

B Braun Limited







Quality Report

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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

Ratings

Overall rating for this location		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive?		Good	
Are services well-led?		Good	

Overall summary

The service provides home parenteral nutrition (HPN) which is a long-term system for providing nutrition through a central venous catheter and is administered in the patient's home. The service has four regional teams of community nurses who provide this service to NHS patients which is commissioned from NHS England

The service provides specialist community nurses to provide training to patients and their families in administration of HPN. The service also provides

administration of HPN to patients, where the patient and family are unable to administer the HPN independently. At the time of our inspection, the service did not have any patients under the age of 18 years old.

We inspected this service using our comprehensive inspection methodology. We carried out an unannounced inspection on 21 May 2019.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services:

Summary of findings

are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

The main service provided by this provider was community nursing to provide home parenteral nutrition.

Services we rate

This service had not been previously inspected. We rated it as **Good** overall.

- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- 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 abuse and they knew how to apply it.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team.

- The service followed best practice when giving and recording medicines. The service followed best practice when giving and recording medicines.
- 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 to monitor the effectiveness of the service.
- Staff always had access to up to date, accurate and comprehensive information on patient's care and treatment. All staff had access to an electronic records system that they could all update.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with staff.
- The service had good systems to identify risks, plan to eliminate or reduce them and cope with both the expected and unexpected.

Ann Ford

Deputy Chief Inspector of Hospitals (North)

Summary of findings

Our judgements about each of the main services

Service

**Community
health
services for
adults**

Rating

Good



Summary of each main service

The service provides training and administration for Home Parenteral Nutrition (HPN). It is not contracted to provide any other community nursing service. We rated this service as good because it was safe, effective, responsive, caring and well-led.

Summary of findings

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Good



Location name here

Services we looked at

<Delete services if not inspected> Urgent and emergency services; Medical care (including older people's care); Surgery; Critical care; Maternity; Services for children & young people; End of life care; Outpatients; Diagnostic imaging; Termination of pregnancy; Hyperbaric oxygen therapy; Dialysis services; Endoscopy; Refractive eye surgery; Long term conditions; Hospice services for adults; Hospice services for children; Acute wards for adults of working age and psychiatric intensive care units; Forensic inpatient or secure wards; Long stay or rehabilitation mental health wards for working-age adults; Child and adolescent mental health wards; Wards for older people with mental health problems; Wards for people with learning disabilities or autism; Community-based mental health services for adults of working age; Mental health crisis services and health-based places of safety; Specialist eating disorders services; Perinatal services; Specialist community mental health services for children and young people; Community-based mental health services for older people; Community mental health services for people with learning disabilities or autism; Services for people with acquired brain injury; Substance misuse services; Personality disorder services; Liaison psychiatry services; Community health services for adults; Community health services for children, young people and families; Community health inpatient services; Community end of life care; Community dental services; Community health (sexual health services); Community urgent care service; Blood and transplant service; Community forensic mental health team; Community-based substance misuse services; Emergency and urgent care; Fertility services; Gender identity services; High secure hospitals; Hospital inpatient-based substance misuse services; Medical laboratories; Patient transport services; Residential substance misuse services; Specialised mental health services for people who are deaf; Memory services

Summary of this inspection

Background to B Braun Limited

B Braun Limited is operated by B Braun Medical Ltd. The service opened in 2014. It is based in Sheffield, South Yorkshire. It provides nursing services for home parenteral nutrition (HPN) at a national level with four nursing teams which cover the geographic regions of Yorkshire, Central England, South West England and South East England

The service has had a registered manager in post since the service was registered in 2014.

This was the first time that the service had been inspected.

The service is registered to provide the following regulated activities:

- Treatment of disease, disorder or injury

Our inspection team

The team that inspected the service comprised a CQC lead inspector, two other CQC inspectors, one of whom

was a pharmacy inspector and a specialist advisor with expertise in community nursing. The inspection team was overseen by Sarah Dronsfield, Head of Hospital Inspection.

Information about B Braun Limited

B Braun Medical Ltd is a specialist community nursing service. The nurses train patients and offer clinical support with parenteral and intravenous treatments. No other nursing care is provided.

From January 2018 to December 2018 the service had 250 patients across all four regional teams.

- 80% of patients had received training in HPN and did not require daily nursing visits.
- 20% of patients required two nursing visits per day.

The service is a specialised community nursing service and is registered to provide the following regulated activities:

- Treatment of disease, disorder or injury.

