Care Quality Commission

DDRC Wound Care 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

Overall summary

We found the following areas of good practice:

- High standards of cleanliness and hygiene were maintained throughout the environment.
- Patient records were comprehensive, had evidence of patient involvement and treatment plans were written from their perspective on how to meet their needs.
- Staff were encouraged to participate in research projects and to have them or articles they had been involved in published in professional peer journals. We were shown several of these.
- The staff had the right qualifications, skills, knowledge and experience to do their job and meet patients' needs.
- Patients were routinely involved in planning and making decisions about their treatment. Patients told us they were actively involved in their treatment plans and staff listened to how their wound affected their daily lives.
- Patients had timely access to initial assessment, diagnosis, treatment and they could book into a clinic, which best suited their needs.
- There were effective governance systems in place to ensure quality and performance was managed.
- Feedback was actively sought from patients and staff and used to improve the service they offered.

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

- The provider's safeguarding policy did not include information about Female Genital Mutilation (FGM).
- The provider's complaints procedure made incorrect references to CQC's involvement in complaints handling.

Summary of findings

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Care Quality Commission

DDRC Wound Care Limited.

Services we looked at
Community health services for adults.

Summary of this inspection

Background to DDRC Wound Care Limited

DDRC Wound Care Limited was established in 2011 (initially as Plymouth Wound Care Ltd) to offer specialist care to patients with a variety of wounds, but with emphasis on treating difficult to heal, chronic wounds, including leg ulcers. DDRC Wound Care Ltd was established as an alternative healthcare model, providing a choice for patients who wished to be treated outside the NHS or who wanted a second opinion.

The wound care service was the first of its kind in the south west of England. It is located on the Plymouth Science Park, adjacent to Derriford Hospital. A team of nurses who specialise in tissue viability lead the service. DDRC Wound Care Limited is a charity and a not for profit organisation.

At the time of our inspection DDRC Wound Care Limited reported they had a low number of patient referrals, which mean they were considering whether to continue running this wound care service.

The registered manager is Gary Smerdon, who has been registered with us since January 2013.

DDRC Wound Care Limited is registered to provide the following regulated activity: Treatment of disease, disorder and injury.

The service was last inspected by us in September 2013 and was found to be compliant with the regulations.

Our inspection team

Our inspection team was led by:

Inspection Lead: Sharon Hayward-Wright, Inspector, Care Quality Commission

The team included one CQC inspector and a specialist nurse in tissue viability.

Why we carried out this inspection

We inspected DDRC Wound Care Limited as part of our routine comprehensive inspection programme for independent healthcare services.

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?
- 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 location.

During the inspection visit, the inspection team:

- looked at the premises and equipment
- spoke with one patient who was using the service and viewed patient feedback
- spoke with the registered manager
- spoke with three other staff members, including nurses and a director
- spoke with one student nurse on placement and viewed feedback from three others
- looked at two treatment records of patients

Summary of this inspection

- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

- We were not able to observe any patients receiving treatment due to low numbers of referrals to the service. However, we reviewed two patients' feedback forms and spoke with one patient.
- Patients' feedback was very positive about the service. Staff were described as professional and patients were actively involved in decisions about their treatment. Patients felt staff were respectful and maintained their privacy and dignity.
- A patient informed us they could choose a clinic time best suited to their needs and parking was convenient easy and free of charge.

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?

- There was a process in place for reporting incidents and staff knew how to report concerns.
- Staff were up-to-date with safeguarding training for both adults and children. This was in line with relevant recommendations.
- The premises were very clean and tidy, with effective infection prevention and control measures in place.
- Staff were trained in safety systems, processes and practices and up were up-to-date with mandatory training.
- Patient records were comprehensive with detailed treatment plans on their wound management.

However:

The provider's safeguarding policy did not include information about Female Genital Mutilation (FGM).

Are services effective?

- The service provided evidence-based care and treatment, following national recognised guidance.
- Staff told us they were trained to efficiently undertake clinical trials to recognised standards.
- Staff were encouraged to participate in research and to have their research or articles published in professional peer journals.
- The staff had the right qualifications, skills, knowledge and experience to do their job and meet patients' needs.

Are services caring?

- Feedback from patients was positive. Staff were described as professional and caring.
- Staff maintained patients' privacy and dignity at all times.
- Patients were actively involved in their treatment choices and provided with information in a way they could understand.

Are services responsive?

