancy was to replace a member of staff and the other was a community role in a new location.
- Information submitted by the provider showed the staff turnover rate was 8% for the last 12 months. This meant that four staff members left in the last 12 months. The staff sickness rate was 5% for the last 12 months.
- There was no agency or bank staff usage in the last 12 months. Nurse managers we spoke with told us that agency staff were not used as stoma care nursing is very specialist and agency staff would not have the skills to provide appropriate care.
- Nurse managers managed nurses' caseloads effectively at a regional level. Nurses completed a weekly form to report to nurse managers on how many new referrals they had, as well as the number of patient visits and calls made. Nurse managers used these forms to monitor the caseload of the team and ensure work was evenly distributed. Nurse managers told us they had never had to refuse a patient visit due to high demand.
- Nurses prioritised their caseload using the stoma-scoring thermometer tool. Staff we spoke with told us their caseloads were manageable and they had enough staff to meet the needs of patients. They said they had enough time to care for patients and write up their notes.
- Good teamwork enabled nurses to share cases with colleagues in neighbouring teams to cover absences or unexpected demand.
- The clinical governance lead told us there were currently no waits for clinics and if the service was busy, extra clinics were arranged.

Community health services for adults

Managing anticipated risks

- The company recognised the unlikely but serious risk of personal harm for nurses working alone and included this on the service risk register. To lessen this risk, all nurses received lone worker devices – an alarm that could be used in an emergency to alert the service and call for help. A nurse we spoke with told us they used their lone worker device and their manager would call them at the end of the day to check they had returned safely.
- Nurses assessed the risk of visiting new patients on their own and would visit in pairs or call the patient to the clinic in line with their risk assessment.
- Nurses had a monitored lone worker device, and in rural or remote areas such as Cumbria, they had a multi-sim card to facilitate communication.

Are community health services for adults effective?

(for example, treatment is effective)

Evidence based care and treatment

- The organisation had clinical policies staff could access on an electronic management system. The policies had review dates and were reviewed by the clinical governance lead every other year. As part of induction, staff were required to sign to say they had read and understood SecuriCare policies.
- The SecuriCare stoma care clinical pathway provided structure around the service and was accredited by the Royal College of Nursing. The pathway was evidence based, using the Colorectal & Stoma Care Nursing Standards Model. The pathway was reviewed regularly and nurses were using the sixth edition of the pathway updated in 2017.
- The '7 steps to home' discharge pathway was used for patients in a hospital environment. This document supported nurses to evaluate a patient's progress in learning to care for their stoma and change the stoma bag.
- SecuriCare nurses worked in line with Association of Stoma Care Nurses Standards for the new-born to elderly (2015) and Paediatric Stoma Nurse Group Standards for Paediatric Stoma Care.
- SecuriCare nurses presented at national and international conferences as acknowledged clinical experts.
- The provider had contract agreements with hospital trusts that meant the nurses based in hospitals worked within the policies and guidelines of the trust.

Pain relief

- Staff asked patients about pain and discomfort at their appointments. Community nurses told us pain was not usually a problem for patients except immediately after surgery.
- During a clinic, we observed a nurse discuss with a patient if the red skin around the stoma site was causing them any pain.

Nutrition and hydration

- We observed nurses giving advice to patients about eating and drinking, and nurses regularly assessed patients' diet as part of the stoma care pathway. We saw evidence of advice given on diet in all four patient records we reviewed.
- Nurses told us they were able to refer patients to dietitians through the patients' GP.
- Patient information on 'food and drink hints and tips' was available on the SecuriCare website and included specific advice for all types of ostomy.

Technology and telemedicine

- Nurses in one region were piloting a text reminder service for patients to reduce did not attend rates at clinics.
- A nurse manager was working on a project to set up a video call clinic. The aim of the video call clinic was to provide an extended service and to support patients who found it difficult to come to a clinic, such as those in work, and people with disabilities. The nurse surveyed patients to ask if they would find a video call service useful before trialling the project.

