Pioneer Wound Healing & Lymphoedema Centres

Healogics Wound Healing Centre - Horsham

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

This was the first time we rated this service. We rated it as good because:

- The service had enough staff to care for people using the service and keep them safe. Staff understood how to protect patients from abuse. Staff controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They did not store or prescribe medicines. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment. Managers made sure staff were competent and supported staff to develop their skills through specialist training for tissue viability, wound care and lymphoedema management. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives and supported them to make decisions about their care.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to people using the service and made it easy for people to give feedback. The patients we spoke with were happy with their care and generally felt that they had had an excellent experience using the service.
- Managers were approachable and had the skills and knowledge to ensure patients received a quality service. Staff understood the service's vision and values and how to apply them in their work. Staff were clear about their roles and accountabilities, and felt respected, supported and valued. All staff were focused on the needs of patients receiving care.

However:

- Patients could not always access the service when they needed to. Some patients waited longer than the target set by the commissioners, which was 10 days for patients requiring routine wound care, and eight weeks for patients requiring routine lymphoedema treatment.
- Staff were not fully compliant with all mandatory training.
- The provider had several policies which were out of date and had no formal clinical supervision policy.
- Managers did not hold regular team meetings for all staff to share information, learning and feedback to continually improve care to patients. However, staff told us that they had daily safety meetings.

Summary of findings

Our judgements about each of the main services

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

Summary of findings

Contents

Summary of this inspection

Background to Healogics Wound Healing Centre - Horsham

Healogics Wound Healing and Lymphoedema Centre – Horsham is provided by Pioneer Wound Healing and Lymphoedema Centres. The provider has been registered since December 2021 when it acquired the service from the previous provider. The provider also has five other registered locations in Sussex.

During this inspection, we visited two of the provider's registered locations. We have therefore published this report on Healogics Wound Healing and Lymphoedema Centre – Horsham, and another report on the registered location Healogics Wound Healing and Lymphoedema Centre – Eastbourne. The provider describes the remaining four locations as smaller, satellite services and were not inspected.

Healogics Wound Healing and Lymphoedema Centres specialise in the provision of wound healing and lymphoedema services to NHS patients using an evidence-based systematic approach to chronic wound healing. The service is commissioned by NHS Sussex, whose role is to agree the strategic priorities and resource allocation for all NHS organisations in Sussex. NHS Sussex recently took over commissioning responsibility from local clinical commissioning groups (CCGs).

The Horsham centre is commissioned for both lymphoedema and wound care (leg ulcers and surgical wounds only). They see ambulatory patients (patients who can walk) at the clinic. The four satellite sites are also within the Crawley, Horsham and Mid-Sussex (CHMS) area and they are also commissioned to provide wound care only.

The service is currently contracted to treat adults. Self-paying patients could access the same care provided to NHS patients, as well as some other services such as manual lymphatic drainage which is a technique used to massage patients with lymphoedema to reduce pain and discomfort.

The service registered with the Care Quality Commission in 2014. They are registered to provide the following regulated activities:

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

At the time of this inspection the service had a registered manager.

The service was inspected when it was provided by the previous provider in February 2017 but was not rated.

How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

Is it safe?

Is it effective?

Summary of this inspection

Is it caring?

Is it responsive to people's needs?

Is it well-led?

Before the inspection visit, we reviewed information that we held about the service. We announced this comprehensive inspection 24-hours prior to the inspection visit.

During the inspection, the team:

- spoke with 4 members of the Board, including the managing partner, clinical director, chief operating officer and director of nursing;
- spoke with 11 members of staff including senior managers, the information and governance officer, the tissue viability nurse consultant, the tissue viability lead nurse, the lymphoedema lead nurse, tissue viability nurses, healthcare support workers and clinical administrative staff;
- spoke with seven patients who were using the service and two carers;
- reviewed three patient care and treatment records;
- observed staff providing care to patients in clinics;
- looked at a range of policies, procedures and other documents related to the running of the service.

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

- Several staff and senior managers had published papers in the Journal of Community Nursing between 2020 and 2022, covering topics including the development of the hybrid nurse role, adjuvant therapies (secondary treatment) for lymphovenous disease and fibrosed wound beds, the impact of specialist intervention on venous leg ulcers (VLUs) in the community and exploration of how patient outcomes could be improved through the adapted assessment of leg ulcerations. This showed that staff had used their experience to identify challenges and drive change throughout the business and more widely.

Areas for improvement

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

Action the service SHOULD take to improve:

- The provider should ensure mandatory training compliance for Mental Capacity Act (MCA) improves in line with the provider's target of 95%.
- The provider should ensure that they fulfil their plans to review and update their outdated policies and that staff know where to find them.