- Patients were able to choose clinic times which suited their needs. There was access to free parking.
- Staff had access to a telephone interpreter service to meet the needs of patients whose first language was not English.
- A system was in place to handle patients' complaints professionally and confidentially.

Summary of this inspection

However:

- The provider's complaints procedure made incorrect references to CQC being involved in complaints handling.

Are services well-led?

- There was a great commitment towards continual improvement and innovation.
- The service was very responsive to feedback from patients, staff and external agencies.
- There were effective governance systems in place to ensure quality and performance were managed. There were effective communication channels between senior management and clinical staff.
- There was effective leadership; staff spoke positively about leaders, both at local and an organisational level.

Community health services for adults

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are community health services for adults safe?

Incident reporting, learning and improvement

- Staff were encouraged to report incidents using the provider's incident reporting system. A senior member of staff reviewed/investigated incidents and staff received feedback from them. At staff team meetings feedback would also be shared with staff.
- There had been no reported incidents in the 12 months leading up to our inspection.
- Staff confirmed there was a 'no blame' culture and the provider viewed incidents as an opportunity for learning.
- The provider had not notified us of any serious incidents in the last 12 months.
- There had no reported never events since they opened in 2011. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event.

Duty of Candour

- The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person'.
- The registered manager was aware of this regulation and what it would entail but to date they had not needed to apply this.

Safeguarding

- Suitable arrangements were in place to safeguard adults and children from abuse, which reflected relevant legislation and local requirements. However, the provider's safeguarding policy did not contain guidance and information about female genital mutilation (FGM).
- The local council had recently provided adults and children safeguarding training for all staff. The level of training for safeguarding children was in accordance with guidelines published by the Royal College of Paediatrics and Child Health in March 2014. This recommends level two as the minimum level required for non-clinical and clinical staff with some degree of contact with children and young people and/or parents/carers.
- No safeguarding referrals had been made within the last 12 months.

Medicines

- The arrangements in place for managing wound care dressings kept patients safe. DDRC Wound Care Limited only stocked wound care dressings and no other medicines. Dressings were stored securely, with only staff having access to them.
- Staff had access to a number of different types of wound care dressing in their clinics. However, once they had assessed the patient's wound and decided on the dressings to be used, they would liaise with the patient's GP to arrange a prescription.

Environment and equipment

- The design and maintenance of the premises kept patients safe. The clinic rooms were all on the ground floor and were accessible to patients with mobility difficulties and wheelchair users. Toilets specifically for disabled patients were also provided.
- The maintenance and use of equipment kept patients safe. We saw the clinic rooms had all the relevant

equipment required. The trolleys used for patients were height-adjustable and had a weight limit of about 35 stone. A hoist was available for staff to use if required. Staff had been trained in its use.

- A contract for the maintenance of specialist equipment was in place with a local NHS hospital's medical engineering department. Other equipment was part of a planned maintenance programme that was overseen by a senior member of staff. Electrical safety testing of electrical appliances was undertaken and we saw this was up to date.
- Appropriate resuscitation equipment was available and this was checked and maintained by staff.
- Arrangements were in place for managing waste. A contract with an external provider was in place to remove normal waste and clinical waste. Containers for the disposal of sharps were available and were secure. Clinical waste was stored in a secure container in a locked storage area whilst waiting to be removed by the contracted. Normal or household waste was also stored in this secured area whilst waiting collection.

Quality of records

- Patients' individual care records were written and managed in a way that kept patients safe. We viewed two patients' records, which were accurate, complete, legible, up-to-date and stored securely on their computer system. Staff had access to patients' electronic patient records, through a password protected system. Patient records were comprehensive, with detailed treatment plans on wound management.
- The quality of patients records was not regularly audited due to the low numbers of patients who had used the service.

Cleanliness, infection control and hygiene

- High standards of cleanliness and hygiene were maintained. The provider had two domestic staff who undertook all the cleaning of the premises. We saw cleaning schedules in the toilets, which were completed. All areas we observed were visibly clean and well maintained.
- There were no patients having treatment during our inspection so staff told us about the precautions they took to prevent cross-infection. Reliable systems were in place to prevent and protect patients from a healthcare associated infection. All equipment, for example trolleys, was cleaned between patients. Equipment that could be used to wash/clean patients' legs was also cleaned. Facilities were available to dispose of the water following cleaning/washing of patients' legs. Staff were bare below the elbow when in clinical areas and had access to protective clothing such as gloves and aprons.
- An external provider undertook infection control audits. We were shown the latest report from March 2017. There were minimal areas that needed addressing and staff told us these had been completed.
- Staff had completed infection control training as part of their mandatory training requirements and this was up-to-date.