Patient outcomes

- The service monitored the effectiveness of stoma nursing care through patient feedback surveys.
- SecuriCare gathered patient outcome information through Patient Reported Experience Measures (PREMS)

surveys carried out every other year. SecuriCare sent out two versions of the survey with relevant questions for different patient groups – patients with a new stoma in the last six months and established stoma patients.

- The PREMs survey included most of the questions suggested in the Association of Stoma Care Nurses Standards and Audit tool for the new-born to elderly (2015) guidance. For example, the survey included questions such as, 'did you see a stoma care nurse for an explanation of the stoma before or after surgery?' and 'before you had your operation were you shown how to change a stoma pouch?' The results of the surveys were analysed at a regional level to identify areas for service improvement. We reviewed six patient surveys and found the results were consistently positive.
- The service measured how well patients were enabled by stoma care nurses to manage their stoma care independently. In all regions over 70% patients surveyed responded they managed there stoma by themselves when they first went home. This is evidence of a very positive outcome as it supports patient's wellbeing and independence.
- SecuriCare reported to GP services with details of patients using the SecuriCare nurse service as evidence that the specialist nurse service was reducing the need for stoma patients to go to the GP. We saw evidence of data collected at GP level to monitor the effectiveness of the service.

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 monitor the effectiveness of the service.
- All the nursing staff were registered and experienced band 6 or band 7 nurses and were encouraged to become members of the Association of Stoma Care Nursing (ASCN). A nurse we spoke with who was a member of the ASCN had attended masterclasses earlier in the year.
- All new SecuriCare nurses completed an induction which included two days at the head office. The clinical induction took place at the nurses' clinical base for seven weeks where they completed company mandatory training and learned the company ethos. This was followed by a three-month clinical induction that focused on clinical competency. Both parts of the process were evaluated. Nurses we spoke with told us they had been well supported during their induction and one nurse told us they were impressed by the focus on getting care right for the patient 'even in the warehouse' where stoma care products were dispatched from.
- Nurses completed a clinical skills framework that was reviewed by nurse managers every six months. The clinical skills framework included incidents, quality of care, equality & diversity, assessment and care planning, enabling wellbeing, teaching and commercial awareness.
- The clinical skills assessment workbook had five sections that were aligned to the stoma care pathway. These sections related to pre-operative care, post-operative care, discharge planning, rehabilitation and ongoing care, and teaching colostomy irrigation. Nurses did not practice alone until their line manager signed off their competencies.
- Staff had regular appraisals at six month and yearly intervals. At the time of our inspection, the nursing team was 100% compliant with the appraisal process. We saw evidence nurses were encouraged to set objectives such as preparing a presentation for the Association of Stoma Care Nurses conference or identifying patients who have not attended yearly reviews. Nurse managers carried out yearly reviews with all nurses. We reviewed four appraisals and found that most included a good level of detail.
- Nurses had no specific clinical supervision but a nurse we spoke with told us that they had support from clinical leads and other colleagues if they had a clinical issue. One nurse told us they could request clinical supervision if needed.
- Nurse managers carried out visits alongside nurses to check the quality of care provided at regular intervals. The frequency of the nurse manager joint visits were not mandated by the provider, however managers suggested this occurred six monthly. We saw a record of a field visit which documented the trusting rapport the nurse had built with patients and the emotional support offered.
- SecuriCare nurses could access training courses to develop their skills that enable them to carry out their roles effectively. The training available included topics