Summary of this inspection

- The provider should ensure that any action plans resulting from clinical audits are clearly recorded to improve outcomes for patients.
- The provider should ensure that they embed a more robust process for delivering clinical supervision for all staff.
- The provider should ensure that information, learning and feedback is shared with all staff regularly in a structured way and that this is recorded.
- The provider should ensure that they strengthen the line management support available for administrative staff who are being line managed remotely.
- The provider should continue to work with commissioners to improve wait times for patients waiting to receive lymphoedema treatment and ensure that patients are seen within the target set by the commissioners.

Our findings

Overview of ratings

Our ratings for this location are:

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

Good

Community health services for adults

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

Is the service safe?

Good

This was the first time we rated this service. We rated safe as good.

Mandatory training

Staff did not always receive or keep up-to-date with their mandatory training.

At the time of the inspection, 97% of staff had completed their mandatory training across all the required training modules, which was above the provider's target of 95%. However, the compliance rate for Mental Capacity Act (MCA) training was 56%. Managers told us that the training for MCA had been removed from their training provider's catalogue and were looking at alternatives.

Staff received face-to-face and online training and completed competency assessments. The training and education manager monitored mandatory training using a RAG (red, amber, green) system and alerted staff when they needed to update their training.

Managers informed us that learning disability and autism training had been added to the list for mandatory training as of July 2022, in line with new legislation. The service's training provider did not provide this training for adults and the training and education manager was in the process of seeking a supplier to deliver this training. The equality and diversity module, which formed part of the service's mandatory training, covered some aspects relating to learning disability and autism.

The service had not used agency staff for over a year, although the service had a process in place to ensure all agency staff were trained to the same level as permeant staff should they be required. The service had a small pool of bank staff who received the same training as permanent staff.

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 completed the appropriate safeguarding training for their role with a current average compliance rate of 100%. Staff knew how to make a safeguarding referral and who to inform if they had concerns. We saw evidence that safeguarding referrals were completed by staff when concerns were identified. The clinical director was also the safeguarding lead for the service, and staff told us they could access them for advice when they needed to.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act 2010. All staff had the NHS safeguarding application downloaded to their work issued mobile phone, which they could access for additional guidance if they needed to.

Senior managers discussed safeguarding as a standing item at monthly clinical governance meetings. Staff told us that specific safeguarding or safety issues were discussed during daily morning meetings.

There were no safeguarding concerns reported to CQC in the twelve months before the inspection.

Cleanliness, infection control and hygiene

Staff controlled infection risk well. They used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

Clinic areas were visibly clean and had suitable furnishings which were well-maintained. The service completed weekly cleaning audits, which demonstrated that all areas were cleaned regularly. We observed that staff cleaned equipment after each patient's appointment.

Staff were aware of the importance for good hand hygiene, use of personal protective clothing and aseptic techniques (using practices and procedures and applying strict rules to minimise the risk of infection). Staff followed infection control principles including the use of personal protective equipment (PPE). At the time of the inspection, staff and patients continued to wear masks to protect people from the risk of contracting Covid-19.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

The Horsham site had three treatment rooms which were well maintained. Staff carried out daily safety checks of specialist equipment, which was clean, in date and fit for purpose. We looked at the equipment available for staff, including doppler ultrasound machines, blood pressure machines and blood glucose monitors. Equipment used by staff was serviced and calibrated annually.

The service had enough suitable equipment to help them safely care for patients, for example bariatric chairs for patients with a high body mass index. Additional medical supplies and compression garments were stored in lockable cupboards or rooms that were clearly marked 'staff only'.

Staff had easy access to a defibrillator, which was located on the wall, for use in the event of a cardiac arrest. The defibrillator was in date and checked regularly. We saw that staff had completed a fire evacuation drill in August 2022 and had up-to-date fire risk assessments.

Staff disposed of clinical waste safely.

Assessing and responding to patient risk

Good

Community health services for adults

Staff completed and updated assessments for each patient and removed or minimised risks. Staff identified and quickly acted to support patients at risk of deterioration.

Staff completed assessments for each patient at their first appointment and reviewed this regularly. Staff used nationally recognised tools to identify deteriorating patients and escalated any concerns appropriately. We saw that staff appropriately used the ankle brachial pressure index (ABPI) to aid the early diagnosis of peripheral arterial disease (PAD) and guide the use of compression therapy for treatment of venous leg ulcers (VLUs). They also used the toe pressure brachial index (TPBI), which is a non-invasive method of determining arterial perfusion in feet and toes.

Staff knew about and dealt with any specific risk issues and shared key information to keep patients safe when handing over their care to others. Staff held daily safety meetings which provided an opportunity to escalate risks that were not urgent. Staff undertook structured caseload reviews every four to six weeks with the nurse consultant and clinical director. This was an opportunity to discuss patients' care and any risks identified which may have stalled their progress. Staff reviewed photographs taken of patients' wounds at each appointment, which were stored electronically in patients' files.