Mandatory training

- Staff were trained in safe systems, processes and practices. Mandatory training included safeguarding adults and children, conflict resolution, infection control, fire safety, manual handling, information governance and resuscitation training. Staff were up-to-date or booked onto a course. All nurses were booked onto a refresher of immediate life support (ILS) training in April this year.
- Mandatory training compliance for staff was monitored and staff were aware when a refresher course was required. Staff told us they were able to have time off to complete their mandatory training.
- All staff were aware of sepsis, although they had not received formal training. One of the nurses had recently published (end of 2016) an article in a peer professional journal about sepsis and chronic wounds.

Assessing and responding to patient risk

- A comprehensive assessment was carried out of patients' wounds at their first visit, then they were re-assessed at each visit. Any risks would be identified and included in patients' treatment plans.
- Staff were able to identify and respond to medical emergencies and they had access to emergency resuscitation equipment if required.

Staffing levels and caseload

- Arrangements for staff handovers were in place to keep patients safe. When patients were due in clinic a meeting of all the nurses took place in the morning to discuss their treatment plan.
- Staffing levels and skill mix were planned and reviewed so that patients received safe treatment at all times. The provider told us all substantive registered nurses were

part time and employed by their parent company and seconded to DDRC Wound Care Limited as required to meet the demands of the service. Demand for the service had been low because there had not been many patient referrals. The service was fully staffed. In the last three months prior to our inspection, no agency/bank staff were used.
- Senior staff told us that if demand for their service increased they would use bank registered nurses from the parent company or they could look to recruit.

Managing anticipated risks

- Potential risks were taken into account when planning services. A generator was in place to provide power if the electricity supply was disrupted to the building.

Are community health services for adults effective?
(for example, treatment is effective)

Evidence-based care and treatment

- Relevant and current evidence-based guidance, standards, best practice and legislation were identified and used to develop treatment for wound care. Staff followed guidance from the National Institute for Health and Care Excellence (NICE); for example, wound management guidelines on the use of tap water for cleaning wounds, wound assessment guidelines, surgical site infection guidelines and diabetic guidelines in relation to wound care.
- Staff, including registered nurses and some of the directors, were involved in research into wound care. For example, prior to our inspection they were involved in a research programme about the use of absorbent-bordered dressings in the treatment of moderate to heavily exuding wounds (exudate is a fluid that has escaped from blood vessels and has been deposited in tissues or on tissue surfaces, usually because of inflammation and leaks out of the wound). The results of this research were not known at our inspection.
- Staff told us they were trained to follow the International Conference on Harmonisation of technical requirements for registration of pharmaceuticals for human use (ICHGCP). This is a standard for the design, conduct, performance, monitoring, auditing, recording, analysis, and reporting of clinical trials. It provides assurance that the data and reported results are credible and accurate, and that the rights, integrity, and confidentiality of trial subjects are protected. Staff were also experienced in the application of the National Research Ethics Service; now part of the NHS Health Research Authority.
- One of the directors told us they reviewed the wound care protocol annually and updated it as required. Policies and procedures were available for staff to use and these were updated and reviewed regularly.
- Patients had their needs assessed, their treatment goals identified and their treatment planned and delivered in line with evidence-based, guidance, standards and best practice. This was monitored by the registered nurses to make sure they were using the most up-to-date treatment available to meet patients' needs and to heal their wounds.

Patient outcomes

- DDRC Wound Care Limited was unable to monitor outcomes of patients care and treatment due to the low number of referrals they had received. Staff were aware of the importance of auditing and benchmarking the quality of service they offered to patients but with low patient numbers, this was not possible to achieve.

Competent staff

- The staff had the right qualifications, skills, knowledge and experience to deliver effective care and treatment. Two nurses had qualifications in tissue viability and all three had over 24 years' experience in wound care between them. Staff told us they were able to attend training courses to maintain, and learn new, skills to make sure patients received the most up-to-date wound care.
- All staff were up-to-date with their appraisals.
- The nurses from DDRC Wound Care Limited held 'journal' meetings four times a year, where each nurse would bring a topic they had read about in a nursing/ medical journal and discuss this with the other nurses. They used this as learning to improve their knowledge about other areas of nursing or medicine and for revalidation purposes. Revalidation is a process where registered nurses provide required evidence to support their continued registration with the Nursing and Midwifery Council.
- Arrangements were in place for supporting and managing staff. The nurses were seconded to DDRC

Wound Care Limited from another company within the group. Senior members of staff managed the recruitment of trustees to the board, as they also had to meet the requirements of being a charity. We were shown declarations signed by trustees to ensure they were fit and proper to be on the board. We were told the required Disclosure and Barring Service (DBS) certificates were in place for those who met the criteria. We were not able to see the certificates at the inspection because they were stored securely and the member of staff who had access to them was not working on that day.