During the inspection, we visited the head office location in Sheffield. We spoke with 15 staff which included registered nurses and senior managers during the inspection visit and we spoke with five registered nurses following the inspection by telephone. We accompanied staff on three home visits and spoke with three patients. During our

inspection, we reviewed 10 sets of patient records and 10 staff files. We also reviewed policies, procedures, audits and other documentation connected to the service.

We asked the service to arrange for us to contact patients by telephone to seek feedback about their experience of using the service, but this was not possible.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection.

This was B. Braun Medical Ltd's first inspection since registration with CQC.

Activity (January 2018 to December 2018)

- In the reporting period January 2018 to December 2018 there were 36,500 episodes of care recorded by the service and all funding came from the NHS.

The service at the time of inspection employed 49 registered nurses, as well as having its own zero hour contract staff.

Track record on safety

Summary of this inspection

- No never events had been reported
- One clinical incident was reported which was classified as low harm.
- Nine complaints had been received by the service, six of which were attributed to issues not directly connected to the nursing service.

Services provided under service level agreement:

- Interpreting services.

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?

The service had not been inspected before. We rated it as **Good** because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment visibly clean.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Staff understood how to protect patients from abuse. Staff had training on how to recognise abuse and they knew how to apply it.
- The design, maintenance and use of equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff identified and quickly acted upon patients at risk of deterioration.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely administer and record medicines.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team.

However:

- Fridge temperature recordings were taken; however, this did not include the minimum and maximum temperatures. Staff would be unaware that a fridge had fallen outside of the acceptable range.

Good



Are services effective?

The service had not been inspected before. We rated it as **Good** because:

Good



Summary of this inspection

- The service provided care and treatment based on national guidance and evidence of effectiveness. Managers checked to make sure staff followed guidance.
- The service made sure that staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and to monitor the effectiveness of the service.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked capacity to make decisions about their care.
- Staff gave patients practical support and advice.
- Staff supported patients to make informed decisions about their care and treatment.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.

Are services caring?

The service had not been inspected before. We rated it as **Good** because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

Good



Are services responsive?

The service had not been inspected before. We rated it as **Good** because:

- The service planned and provided care in a way that met the needs of local people and the communities served.
- People could access the service when they needed it and received the right care in a timely way.
- It was easy for people to give feedback and raise concerns about care received.

Good



Summary of this inspection

Are services well-led?

The service had not been inspected before. We rated it as **Good** because:

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- 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.
- Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.
- Leaders and staff actively and openly engaged with patients, staff, equality groups.

However:

- There was no evidence of audit to inform service improvement and review performance throughout the service.
- There was no information as to how the service would implement the service purpose and vision.

Good



Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

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

Community health services for adults

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

Are community health services for adults safe?

Good 

The service had not been inspected before. We rated it as **good**.

Mandatory training

- **The service provided mandatory training in key skills to all staff and made sure everyone completed it.**
- Mandatory training covered basic life support, infection prevention and control (IPC) which included sepsis and manual handling.
- We reviewed staff training records which demonstrated that 99.3% of all staff had completed and were up to date with mandatory training. This was in excess of their target of 85% compliance.
- Within the last 12 months the service had created a new role of practice development nurse for each of the four regional teams to facilitate mandatory training and staff development. At the time of the inspection these roles had been filled and all staff that we spoke with reported that the creation of these roles supported them to deliver safe care.

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.
- The service had a nominated safeguarding lead and two link nurses and all staff we spoke with knew how to access them for advice and support.
- Staff were able to discuss what constituted a safeguarding issue and they were able to describe how they would make a safeguarding referral. Two members of staff were able to give examples of previous safeguarding referrals they had made.
- In the reporting period January 2018 to December 2018 the service had made no safeguarding referrals.
- Outcomes from the safeguarding referrals were shared across all regional teams at team meetings to share any learning that arose from the referral. Due to no safeguarding referrals within the reporting period we did not see safeguarding within meeting minutes, but we saw that safeguarding was a standard agenda point.
- On review of the staff training record we saw that 100% of staff had completed and were up to date in adult and children safeguarding training to level two. We also saw that the safeguarding lead and the two link nurses for safeguarding were trained to level three in adult and children safeguarding. This meant the service met the intercollegiate guidance for safeguarding training.

Community health services for adults

- There were designated areas within the computerised patient record where any safeguarding concerns or other related information could be highlighted. We saw no completed examples of this when we reviewed patient notes.
- We reviewed 10 staff records and saw that all staff had satisfactorily completed Disclosure and Barring Service (DBS) checks.