such as on chairing meetings, IT, finance, and personal development reviews. Nurse managers who had received the training were positive about it and felt well supported.
- Following an incident where a nurse's nursing and midwifery council (NMC) registration had lapsed the clinical governance lead kept a log centrally of nurses' NMC registration, renewal dates and yearly fee dates. Nurse managers encouraged nurses to record participatory learning and reflective practice to support nurse revalidation.
- The service had appointed a lead for paediatric stoma care and both the lead and nurse we spoke with had attended a course on paediatric stoma care to develop their knowledge of meeting the needs of neonate to adolescent children. SecuriCare confirmed two members of staff had completed this training.
- We spoke with the paediatric lead nurse and they confirmed they followed Paediatric Stoma Nurse Group (2005) guidelines and were in the process of setting up paediatric competencies for staff. The paediatric lead confirmed they had regular supervision with a paediatric specialist colorectal nurse from the hospital.
- The clinical nurse manager told us staff would complete joint visits with the children's specialist nursing team where necessary. One community nurse we spoke with who had children and babies on their caseload had study days on paediatric stomas and had gained experience working with paediatric nurses in another region.
- Training on paediatric stoma care was provided to staff at the national nurse conference and through study days.

Multi-disciplinary working and coordinated care pathways

- Our observation of practice, review of records and discussion with staff confirmed effective multidisciplinary team (MDT) working practices were in place. Nurses organised joint visits with district nurses where necessary and, we observed a joint home visit with a district nurse during our inspection.
- Nurses followed up home visits with a letter to the patient's GP. We saw that phone calls and letters to GPs were recorded in the patient record.
- Nurses we spoke with told us they could refer patients directly to a tissue viability nurse if necessary and could refer patients to a dermatologist via the GP if patients had severe problems with skin around the stoma site.
- One community team had invited a colorectal dietitian to their team meeting to discuss how best to support patients and make referrals to them.
- A nurse we spoke with who currently had a lighter caseload was spending time building relationships with local GP practices and district nurse teams.
- Nurses explained how they worked in partnership with their NHS colleagues to ensure orders for ostomy supplies were set up and made available for newly referred patients.
- We saw in the electronic records we reviewed there was space to record discussion of voluntary organisations providing stoma care support with patients.
- SecuriCare provided accredited training on stoma care to people working in health and social care. SecuriCare had produced stoma care advice guides for district nurses and health care assistants and these guides were available on their website.

Referral, transfer, discharge and transition

- There were referral pathways in place with no exclusions, and referrals were sometimes self-referrals.
- Nurses ensured patients had 14 days of ostomy care supplies before they were discharged home from hospital. Nurses visited patients within 10 days from their discharge from hospital after surgery, to follow up their care.
- SecuriCare nurses received referrals via GP practices, district nurses and NHS hospital teams they worked with. Patients sometimes referred themselves to the service having seen the service on the company website.
- Nurses told us they did not discharge patients from the service and many patients maintained links for a number of years.
- Patients had monthly contact with customer services who arranged the delivery of stoma care products. If call handlers noticed a health issue, they would transfer the contact to a nurse to follow up with the patient.

Community health services for adults

Access to information

- Nurses accessed all policies and procedures through an electronic shared drive. Nurses were given a paper folder of policies at induction and advised to remove and replace policies that had been updated.
- The clinical governance lead had access to all the electronic records and nurse managers had access to the records of nurses in their region. This maintained patient confidentiality by reducing the number of people who had access to the patient record.
- The electronic record was organised in the same format as the stoma care pathway. The electronic record included tabs to record patient contacts at the pre-operative, post-operative, discharge, follow-up and review stages.
- Staff could not access records at GP level. Nurses would call GP surgeries if they needed further information about a patient.