All staff we spoke with had a good understanding of how to escalate patients treatment plans if their condition deteriorated. The service had eight qualified first aiders (five clinical staff and three administrative staff) based at the clinic. Managers told us key staff were chosen to undertake the training with the aim of there being a trained first aider on site during every shift. These staff members adhered to an annual leave buddy system to ensure that cover was maintained.

The service had a lone worker policy. Staff travelling from the clinic to any of the satellite sites carried lone worker fob devices. All last recordings of fobs were checked daily to ensure all staff had left safely from remote locations.

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 bank staff a full induction.

The service had enough staff to keep patients safe. Staff rotas were completed six months in advance which meant that managers could identify where staffing was likely to be lower, for example, due to staff annual leave, and plan for additional cover if required. Clinical staff were made up of tissue viability nurses (TVN), a tissue viability nurse consultant (TVNC) and healthcare support workers (HCSW). All clinical staff were trained to the same level in tissue viability and wound care, and lymphoedema management which the service described as a 'hybrid role'. This meant that patients received a consistent approach to care.

The service did not use any agency staff at the time of the inspection and staff we spoke with felt that their caseloads were manageable. The service had a pool of three bank nurses who were undertaking training, with the future aim of providing greater flexibility for patients to attend appointments during evenings and weekends. Managers made sure all bank staff received a full induction and understood the service.

The service had one vacancy for a practice manager position. Managers told us this vacancy was due to be advertised on their website, local newspaper and via social media.

The staff turnover rate across the provider organisation for the period June to August 2022 was 3.6%, which equated to two full-time staff.

Good

Community health services for adults

For the period June to August 2022, the service had a short-term sickness rate of 1.4%. This included staff who had been off sick with Covid-19.

Records

Staff kept clear records of patients' care and treatment. Records were up-to-date and stored securely.

At the time of the inspection staff kept paper records of patients' care and treatment plans. All three records we reviewed showed that staff recorded information clearly and accurately which included records of patients' consent to their treatment.

Paper records were stored securely in a locked drawer and we saw that staff put records back when they were finished with them. Other documentation such as referral paperwork and service correspondence with GPs were saved electronically in a file under the patient's individual identification number. Staff could access records easily, although we observed one patient's identification number had been recorded incorrectly which meant that staff were not able to easily locate their file on the system. This was fed back to staff at the time.

The provider had developed plans to streamline their record keeping and administrative processes following staff feedback. Staff at the Horsham office were trialling a new electronic patient information system (PIMS) which was due to be implemented at the Eastbourne site. At the time of the inspection staff were using the PIMS to schedule appointments and develop staff rotas. Managers told us that they planned to have all patient care and treatment records, including referral paperwork and external correspondence generated and recorded on the PIMS by the end of the year with the aim of reducing duplication and minimising the risk of misplacing information.

All staff were required to complete training on data security, which was part of the provider's mandatory training. At the time of the inspection, 100% of all required staff had completed this training.

Medicines

The service did not stock or prescribe medicines. Staff referred patients to their GP if they needed medicine to be prescribed.

Incidents

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

Staff raised concerns and reported incidents and near misses in line with the provider's policy.

Staff reported incidents using a form saved on the service's online shared file, which was sent to the information governance officer. A total of six incidents were reported between January and September 2022. Four were categorised as clinical incidents and two non-clinical, both of which were related to information governance. Clinical incidents related to staff identifying a deterioration of a patient's conditions and a patient catching their hand on the door on their way out the clinic. Two of the clinical incidents related to issues at the satellite locations including the lift being inoperable and cleaning staff failing to attend a location, increasing IPC risks.

Good

Community health services for adults

The information governance officer and clinical director triaged all incident forms submitted by staff and ensured any immediate actions were taken before allocating senior staff to investigate. The service had processes in place to ensure incidents were investigated and contributory or root causes identified. The outcome of investigations included lessons learned.

Managers discussed the necessary corrective and preventative actions following investigation of incidents in fortnightly senior manager meetings. Individual staff received feedback verbally and via email following specific investigations which involved them. Staff told us that feedback was given during daily safety huddles, although it was unclear whether outcomes and learning were routinely discussed with all staff to look at improvements to patient care.

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

Is the service effective?

Good

This was the first time we rated this service. We rated effective as good.

Evidence-based care and treatment

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

Staff kept up to date with and followed relevant National Institute for Health and Care Excellence (NICE) guidelines to plan and deliver quality care according to best practice. The managing partner and clinical director discussed audits as a standing item during monthly clinical governance meetings, although it was not always clear how learning was recorded and shared with staff.