Cleanliness, infection control and hygiene

- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. Staff kept equipment and their work area visibly clean.
- Pre-discharge risk assessment of the home environment which was undertaken by the service, identified any infection prevention and control (IPC) issues and staff followed guidance documented within the service's admission policy. If the risk was deemed too high, then referral to the service would be declined.
- IPC was audited as part of staff development when senior staff would observe practice which included hand hygiene and clean technique for the administration of the parenteral nutrition. We reviewed five completed manager feedback forms and IPC was completed in all five reports which demonstrated 100% compliance.
- We observed three home visits and observed good IPC techniques in each case. On one home visit we saw a new patient to the service and their family being trained in good IPC techniques which included hand hygiene and the clean technique required to safely administer home parenteral nutrition.
- All clinical waste was stored in clinical waste bags at the patient's home and regularly collected. No clinical waste was transported by nurses between locations.

Environment and equipment

- **The service had suitable equipment and looked after them well.**
- Environmental risk assessments were undertaken pre discharge by staff from the service. If the

environmental risk was deemed too high for safe working, then, with reference to the service's admission policy, the patient would not be deemed suitable for referral to the service.

- We saw that all equipment within patient's homes was serviced. We observed electrical testing had been carried out on equipment in patient's homes and all were in date.
- All patients were given a direct telephone number for the reporting of issues with equipment. Staff would report any issues with equipment as they occurred.
- Any alerts for specific equipment issues were raised with each clinical lead to communicate the issue to the regional teams. We were told that none had occurred recently, we saw that the service had a policy for the reporting of alerts to staff.
- Staff carried a limited amount of additional stock such as gloves and dressing packs with them to address any short term stock deficiencies. They did not carry any prescribed parenteral feeds nor any delivery pumps. The service carried out random equipment stock audits, we saw two completed examples of this audit and all stock was appropriate to the service provided and in date.

Assessing and responding to patient risk

- Staff had received training to recognise deterioration in patients and could identify the signs of sepsis. We saw evidence of this training in staff files.
- Staff told us they would discuss any changes in a patient's condition with the specialist nursing teams based at the hospital.
- The service provided a telephone helpline for patients to access if they had concerns. This was provided by qualified nurses 24 hours per day and for 365 days.
- Due to the type of service provided staff did not carry out observations and did not carry equipment to do so. They based their decision on whether to escalate a patient for review on clinical judgement. If they were sufficiently concerned they would dial 999.

Staffing

Community health services for adults

- **The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.**
- There were four regional nursing teams which were overseen by a clinical lead and a practice development nurse. The service employed 49 members of nursing staff across the four regional teams with six vacancies. We were told on inspection that five posts had been filled but the staff were yet to start.
- In the reporting period of January 2018 to December 2018 staff turnover was 12%.
- Staff told us that they completed six visits per day which were organised by the smaller regional teams to ensure equal allocation of work, to minimise travelling time and to provide cover and support for other members of the teams. All staff that we spoke to said that the system ensured that each individual workload was manageable.

Records

- **Staff kept detailed records of patients' care and treatment.** Records were clear, up to date and easily available to all staff providing care.
- Records were completed electronically, nurses used an application to record their visits on a tablet computer or smartphone. Paper records were kept in the patient's home in case they were unable to record the visit electronically. Old paper records were stored securely in the head office.
- No records were sent to the hospital if the patient was admitted as the service provided set up the parenteral nutrition that was prescribed by the hospital, therefore no other nursing care took place that needed to be documented and passed to the hospital.
- We reviewed five sets of nursing documentation and found them all completed correctly and without omissions.
- We reviewed five completed nursing documentation audits and found all to be complete and without error.

Medicines

- **The service followed best practice when giving and recording medicines.**
- Staff did not administer any medicines that did not relate to the parenteral nutrition. Additional fluids were infrequently administeredistered, and these were all documented on the patient's prescription. Prescriptions seen in the home were sent from the hospital and were signed, dated and allergies were documented.
- Nurses were observed checking the prescriptions against the bags of parenteral nutrition before starting the infusions.
- The service provided all patients with a fridge for the storage of the parenteral feeds. Fridge temperature recordings were taken during each visit; however, this did not include the minimum and maximum temperatures. Therefore, the nurses may be unaware if the fridge temperature had fallen outside of the acceptable range, unless the patient informed them that the fridge thermometer had alarmed.