Consent, Mental Capacity act and Deprivation of Liberty Safeguards

- SecuriCare had an up to date consent policy for nurses to follow that related to information security. The policy did not refer to the mental capacity act.
- Records showed 85% of nurses had completed Mental Capacity Act training in the last 12 months as part of mandatory training.
- Nurses asked patients for consent and we observed they asked patients to sign a consent form before they examined the stoma site on patient visits and in clinics. The consent form also included details of how patient information would be stored and shared.
- SecuriCare nurses did not carry out formal mental capacity assessments. Nurses we spoke with told us they would report to the GP if they were concerned about a person's capacity. A nurse manager gave us an example of a GP who referred someone to the service as they were ordering many stoma supplies. The nurse manager visited and found that the over-ordering was due to a change in capacity of a person living with dementia. The nurse manager liaised with the GP to ensure the right support was in place.
- The clinical lead was looking into being able to store photographs on the patient electronic record. The service had a consent for photography policy.
- SecuriCare had a consent form for their home delivery service so patients could agree for the service to collect prescriptions and deliver supplies on their behalf.

Are community health services for adults caring?

Compassionate care

- Patients we spoke with were consistently positive about the care provided by SecuriCare nurses. Patients told us nurses were 'efficient, kind and accommodating' and 'it is an excellent service.'
- We observed nurse interactions with four patients; this included two home visits and two clinic appointments. Nurses were kind, friendly and had a good rapport with their patients. For example, we observed a nurse chatting to patients about recent holidays and activities.
- Patients were given 30-minute appointment slots for clinics. Nurses did not rush patients during home visits and the clinic we observed nurses gave patients enough time to discuss their stoma and any problems they were having.
- We saw that patients' privacy and dignity was maintained. For example, a nurse closed the curtains for a patient during a home visit. They closed the blinds over the windows in the clinic room.
- Patients had a named nurse looking after them. This supported continuity of care and building a positive relationship. Patients we spoke with confirmed they had a named nurse looking after their care and they knew whom to contact if they had a problem with their stoma.
- A nurse manager gave us an example where she had supported a patient who had recently had surgery and was having housing problems. With patient consent, the nurse was able to contact the council to ensure the housing decision took account of the person's health needs.
- SecuriCare Stoma Care Clinical Nursing Standards refer to the need for nurses to embed the 6 C's – care, compassion, courage, communication, commitment and competence into every aspect of clinical practice. The care we observed at clinics and in people's home was caring and compassionate.
- The service encouraged all patients to complete the Patient Reported Experience Measures surveys that

were sent out every year. Patient feedback from these surveys was positive and in all the surveys, over 90% of patients responded they 'always have confidence in the stoma care nurse treating them.'

Understanding and involvement of patients and those close to them

- The service involved patients in decisions about their care and treatment. Patients we spoke with told us the nurses discussed and explained their treatment to them in detail in a manner they were able to understand. One patient was especially positive about the 'first class' stoma care nurse who had trained them to care for their stoma after their operation.
- We observed nurses asking if a patients' partner supported them with their stoma. The patient did not want their partner to support them and the nurse respected this decision.
- Nurses gave patients detailed advice on caring for their stoma including use of adhesive removal spray, using body heat to warm the adhesive before applying, and using a mirror to check positioning.
- We saw patients were empowered to manage their own stoma. For example, a patient removed their own stoma bag whilst at the clinic and we observed a nurse reminding a patient at the end of a clinic that they could contact them for support 'any problems just give me a ring.'

Emotional support

- We observed nurses providing care and advice to long-term patients and newly referred patients. In both scenarios, the patients and their relatives told us how invaluable the support of the stoma care nurses had been. One patient told us 'I don't know what I'd do without them as the GP just doesn't know about stoma care.'
- The stoma care pathway prompted nurses to assess patients' wellbeing throughout the pathway and we saw evidence around discussions of patients' wellbeing in records.
- All regions had patient support groups set up to encourage peer support. Patients nominated a SecuriCare nurse to attend and offer advice and support at these groups.
- The use of a patient distress thermometer to measure the emotional wellbeing of patients was discussed at regional team meeting.

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

(for example, to feedback?)