Staff had access to policies on an online shared drive, although some were out of date. However, staff had access to an extensive standard operating procedure (SOP) for complex wound management, which was in date and laminated for staff to access easily. Each clinic room also had a laminated quick reference guides containing SOPs for adult safeguarding, Mental Capacity Act, consent, accident and incident reporting and complaints procedure, which staff could refer to for the key points for guidance.

Healogics used an evidence based approach called 'HealSource' which was developed by the previous provider and was trademarked. The version used in the UK had been edited to reflect a nurse-led approach and comply with UK guidance. It contained a nine step approach to the assessment and management of wounds. We saw that staff had access to a laminated manual located in each clinic room, containing easily accessible key information in support of best practice.

Staff performed ankle brachial pressure index (ABPI) in line with NICE guidance. The guidance states that assessments should be repeated 6 or 12 month intervals depending on initial and ongoing assessment. We saw that the assessments for these were often completed.

Good

Community health services for adults

The service had set criteria, which were set by the commissioner, to determine patients' eligibility for lymphoedema treatment. For example, patients with a high BMI (Body Mass Index) were excluded from routine treatment in favour of an alternative treatment plan that supported them to reduce weight first to relieve their symptoms. Staff provided guidance and signposting to patients and their GP, so that a plan could be formulated to reduce the patients' BMI and increase their suitability for effective treatment with a view to referring them to the service in the future.

Nutrition and hydration

Staff used a nationally recognised screening tool to monitor patients at risk of malnutrition.

Staff told us that good nutrition was essential for the promotion of wound healing and they used a malnutrition universal screening tool (MUST) in line with professional guidance to assess and improve nutritional care for patients at risk of malnutrition.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain.

Staff were not able to prescribe pain relief and did not have access to analgesics (pain killers) or other medicines. Any patients that reported pain or needed support to manage their pain would be referred to their GP.

We spoke with staff about ways of managing pain during patients' procedures. Staff told us pain scores were calculated during initial assessments and reviews. We saw pain scores were completed in all three of the records we reviewed.

Staff told us that if a patient was finding a procedure painful or uncomfortable, they would take the required time to make sure the patient was as comfortable as possible, and this was reflected in the patient feedback.

Patient outcomes

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

Clinical outcomes were monitored, including days to healing. Between 2013 and 2019 the service's days to healing for venous lower limb wounds was an average of 117 days. Between 2020 and 2021, this dropped to 77.9 days as a result of improvements in treatments and training.

Staff worked in line with the nine essential steps model, which included assessment of perfusion and oxygenation, controlling oedema, pain and comorbidities, offloading and pressure reduction, looking at the viability of tissue and tissue type, controlling inflammation, infection and moisture balance. Staff told us the holistic assessment led to the regular clinical reviews of all patients to ensure consistency of healing rates and to track patients' progress. Staff told us this highlighted patients that were not showing signs of improvement or wound reduction at four weeks, and for appropriate referrals or revision of treatment plans to improve outcomes for all patients.

The provider conducted a patient quality of life audit between May and August 2022. The survey asked 23 patients questions relating to various aspects of their life, although we did not see how this information was used by the service to improve care.

Good

Community health services for adults

Competent staff

The service made sure staff were competent for their roles and managers appraised their work performance. However, leaders were not undertaking regular clinical 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. During the inspection we observed staff consistently delivering good care.

Managers made sure staff received any specialist training for their role and kept an electronic record of completed staff competencies including aseptic non-touch assessment, hand hygiene and PPE, annual curette debridement, pressure ulcer assessment and management, wound assessment and management, doppler and compression therapy assessment and management. This meant that managers had assessed staff as having the skills and knowledge to carry out specific tasks.

All staff were required to demonstrate their competency to undertake leg ulcer and wound assessment and management. Leaders told us that all staff were required to undertake a two week lymphoedema course at the Lymphoedema Training Academy (LTA), including assessment of specialist bandaging techniques and manual lymphatic drainage. This meant that all staff were trained to the same level.

Managers gave new staff a three day induction tailored to their role before they started work. After six months the service provided new staff with more advanced training, including funding to attend a debridement course at the University of Birmingham. Debridement is the medical removal of dead, damaged, or infected tissue to improve the healing potential of the remaining healthy tissue. New employees also received a staff handbook which included information about values, whistleblowing and policies.

At the time of the inspection 100% of staff had received constructive appraisals of their work, which took place yearly in line with the provider's policy. Staff also had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge through annual and six monthly personal development planning reviews following the Specific, Measurable, Achievable, Relevant and Timebound (SMART) method.