Incident reporting, learning and improvement

- **The service managed patient safety incidents well.** Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learnt with the whole team. When things went wrong, staff apologised and gave patients honest information and suitable support.
- All staff we spoke with knew how to report incidents. The mobile telephone and tablet application allowed them to send an incident report from the patient's record whilst in the home.
- We saw incidents regarding the supply of equipment and issues with logistics, we saw examples of action taken to address and mitigate those issues.
- Staff told us they received feedback about incidents and learning was shared across teams. Staff we spoke with were aware of the duty of candour and could give us historical examples of when duty of candour had been followed prior to the reporting period.
- We saw evidence of shared learning through staff newsletters and meetings.

Community health services for adults

- During the reporting period of January 2018 to December 2018 and up to the date of inspection there had been no reported serious incidents.

Are community health services for adults effective?

(for example, treatment is effective)

Good 

The service had not been inspected before. We rated it as **good**.

Evidence-based care and treatment

- **The service provided care and treatment based on national guidance and evidence of its effectiveness.** Managers checked to make sure staff followed guidance.
- Care provided by the service was based on guidance from the National Institute for Health and Care Excellence (NICE) and the Clinical Medicines Unit (CMU). We reviewed policies and all that we reviewed were in date.
- All staff were able to access policies and procedures through the use of mobile phone and tablet computer applications.

Nutrition and hydration

- The service provided parenteral nutrition which is the provision of nutrition intravenously to deliver part or all a patient's calorific requirements. It can supplement a normal oral diet or all of the daily nutritional requirements.
- The service attended regular engagement meetings with commissioning groups and the patients' hospital based teams.
- The service did not monitor the effectiveness of the parenteral nutrition through an audit process as the effectiveness was monitored by the patients' hospital team.

Patient outcomes

- Due to the type of service provided all patient outcomes were monitored by the patients' responsible hospital, for example weight and blood results.

Competent staff

- **The service made sure staff were competent for their roles.** Managers appraised staffs' work performance and held supervision meetings with them to provide support and to monitor the effectiveness of the service.
- All staff had their competencies assessed annually, we reviewed five examples of staff competencies and found them all completed fully.
- Practice development nurses provided support to the nurses and were responsible for the training of the bank staff.
- Staff told us they had regular one to one meetings with their line manager where they discussed their progression and ensured that training had been completed. Appraisals were done annually with the regional manager. We reviewed 10 sets of staff records and found evidence of completed appraisals in all records.
- We saw appraisal records for the whole workforce and saw that all staff had either had an appraisal within the last 12 months or an appraisal scheduled.

Multidisciplinary working and coordinated care pathways

- Pre discharge meetings took place with the hospital staff. Staff we spoke with told us they regularly attended update meetings at the hospital. Staff told us they had good communication with the trust that had overall responsibility for the patient. Staff would ring for advice if needed.
- Staff told us they would have contact with the patients GP if needed, but there was no communication with any other professionals, for example district nurses.

Health promotion

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

Community health services for adults

- Staff trained patients to be able to self-administer the nutritional feeds. The importance of correct infection prevention and control procedures was made clear to patients, this was observed on a home visit to train a patient.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- **Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.**
- **Staff supported patients to make informed decisions about their care and treatment.**
- Staff told us that they did not receive specific training in the Mental Capacity Act or Deprivation of Liberty Safeguards, but it was covered within safeguarding training.
- Staff told us that they were guided by the patient's hospital trust policy for consent but the service also had their own consent policy.
- Staff we spoke with had an awareness of mental capacity and could tell us about a patient that had a best interest decision applied.
- We spoke with two members of staff who were able to give an example of a patient who was unable to give consent. This had been addressed prior to discharge by the patient's hospital team.
- If consent was withdrawn or due to patient deterioration consent was not received, then the service would refer the patient back to the hospital team.
- The patient record contained a question that ensured that the nurse had obtained consent for each visit. We reviewed 10 sets of patient records and saw that consent had been given in all care episodes.
- We observed staff on three home visits gaining consent prior to administering treatment.

Are community health services for adults caring?

The service had not been inspected before. We rated it as **good**.