Planning and delivering services which meet people's needs

- Services were delivered at times and in locations, wherever possible, that suited the needs of the population. SecuriCare planned services across England as required by clinical commissioning groups and NHS trusts. SecuriCare nurses accepted patients onto the stoma care pathway with no exclusions.
- Nurses also delivered hospital-based care for patients pre-operatively and post-operatively In those circumstances SecuriCare nurses held honorary contracts with the hospital.
- SecuriCare held clinics in 13 locations where patients could have yearly reviews or come to the clinic for troubleshooting support.

Equality and diversity

- SecuriCare did not exclude patients from services on the grounds of age, religious belief, disability or gender; all patients referred to them for stoma care were cared for.
- Stoma care for people of different faiths was the topic of the second day of the nurse conference planned for November 2017. Representatives from Muslim, Sikh, Hindu, Jewish, Bahia, Jehovah Witness, Christian and Catholic were invited to discuss topics including food, relationships, clothing, prayer and bathing in relation to stoma care. Nurses had chosen this topic has they wanted a greater understanding of the impact of faith on patients' choices and care.
- Nurses described how they would access translation services when necessary. Some nurses told us they used family carers to act as a translator with agreement from the patient. This may occasionally be appropriate but does not reflect accepted best practice.

Meeting the needs of people in vulnerable circumstances

- Nurses provided home visits for patients who were unable to attend the clinic.
- Nurses gave us examples of support they had provided to patients living with dementia. For example, nurses told us how they had identified patients who were

over-ordering products that needed additional support. Nurses visited patients, disposed of out of date supplies and contacted patients' GP to make sure the right care and support was in place for the person living with dementia.
- SecuriCare nurses supported carers to learn how to manage stomas. Nurses regularly gave training sessions to carers and nursing home staff on stoma care to ensure patients who could not support themselves with their stoma care had the right support from those caring for them. Nurses delivered training sessions on stoma care to carers and nursing home staff. The training package was accredited by the Royal College of Nurses.
- SecuriCare provided a free home delivery service for stoma care supplies.

Access to the right care at the right time

- Patients had a named nurse looking after their care and had their direct telephone number that they could call for support.
- We observed nurses arranging follow up appointments at the end of clinics and home visits at times that suited the patient.
- The community nursing team was available to patients during working hours Monday to Friday. Outside of working hours, nurses' answerphones directed patients to contact their GP or NHS 111 for urgent advice.
- The stoma scoring thermometer tool nurses used to triage patients included patient distress and family/ carer distress. Nurses considered these factors when assessing the urgency of a patient visit.
- Did not attend rates (DNA) for clinics were monitored at a regional level. Where necessary, SecuriCare reported on DNA rates to commissioners. Nurses in one region had trialled a text reminder service to reduce DNA rates.
- Nurses used the stoma-scoring thermometer to triage patients and ensure they received the right care at the right time. Patients would be seen immediately if they had a high-risk score, would be pro-actively managed if they had an amber risk score and seen routinely if they had a green risk score.
- SecuriCare nurses based in hospitals were available to support stoma patients who were in hospital for a non-stoma related issue.
- The responses to the patient survey in all regions found that most patients found it easy to get an appointment with a stoma care nurse.

Learning from complaints and concerns

- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with staff.
- SecuriCare received two complaints in the year June 2016 to June 2017. The governance lead liaised with NHS trusts where complaints originated in a partner organisation.
- Nurses told us learning from complaints was shared at team meetings. We saw that a complaints debrief was part of the agenda for a nurse team meeting. A nurse we spoke with told us how following a complaint they had improved their communication and record keeping. The nurse gave an example of how they now used calling cards to let patients know a nurse had visited them and they had not been in.
- SecuriCare had an up to date clinical complaints policy. The complaints policy stated that an acknowledgement of the complaint needed to be sent within 3 working days.
- Nurses we spoke with were aware of how to manage negative feedback from patients. Nurses completed complaints handling as part of SecuriCare mandatory training. If patients gave negative feedback in patient surveys, nurse managers, the National Nurse Manager or the Clinical Governance Lead would call the patients to talk about their concerns.
- Patients we spoke with were aware of how to make a complaint to the service. Information leaflets given to patients with information about the service included details of how to make a complaint.