All staff spoke positively about learning and development opportunities within the organisation. Staff told us that managers identified training needs and gave them the time and opportunity to develop their skills and knowledge in specialist areas. The service funded training for staff to advance their skills and had a preceptorship policy which meant that newly qualified staff were supported to develop their confidence.

The service did not yet have a clinical supervision policy. Managers acknowledged that staff did not always have enough time during routine meetings for them to personally reflect or discuss wider issues related to clinical practice. However, staff reported feeling well supported in their roles and described that they attended regular caseload reviews every four to six weeks with the nurse consultant and clinical director. We saw evidence of these reviews, which were recorded and saved electronically in the patient's file. Staff told us this enabled them to review patients' progress and to seek advice and support from more senior staff.

Staff did not routinely access team meetings. This meant that not all staff received the same information at once and it was not clear how staff concerns were captured and escalated to senior management. However, information was disseminated to the team via email and during daily safety meetings. A team training day was booked for the end of the month following the inspection. All staff told us they felt able to raise any concerns or questions they had with their managers and colleagues.

Good

Community health services for adults

Managers identified poor staff performance promptly and supported staff to improve in line with their performance management policy.

Multidisciplinary working and coordinated pathways

All those responsible for delivering care worked together as a team to benefit patients.

Staff worked with other agencies when required to care for patients.

The service provided training to staff from external care agencies to support them in applying patients' hosiery to enable joined up care. This included joint visits to patients and providing staff with step-by-step guides where required with an open pathway of communication for support.

Staff contacted the patient's GP if they showed signs of mental ill health. They could also make a direct referral to One Call, which was a single point of access for urgent care referrals for people who were served by NHS Coastal West Sussex Clinical Commissioning Group. For patients that were vulnerable or who had complex co-morbidities, staff referred patients to adult social services for support, to reduce the likelihood of readmission back to the service, in line with the provider's discharge policy.

Staff told us that they worked in partnership with local GP practices, although they told us some were more responsive than others. Staff routinely sent letters or emails to patients' GPs following their initial appointment and at the point of discharge. Staff told us that they would have more frequent contact with patients' GPs if required.

The provider carried out a peer satisfaction survey with the Crawley, Horsham and Mid-Sussex (CHMS) referrers during 2021. Six GP practices responded. There was a 50% 'disagree' response (three responses) to the question, 'Are you satisfied with the way Healogics communicate with you throughout the patient journey?' All participants were able to give additional comments, which showed that all the negative responders felt they were not kept up to date with their patients' progress throughout treatment. It was unclear whether the service planned to repeat the survey to determine whether peer feedback had improved.

Health promotion

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

The service had relevant information leaflets on promoting healthy lifestyles. There were information and support leaflets available for patients in the reception waiting area.

Staff assessed each patient's health during their initial appointment and provided support for any individual needs to live a healthier lifestyle.

Consent and Mental Capacity

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.

A significant proportion of staff had not recently completed training in applying the Mental Capacity Act (MCA). Although MCA and Deprivation of Liberty Safeguards (DoLS) was part of the mandatory training within this service, 56% of required staff had completed this training. Managers told us that the training for MCA had been removed from their training provider's catalogue and were looking at alternatives.

Good

Community health services for adults

Staff we spoke to understood how and when to assess whether a patient had the capacity to make decisions about their care. All clinic rooms had 'mini' SOPs in the form of laminated manuals, which outlined the general principles of the MCA and mental capacity assessment process for staff to refer to for guidance.

Staff gained consent from patients for their care and treatment in line with legislation and guidance, and clearly recorded this in patients' records. We saw evidence in the three patient records we looked at that staff sought consent from patients prior to treatment. We also observed all staff seeking consent from patients during the clinic appointments we observed. The service had separate consent forms which they used for specific types of consent. For example, a consent form to receive wound care, a form which consented for photographs to be taken of patients' wound, and a consent form specifically for patients undergoing sharp debridement. We saw the blank forms used which outlined the risks and benefits of this procedure. Staff told us they discussed sharps debridement with patients and asked for verbal consent at every appointment as they acknowledged that patients' willingness to have the procedure could change.

Is the service caring?

Good

This was the first time we rated this service. We rated caring as good.

Compassionate care

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

Staff were passionate about delivering care and were discreet when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. We observed clinic appointments and saw that staff spoke kindly and compassionately to patients.

We spoke with seven patients and two carers during the inspection and via telephone after our visit. All patients spoken to felt happy with the care they had received and told us staff treated them well and with kindness.

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients with mental health needs.

Staff took account of patients' individual needs. For example, one patient told us they were frequently seen at short notice when they were experiencing problems with their condition.

Emotional support

Staff provided emotional support to patients 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. One patient told us that they felt safe because of the way staff looked after them and made them feel that they had their best interests at heart.