- DDRC Wound Care Limited had student nurses assigned to them as part of their registered nurse training. The registered nurses were allocated as their mentors during their placement. We were shown feedback from student nurses and we were able to speak with one student nurse. All feedback was extremely positive.

Multi-disciplinary working and coordinated care pathways

- All necessary staff, including those in different services, were involved in assessing, planning and delivering patients' care and treatment. Following assessment of a patient's wound the staff liaised with the patient's GP regarding dressings needed, and also with the practice nurse if treatment was going to be shared.
- DDRC Wound Care Limited staff attended the 'joint and foot' care clinic each week at the local NHS hospital, and they had links with the vascular service and tissue viability team.

Referral, transfer, discharge and transition

- Staff worked together to assess and plan on going care and treatment in a timely way when patients were referred and discharged by them. Patients were able to refer themselves directly to DDRC Wound Care Limited and book an appointment at a time to suit them.
- When patients were discharged from the service, there were clear mechanisms for sharing appropriate information with their GP and other relevant providers and professionals. This information was shared in timely way.

Access to information

- Information needed to deliver effective treatment was available to relevant staff in a timely and accessible way. When patients attended for the first assessment of their wound staff asked them to bring in any information they had about their wounds, for example copies of any test results or investigations they might have had, and a list of their medication.
- DDRC Wound Care Limited used electronic records to support staff to deliver effective treatment. These included assessment of the wound and an agreed treatment plan with the patient.

Consent, Mental Capacity act and Deprivation of Liberty Safeguards

- Staff had an understanding of the relevant consent and decision making requirements of legislation and guidance, including the Mental Capacity Act 2005. However, for patients to attend and use this service they had to be able to consent for assessment and treatment. Staff told us if a patient was not able to consent, they would refer them back to their GP. Patients had to be able to consent for photographs of their wound to be taken to enable on going assessment and monitoring of their wound.
- Restraint practices were not used as patients needed to be able to consent for treatment and applying to seek authorisation for a deprivation of liberty safeguard was not relevant to this service.

Are community health services for adults caring?

Compassionate care

- During our inspection, we were unable to observe any treatment because there were no patients in the clinic. However, we did receive and review positive feedback from a small number of patients. This included confirming that staff took the time to interact with them in a respectful and considerate manner, were encouraging, sensitive and supportive. They also said their privacy, dignity and confidentiality was always respected.
- We were shown some feedback forms from two patients and the feedback included the following comments: "team excellent" and "very professional service by experienced knowledgeable nurses".

Understanding and involvement of patients and those close to them

- Because we were unable to observe any treatment, we reviewed feedback forms and spoke with a small number of patients. We saw two feedback forms and spoke with one patient. Staff communicated with patients so that they understood their treatment and condition. Treatment plans were written with input from patients and they were personalised to them.
- Patients who used the service were routinely involved in planning and making decisions about their treatment. Patients told us they were actively involved in their treatment plans and staff listened to how their wound affected their daily lives. We also saw evidence of this in the patient records we reviewed.

Emotional support

- The feedback forms and patient we spoke with demonstrated staff understood the impact that their treatment or condition had on their wellbeing and on those close to them, both emotionally and socially. During their clinic appointments patients told us staff offered them support and advice about how to manage their wound.
- While this service did not offer counselling services, they were able to advise patients on where they could find them locally or refer them back to their GP.

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

Planning and delivering services which meet people's needs

- Information about the needs of the local population were used to inform how services were planned and delivered. DDRC Wound Care Limited was set up as a subsidiary of another company run by the provider to provide wound care services for NHS and private patients, and to conduct research towards improved wound healing processes. The major issue for DDRC Wound Care Limited was the lack of patient referrals from the NHS, they had looked at numerous ways of getting more referrals but it had not been successful. For example, they met with NHS staff to inform them about their service. There was risk this service might have to close if the low referral numbers continued.
- The service provided reflected the needs of the local population by ensuring daily clinics Monday to Friday, with patients being able to choose their appointment time. There was plenty of free parking available.
- The facilities and premises were appropriate for the service. Clinic rooms had the equipment required to undertake wound care, for example trolleys for patients to sit or lie on, and access to wound dressings and other equipment needed. The waiting area had a television and an area where patients were able to make themselves a hot drink.
- Patients were able to access information about the service via the provider's website or from leaflets from the provider.