Are community health services for adults well-led?

Leadership of this service

- The service was led by a National Nurse Manager supported by a Clinical Governance Lead and four regional nurse managers, who were all senior registered stoma care nurses. The leadership team were approachable, staff we spoke with told us the national nurse manager, and governance lead were visible and easy to get hold of.
- The regional nurse managers reported to the national nurse manager. We spoke with four regional nurse

managers who said they had regular contact with the National Nurse Manager either face-to-face or via the telephone. They felt well supported by the National Nurse Manager and had regular one-to-one meetings.
- The nurses we spoke with confirmed that they were always able to go to managers for support and they were confident that their concerns would be acted upon. A nurse we spoke with gave an example of how their manager had supported them to resolve a management issue.
- One of the nurse managers had recently been awarded second place in the British Journal of Nursing "Stoma Nurse of the Year" for their work on risk assessments for stoma care.

Service vision and strategy

- The company vision was 'exceeding expectations, delivering better healthcare' and the mission was 'to have delighted customers using our products and services for life.'
- The values had been developed with staff over ten years ago and included values of 'customer-focus', 'proactive' and 'teamwork.' The values formed part of the appraisal process.
- SecuriCare produced a stoma care strategy every year with clear priorities for the service. The service launched the strategy at the national nurse conference to ensure all staff were aware of the strategy. Clinical nurse leads had a role in presenting the stoma care strategy to nurses at the yearly conferences.
- SecuriCare staff that attended the National Nurse Meeting in November 2016 responded to the question 'How clear is your understanding of the stoma strategy 2017'. Results showed 45 % staff said they were very clear and 52% were clear.

Governance, risk management and quality measurement

- We saw SecuriCare had a risk register that included risks relating to patient satisfaction, patient documentation, complaints and incidents, lone-worker, nurse registration and employment safety checks. The service graded according to likelihood and consequence and detailed how risks were mitigated.
- Nurses said they could raise risks with nurse managers who would escalate them to the governance lead. Nurse managers discussed risks at monthly meetings.
- There was a clinical services department meeting with the National Nurse Manager and Clinical Governance Lead every month. This meeting included standard agenda items including – a clinical governance update, key performance indicators
- Nurse managers met together every month after the clinical services department meeting, and their meeting agendas included topics such as the national nurse conference, the stoma care strategy and actions from the clinical services department meeting to be shared with nurses.
- Nurses attended regional team meetings every month. These included opportunities to share best practice. We saw the yearly plan for the best practice meetings for two regions that included representatives from different ostomy care suppliers demonstrating products, discussing patient usage of products and the colorectal cancer pathway.
- Nurses were encouraged to record the participatory learning hours to support their revalidation (a process to renew registration with the Nursing and Midwifery Council.
- We observed a log of employment safety checks, using the Disclosure and Barring Service (DBS) checks. This showed all nurses had undertaken a DBS check.
- The service had limited systems for monitoring compliance with national guidance and regulations, to gain assurance it was meeting its legal obligations. They relied on the observation field visits which were not formally structured without any agreed consistency. The clinical governance lead carried out a records audit every other year and in the meantime relied on nurse managers' informal checking of nurse documentation to provide assurance. We were told the clinical governance lead would attend nurse managers meeting each month where any concerns would be raised.

Culture within this service

- All staff we spoke with were positive about working for the company and described it as 'very customer-focused' and 'person-centred.'
- All staff we spoke with agreed they felt respected and valued. In the 2017 staff survey 94% of staff felt their work was valued and 91% agreed their achievements were recognised.