Good

Community health services for adults

We observed that staff had the time during clinic appointments to listen to patients to support their emotional wellbeing, and this was also reflected in the patient feedback. Staff knew patients by name and we observed that they were familiar to the patients they were seeing for treatment. One patient told us they had built good rapport with all the staff.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. Patients described staff as kind and caring and that they were always helpful.

Understanding and involvement of patients and those close to them

Staff supported and involved patients 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. All patients we spoke with told us staff involved them and their relatives in their care and that treatment options were always discussed with them. Where appropriate, people were given information about their conditions. Staff supported patients to understand how to fit their own compression garments where it had been assessed as appropriate.

A patient survey was issued between January and August 2022. In response to the statement, 'Your involvement in the development of your plan of care and understanding of your condition and information given to you', 82.6% (38 out of 46 people) said 'excellent'. 17.3% (8 out of 46 people) said 'good'.

Staff talked with patients and carers in a way they could understand, with access to communication aids where necessary. Two patients told us that staff always explained their treatment in a way they understood and explained why any new approach to treatment was being considered.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Feedback forms were available on site for people to fill in.

All patients spoken to during our inspection gave overwhelmingly positive feedback about the service. They told us they felt listened to, respected and had their views considered.

Is the service responsive?

Good

This was the first time we rated this service. We rated responsive as Good.

Planning and delivering care that meets people's needs

The service planned and provided care in a way that met the needs of local people and the communities it served. It also worked with others in the wider system and local organisations to plan care.

The service was commissioned by the CCG to offer the care patients needed. Self-funding patients could access the same care provided to NHS patients, as well as some other services such as manual lymphatic drainage which is a technique used to massage patients with lymphoedema to reduce pain and discomfort.

Good

Community health services for adults

The service was commissioned to treat adult patients aged 18 and over. Staff attended GP practices when required, to advise on training and complex patients that did not meet the acceptance criteria set by the CCG.

The service had individual treatment rooms which meant patients received care in a way that maintained their privacy and dignity. The building had parking on site so that patients with mobility issues could access the clinic easily.

Managers ensured patients who did not attend (DNA) appointments were contacted. If staff were unable to make contact, they would contact the patient's GP. The organisation monitored the number of DNAs, and at the time of the inspection the service had a current DNA rate of 1.30% for wound care patients and 4.9% for lymphoedema patients, for the year to date. This meant there was an overall DNA rate of just over 6% for all scheduled appointments. Managers monitored and took action to minimise missed appointments. Staff contacted patients via telephone to remind them of their appointment date and time. Staff explained that they accommodated patients who wanted to be seen at a specific time or needed longer appointments. The service had plans to offer appointments during weekends and was recruiting additional staff to provide these additional appointments.

Staff accommodated patients who needed to be seen urgently. This included patients experiencing problems regarding larvae therapy (a technique used to remove dead or infected tissue) or pump therapy (the use of a portable vacuum pump to remove air pressure over the wound). This meant that patients at risk of deterioration were seen promptly, reducing the likelihood of them requiring emergency services.

Patients had to be able to walk with or without assistance to receive care in the clinics. The clinic was wheelchair accessible and staff were able to raise and lower chairs and couches to meet patients' needs. Staff told us that for non-ambulatory patients they would assess what pathway was appropriate to meet their needs. This could involve patients being referred back to their GP to be referred to an alternative provider or where possible, staff could liaise with the local community nursing team to undertake joint home visits depending on the patient's location.

Meeting the needs of people in vulnerable circumstances

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

Staff completed training in equality, diversity and inclusion which was mandatory, and had a good understanding of this. At the time of our visit 100% of staff had completed this training.

Patients with addictions, mental health conditions and other complex co-morbidities were considered by staff in terms of their social and emotional needs, and staff took patients' needs into account by being flexible with appointment times. Staff told us that they would often buy food parcels for patients who were unable to feed themselves properly, which impacted on their wound healing ability.

Managers made sure staff, patients and their loved ones could get help from interpreters or signers when needed, to help patients become partners in their care and treatment. Staff had access to an interpreter service via a third party company. Whilst staff told us that they had not needed to use an interpreter, all staff knew how to access them if necessary.

Access to the right care at the right time

Most people could access the service when they needed it.

For wound care the targets were three days for urgent and 10 days for routine cases unless the patient requested otherwise. At the time of the inspection 34 people were waiting to attend their first appointment and 12 routine cases had been waiting over the target timeframe. However, these patients were over the target waiting time because they had not been able to attend the initial appointment which had been offered within the set time.