Compassionate care

- **Staff cared for patients with compassion.**
Feedback from patients confirmed that staff treated them well and with kindness.
- Patients were encouraged to give feedback at regular intervals. We reviewed a random sample of patient feedback and this was all positive. The service invited patients to complete an annual satisfaction survey which covered all aspects of the service. Patients raised issues with supply and logistics but were very positive about patient care
- On three home visits we observed kind and caring interaction. Patients were involved, and privacy and dignity were maintained. We observed training being given to a patient, sufficient time was given, and any questions were answered.

Emotional support

- **Staff provided emotional support to patients to minimise their distress.**
- Staff were able to give examples of when a patient had been distressed and how they supported the patient at the time.

Understanding and involvement of patients and those close to them

- **Staff involved patients and those close to them in decisions about their care.**
- Patients and their families were given the choice of learning how to administer their own treatment. If a patient and their family were unable to independently manage then they would be able to receive nursing visits.
- We observed a patient being well supported throughout a training session.

Community health services for adults

- Staff gave us examples of patients choosing treatment times to accommodate lifestyle and other commitments such as employment.
- Patients were supported if they decided they could not manage their own care and given the option of receiving nursing visits.

Are community health services for adults responsive to people's needs? (for example, to feedback?)

Good 

The service had not been inspected before. We rated it as **good**.

Planning and delivering services which meet people's needs

- **The service planned and provided services in a way that met the needs of local people.** All work was commissioned by NHS England and planned by the referring hospital.
- The service had a close working relationship with the patient's hospital.
- A patient information handbook informed patient that a translation service was available, and that information could be provided in different languages and formats.
- We were told that telephone interpretation services were available, but no staff were able to give any examples of when an interpreter had been required. Staff were able to tell us that if an interpreter was needed they would be able to arrange it through the team managers.

Meeting the needs of people in vulnerable circumstances

- It was not clear how staff would identify patients with extra needs. Staff we spoke with said that the NHS trust should pass any relevant information on to them. Staff were unable to give examples of current patients who would be classed as vulnerable. Staff we spoke

with told us that patients who may be classed as vulnerable would be assessed for their suitability by the hospital staff prior to discharge and may not be referred due to the service's admission criteria.

Access to the right care at the right time

- **People could access the service when they needed it.**

Staff conducted an assessment of any prospective patient prior to any planned discharge from hospital. If the patient did not fulfil the admissions criteria, then they were not deemed suitable for the service. However, we requested a copy of the service's admission policy but this was not provided.

- Patients would not be discharged from hospital until there was capacity to address their needs. The service would attend hospital for pre-discharge assessments and if suitable for the service arrangements would be made to accept the patient when medically fit for discharge.
- Staff reported that no patient had to wait more than five days from discharge to access the service. This was a national standard for home parenteral nutrition services and was a key performance indicator (KPI).
- Patients had access to a telephone advice line that was staffed by a qualified nurse. The telephone line was available 24 hours per day for 365 days of the year.
- Visits were scheduled within a two hour time slot, staff would contact the patient directly if the visit was delayed.
- The service followed an admissions policy but did not audit admissions and declined admissions. We requested a copy of the service's admission policy but this was not provided.

Learning from complaints and concerns

- **The service treated concerns and complaints seriously, investigated them and learned lessons from the results and shared these with all staff.**
- The services complaints policy was aligned with the NHS complaints procedure.

Community health services for adults

- Information was available for patients on how to make a complaint. It was detailed within the patient information handbook which also included information on how to escalate to external bodies if they were not satisfied with the complaint response.
- We reviewed three complaint responses, and all had adhered to the services complaint management policy in terms of response time, investigation and final response.
- Staff were able to give examples of when learning was shared at team meetings from complaints received.
- Nine complaints had been received from January 2018 to December 2018, six of those complaints were issues with a third party carrier and three relating to issues at the distribution centre.

Are community health services for adults well-led?

Good 

The service had not been inspected before. We rated it as **good**.

Leadership of services

- **Managers at all levels in the service had the right skills and abilities to run a service providing high quality sustainable care.**
- The registered manager had been in post since the service registered with CQC in 2014. The management structure comprised of the registered manager, a quality manager, a service manager and the clinical lead nurse.
- Staff told us leaders were visible and approachable. Staff felt well supported and listened to. Staff told us they were able to give managers feedback.

Service vision and strategy

- **The service told us that they had a vision for what it wanted to achieve but were unable to evidence their progress to the objective.**

- We were told that the service vision was one of continued excellence which held the patient at the centre of the service, however we saw that the service did not actively monitor how they were achieving their vision.

- The service vision and strategy was not easily accessible.

However:

- Staff told us knew about the service's vision and mission statement and all supported it.