Community health services for adults

- Staff reported there was an open door policy with senior staff to raise any concerns. SecuriCare had an up to date Freedom to Speak Up policy and staff we spoke with were aware of the Freedom to Speak Up Guardians and were confident to speak up if they had a concern.
- Learning and development was encouraged and supported by the service with nurses supported to publish and present at conference. Nurses we spoke with were positive about the development opportunities available to them.
- SecuriCare took action to ensure staff were kept safe. Community workers carried lone worker alarms and nurses we spoke to told us they carried these devices.
- SecuriCare achieved Investors in People silver in 2010, gold in 2013 and was re-accredited to gold in 2016.

Public engagement

- SecuriCare sent patient surveys to patients every other year, or yearly in some regions, to gather patient feedback. The service used the results of these surveys to develop and improve the service. For example, nurse managers told us that they had changed nurses' answerphone messages to explain the service more clearly and help patients understand their roles.
- In the north region there was a patient representative group that meets four times a year. The group has provided feedback to the service, for example, people would like clinics closer to home.
- SecuriCare published 'Hand in Hand', a magazine for stoma care customers, three times a year. The magazine included advice, patient experience stories and provided signposting to local stoma support groups.
- The SecuriCare website had an active blog with blog posts written by SecuriCare nurses and service users. At the time of inspection recent blog posts written by SecuriCare patients covered their experiences of – feeling normal, periods, travelling and being a parent with a chronic illness and having a stoma.
- There were regular 'Meet a SecuriCare Stoma Care Nurse' posts written by SecuriCare staff.

Staff engagement

- SecuriCare undertook a staff survey once a year. The results from the 2017 survey were positive especially for staff feeling valued, recognised, and supported by line managers.
- Nurse managers held monthly team meetings at a regional level where best practice was shared with nurses.
- SecuriCare held a national nurse conference every year for staff over two days. The conference included a business meeting and guest speakers on topics such as – nurses and social media, dermatology, stoma care and faith. The learning at the conference included participatory elements and staff gained certificates for attending to form part of their training record. Feedback was gathered after event, including asking staff 'what topics would be useful to be presented by your peers at future meetings?' to support shared learning.
- SecuriCare ran a 'contribution to clinical excellence' award scheme to recognise where nurses had made a significant contribution to the field of stoma care nursing. The staff survey evaluated the scheme and 97% of staff surveyed were positive about the recognition scheme.

Innovation, improvement and sustainability

- SecuriCare nurses were encouraged to prepare and deliver papers at the Association of Stoma Care Nurses conference and five nurses were giving papers at the conference this year. SecuriCare funded nurses to attend the conference. Nurses had prepared presentations on topics including 'My Body, My Relationship' developing a text reminder services and involving patient views in colorectal cancer care. The national nurse conference allowed time for nurses who presented at the Association of Stoma Care Nurses conference to share their presentations with all the nurses in order to share the learning.
- SecuriCare were piloting using video calls to run extra clinics to make clinics more accessible to patients who were working or unable to attend clinics.

Outstanding practice and areas for improvement

Outstanding practice

We observed the following areas of outstanding practice:

- The service supported nurses continued training and development very well and several nurses contributed to national conferences on stoma care as experts in their field.

Areas for improvement

Action the provider MUST take to improve

- Ensure all clinical staff are trained to level 2 in safeguarding adults and children to meet the standards in the intercollegiate document.
- Ensure the safeguarding lead for the organisation is trained to level 3 for safeguarding children to meet the standards in the intercollegiate document.

Action the provider SHOULD take to improve

- Ensure that the process and requirements for duty of candour are included a policy
- Formalise the process for monitoring performance against best practice.
- Consider how to monitor assurance of compliance with CQC regulations, for example with records management and infection control, more formally.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment **Regulation 13** Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safeguarding service users from abuse and improper treatment 13 (2) Systems and processes must be established and operated effectively to prevent abuse of service users. How the regulation was not being met: • Not all clinical staff were trained to level 2 safeguarding children. • The safeguarding lead for the organisation was not trained to level 3 for safeguarding children. This was a breach of regulation 13 (2).