The provider agreed to the addition of lymphoedema care to their contract without significant notice, following the closure of another service. The provider explained they received funding from commissioners to treat urgent lymphoedema patients from this cohort. However, the provider had not received funding from commissioners to provide a service to patients not meeting the threshold for urgent lymphoedema treatment leading to long waiting times for routine cases. The targets for lymphoedema treatment were two weeks to be assessed for those with palliative and non-palliative urgent needs, and eight weeks for patients without palliative or urgent needs. At the time of the inspection there were 199 routine cases waiting, 123 of these people had been waiting over the eight week target. However, the 123 people had not met the threshold set by the commissioners to be seen urgently and the funding was not in place to enable the provider to see these patients. People requiring urgent lymphoedema treatment were seen within the provider's target time of two weeks. Managers told us that the longest waiter (the person who had been on the waiting list the longest) was 65 weeks. However, people waiting beyond the eight week target remained under the direct management of their GP who monitored their condition for deterioration.

Managers told us that they were in discussions with commissioners about how service provision could be considered in terms of addressing wait times. However, the service provision for this cohort (non-urgent lymphoedema patients) had not been agreed with commissioners and therefore funding was not available to the provider. This meant that some people requiring treatment were not able to access the service, which was outside of the provider's control.

Managers told us that they continually reviewed the clinic diary with the aim of maximising opportunities for booking patients in for first assessments. For lymphoedema patients who were stable, staff used telemedicine (healthcare delivered via telephone or internet connection) to complete review appointments, which increased capacity for face-to-face clinic appointments.

The service had plans to redesign the building layout to improve access for patients and managers showed us evidence of these plans which were still being finalised. The service had acquired the unit next door, which they planned to refurbish. This meant that the service would increase the number of treatment rooms from three to five with the aim of improving capacity to see more patients.

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 and investigated them but did not routinely share lessons learned with all staff. The service included patients in the investigation of their complaint.

Patients knew how to complain or raise concerns and the service clearly displayed information about how to raise a concern in patient areas. Most patients and carers we spoke with said that they were comfortable doing this and were confident that staff would address their concerns quickly. All seven patients and two carers had positive feedback for the staff supporting them.

The provider had a patient complaints and concerns policy. During the 12-months before the inspection, one expression of dissatisfaction had been received about an individual who did not meet the criteria to receive treatment by the service. This was dealt with by clinical director on the same day and resulted in the patient attending an appointment with the clinical director and their GP to agree a pathway forward.

Good

Community health services for adults

Managers treated concerns and complaints seriously. We were shown how investigations and outcomes would include any lessons learned and corrective and preventative actions that were required. Managers shared feedback from complaints with staff individually via email. Staff told us that information was shared during morning huddle meetings, although these were not recorded.

Is the service well-led?

Good

This was the first time we rated this service. We rated well-led as good.

Leadership

Leaders had the skills and abilities to run the service and understood and managed the priorities and issues the service faced. They were visible and approachable, and supported staff to develop their skills.

Staff described accessible and approachable leaders who supported them with patient care as needed. However, some administrative staff described a lack of direct support from leaders. The patient services manager who oversaw the administrative team had recently left the service. The chief operating officer was overseeing the management of administrative staff in their place and told us they undertook monthly one to one meetings with the administrative team. Whilst staff could contact the chief operating officer by telephone, they told us that they did not see them at the Horsham location due to them being based at the Eastbourne site.

Feedback from all staff we spoke with was positive about the support and guidance they received from the leadership team. Overall, staff felt that the transition to the new provider in December 2021 had not impacted on their work. One staff member commented that the service felt more inclusive for staff since the transition.

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 service had a vision for what it wanted to achieve.

The vision was focused on a move towards clinical experience at all levels, and a strategic aim to become experts in the field of evidenced-based wound care and lymphoedema treatment. The managing partner told us that the service aimed to expand to meet the expectations of people accessing care, to be a responsive provider by driving quality outcomes for patients, and to invest in their employees to develop, attract and retain a high performing and sustainable workforce.

Staff we spoke with described wanting to do the best for patients and their colleagues and providing high quality care.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.

Good

Community health services for adults

The previous provider completed a staff survey in 2021. The survey reflected that staff generally felt respected, supported and valued within the team. Just under 98% of staff who took part in the survey (41 out of 42 people) answered 'yes' to the question, 'Do you think that Healogics has a positive work culture?'. Staff told us they felt able to approach their line manager if they wanted to provide feedback or when things went wrong, without being made to feel blamed.

Staff at all levels told us they had access to opportunities for career development. One member of staff told us they felt the organisation invested in their staff.

The service promoted equality and diversity in its daily work and all staff had access to a 24-hour helpline for support if they were experiencing any personal issues. For example, stress, anxiety, debt, relationship challenges and legal advice. Staff explained situations where the senior leadership and management team had been supportive and considerate of personal circumstances.