Culture within the service

- **Managers across the service promoted a positive patient centred culture that supported and valued staff, creating a sense of common purpose based on shared values.**
- The service had effective lone working procedures in place. Staff carried alarms and scanned in and out of visits. The system would escalate to a manager if a nurse had not scanned out of a visit.
- All staff knew about duty of candour and could explain when it would be applied. Staff were able to give historical examples of it being applied prior to the reporting period of January 2018 to December 2018. Due to no complaints within the reporting period they could not give recent examples of it being applied within the service.
- All staff felt able to escalate any issues or concerns with the senior management team. The senior management team spoke at length about having a no blame culture within the service. We saw that the service had a whistle-blowing policy.
- We spoke with staff in different regional teams and all spoke positively about the culture within the service.
- All staff told us that the patient was at the heart of their care.

Governance, risk management and quality measurement

- **Leaders did not operate effective governance processes, throughout the service and with partner organisations.**

Community health services for adults

- We reviewed clinical governance board reports and saw that there was no reference to clinical outcomes or performance monitoring.
- The service attended engagement meetings with partner organisations and commissioners but due to lack of service monitoring would not be able to give assurances regarding the service they provided.
- The service did not manage medication storage within the patients' home effectively. Due to a lack of oversight with recording minimum and maximum fridge temperatures it was possible that treatment given may be compromised.
- The service followed an admissions policy but did not audit the application of the admissions policy to ensure that the correct processes were followed.
- We saw no monitoring of key performance indicators (KPIs)

However:

- The registered manager, nurse leads and key stakeholders reviewed all risks on a weekly basis. Any risks classified as high would then be escalated to the monthly board meetings and entered onto the corporate risk register. The board would feedback to the registered manager following each meeting with any required actions. This would then be shared within the teams. We saw meeting minutes with ongoing risks being discussed. The top risks were staffing, supply chain and logistics.
- We saw an up to date risk register which utilised the red, amber, green (RAG) system. All risks were current with evidence of assessment and mitigation with escalation and/or reduction of risk.
- We saw evidence within the risk register of actions taken for winter planning to ensure that patients would continue to receive care at a safe level.
- Governance meetings were held on a monthly basis and we saw that risk, incidents and complaints were fixed agenda points.
- All staff participated in local, regional and national staff meetings with any issues or concerns escalated to the service's board level. We saw meeting minutes with incidents, complaints and feedback as fixed agenda points.

Public engagement

- **The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.**
- The service undertook a yearly patient satisfaction survey which was sent to all patients. The results of the most recent survey were not available at the time of inspection. We saw the previous survey result which had documented a 100% satisfaction with nursing care received.
- Engagement meetings with key stakeholders, commissioning groups and hospital trusts were conducted every two months. Fixed agenda points were risks, incidents, complaints and feedback. Feedback from these meetings would be escalated as required to the clinical governance meetings which would also escalate to the service's board level.
- We saw that the service had regular engagement with patient organisations which ensured that patients were involved in service planning and development.

Staff engagement

- All staff were invited to participate in an annual staff survey. The most recent survey had a 93% response rate. Although we requested the specific findings from the staff survey, this was not provided.
- Staff were encouraged to provide feedback on any issues or concerns at any time.
- We saw meeting minutes where staff had provided feedback.

Innovation, improvement and sustainability

- **The service was committed to improving services by learning when things went wrong or well and promoting training.**
- The service had created training development roles to promote training and service development.
- We saw fixed agenda points in staff meetings, clinical governance meetings and board meetings which included learning when things went wrong.

Community health services for adults

- Staff were given time to work together to resolve problems and to review individual and team objectives. We saw evidence of this through the completion of the appraisal process and minutes from team meetings.
- We saw that the service completed audits in relation to patient care and nursing staff performance. However, we were not assured that service performance was monitored as the service did not complete any audits in relation to overall performance or through the monitoring of patient outcomes.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should ensure that fridge minimum and maximum temperatures are recorded so that staff are aware if the temperature has fallen outside of an acceptable range. The provider should also ensure staff know what action to take if a fridge temperature were to fall out of range (Regulation 12).
- The provider should ensure that all staff are able to identify patients with extra needs and know what action to take if a patient has extra needs. (Regulation 9)
- The provider should be able to evidence their progress towards achieving service level objectives (Regulation 17).
- The provider should implement a fully robust system of audit to fully inform service improvement and the management of performance (Regulation 17).