Governance

Leaders did not always operate effective governance processes throughout the service. Whilst staff at all levels were clear about their roles and accountabilities, they did not have regular opportunities to meet, discuss and learn from the performance of the service.

Our findings from the other key questions demonstrated that most governance processes operated effectively at team level and that risk was managed well, although it was clear the service was still reviewing and embedding improved processes following the transition to the new provider.

During the inspection we identified that the adult safeguarding and complex wound management policies were out of date and had not been reviewed since 2018. Senior leaders told us they had been undertaking a review of all policies and they were in the final stages of approval which were due to be signed off by the Board. Following the inspection staff told us that the two policies shown to the inspection team were not the most up to date versions and shared these with us. Managers acknowledged that staff had been incorrectly signposted to outdated policies online, which showed a lack of leadership oversight.

Managers shared information with staff via email. Staff told us that information was shared during morning huddle meetings, although these were not recorded.

The provider did not have a clinical supervision policy in use. However, staff undertook regular caseload reviews and all staff had received an annual appraisal and six-monthly personal development planning review in line with the service's policy.

Management of risk, issues and performance

Leaders 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 manage unexpected events.

The service had two separate risk registers relevant to clinical and non-clinical risks. Managers logged actions taken to reduce their impact and improve the service for patients, and each risk was assigned to an individual staff member. We saw evidence that this was regularly reviewed and updated.

Managers met at least fortnightly to discuss operational risks which were recorded. Staff told us that these meetings were often increased to weekly if there were specific risks identified which required management oversight.

Good

Community health services for adults

Information Management

The service collected reliable data and analysed it. Although, we saw that some information such as policies and procedures were not easily accessible by staff.

Managers submitted key performance indicators to the appropriate CCG on a quarterly basis.

Staff had access to multiple IT platforms which meant that information could be difficult to find. Senior managers told us that they were in the process of integrating the multiple IT platforms into one platform including a staff intranet site.

The provider had developed plans to streamline its record keeping and administrative processes with the implementation of an electronic patient information system (PIMS). Staff at the Eastbourne site were preparing to transfer to the PIMS which was being trialled at the Horsham location. Managers told us that they planned to have all records generated and recorded on the PIMS by the end of the year. This included patient care and treatment records, referral paperwork and external correspondence, appointment scheduling and staff rotas.

The information governance officer was responsible for overseeing systems and managing information risks and providing assurance to the Board in relation to compliance with General Data Protection Regulation (GDPR). Staff were aware of their personal responsibility to safeguard and share information appropriately.

Engagement

Leaders and staff openly engaged with patients and staff to plan and manage services.

The organisation was in the process of developing workstreams to improve engagement.

The provider collected patient feedback using feedback questionnaires and quality of life questionnaires. Managers told us that initial meetings had been undertaken with patients before the Covid-19 pandemic to develop forums for patients and their families to contribute to continually improving the service. Since Covid-19 restrictions were relaxed, the service had facilitated an initial engagement meeting with 10 patients and staff.

The service used staff surveys to capture feedback. A survey was completed in October 2021. Managers identified two key themes relating to issues around clinical pay grading and the time spent completing paperwork. As a result, managers conducted a review of all clinical and administrative staff grades and some roles had been re-graded. The feedback from staff also resulted in the development of the new PIMS.

Managers told us they would repeat the staff survey in October 2022.

Following informal feedback from staff, managers reviewed their maternity policy to align with the NHS terms and conditions for maternity benefits.

The service had a Freedom to Speak Up Champion, who attended Board meetings.

The provider carried out a peer satisfaction survey with the Crawley, Horsham and Mid-Sussex (CHMS) referrers during 2021, although only six GP practices responded.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. Leaders encouraged innovation and participation in research.

Good

Community health services for adults

Staff told us about quality improvement (QI) projects and workstreams they were involved in. For example, the development of the hybrid specialist nurse role. All staff were required to undertake an intensive induction wound training programme, with monitored competencies in the weeks following. Most staff completed an accredited lymphoedema course and the combined methods were deployed in patients' treatment plans. A senior member of staff had published a paper in 2020 in the Journal of Community Nursing about the development of the hybrid nurse role, and the impact on patient outcomes.

Several staff and senior managers had published papers in the Journal of Community Nursing between 2020 and 2022, covering topics including adjuvant therapies (secondary treatment) for lymphovenous disease and fibrosed wound beds, the impact of specialist intervention on venous leg ulcers (VLUs) in the community and exploration of how patient outcomes could be improved through the adapted assessment of leg ulcerations. This showed that staff had used their experience to identify challenges and drive change throughout the business and more widely.

The service offered longer term placements to students from the School of Nursing at Brighton University. The scheme was developed to provide student nurses with additional training and career development.