Equality and diversity

- Reasonable adjustments were made so that disabled patients were able to access and use the service on an equal basis to others. Patients with mobility difficulties or patients with disabilities were provided with easy access to the building, allocated disabled parking by the entrance and specially adapted facilities, including toilets.
- Staff told us arrangements were in place to access translation services. The provider was registered to use a telephone translation service and all staff had access to this. If a patient required sign language, they could book an interpreter who could sign. There were aids in place to assist patients, which included large magnifiers to help those who were partially sighted. Information was also available in braille if required.

Meeting the needs of people in vulnerable circumstances

- Services where appropriate were planned, delivered and coordinated to take account of patients with complex needs, for example those living with dementia or those with a learning disability. When a patient was referred to the service information about any complex needs would be identified and staff would be able to review if they could meet their needs.

Access to the right care at the right time

- Patients had timely access to initial assessment, diagnosis and treatment. Once DDRC Wound Care received a referral, the patient was contacted by

telephone by one of the registered nurses. Patients were then offered to make an appointment for their assessment of their wound at a time convenient for them.

- As far as possible, patients were able access treatment at a time to suit them. Patients were able to book appointments by contacting the service to book a time to suit them at any of the clinics Monday to Friday. Treatment for patients had not been cancelled or delayed as the service had very few referrals to fill up their clinics.
- Services ran on time and if patients were delayed staff told us they would inform them about any disruption. There were no waiting times for services, including first assessment visit and follow-up visits.

Learning from complaints and concerns

- Patients were provided with details about how to make a complaint or raise a concern. DDRC Wound Care Limited had not received any complaints since they had been operating. The provider's complaints leaflet incorrectly advised patients could contact the CQC if they were not satisfied with the outcome of the investigation of their complaint..
- A system was in place to handle complaints effectively and confidentially, and staff told us this would include a regular update for the complainant and formal records would be kept. All staff would be informed of relevant complaints and any action needed to address any improvements.

Are community health services for adults well-led?

Service vision and strategy

- DDRC Wound Care Limited had a clear vision with quality of the service they provided as one of their top priorities. They had a strategy in place to look at how they could encourage growth and to continue operating their service. To do this they had expressed an interest in working with the local Clinical Commissioning Group (CCG) in one of their proposed services. This was linked to their organisation strategy. This process was on going at the time of our inspection. All staff were aware of the vision of the service.

Leadership of this service

- The leaders of the service had the skills, knowledge, experience and integrity to run the service in line with their vision and strategy. Staff spoke positively about the organisation; they felt listened to and able to voice their opinions. They felt the registered manager and their own line manager were approachable and visible and they described good leadership at all levels. Staff felt able to tell them if they had any concerns. Feedback we saw from student nurses who had been on placement at DDRC Wound Care Limited also confirmed both managers were approachable.

Governance, risk management and quality measurement

- There was an effective governance framework to support the delivery of the strategy and good quality care. There were a number of meetings, which fed into the overall governance of the service. Staff meetings took place about every six weeks. There were monthly management meetings, clinical governance meetings and directors meetings. The provider told us board meetings were held at two levels; the board of DDRC Wound Care Limited met to discuss business planning and service provision. The board of the parent company, of which DDRC Wound Care Limited was a subsidiary, met quarterly where this service was also discussed. There was also an Annual General Meeting (AGM) where the business of the charity and all subsidiaries was considered.
- There was a holistic understanding of performance which incorporated the views of patients, safety, quality, activity and financial information. Performance against key performance indicators, including patient experience, was reported to management meetings on a monthly basis. The provider told us due to low numbers of patients using the service and there being no concerns or complaints, these figures had not been reported in detail to the company board of directors.
- There were robust arrangements for identifying, recording and managing risks and issues. Mitigating actions were put in place. We saw the provider's risk register, which included the low number of patient referrals as one of their main risks and included actions the provider had taken to help improve this.
- There were clear lines of accountability, including clear responsibility for cascading information upwards to the senior management team and downwards to the nurses and other staff. All staff attended team meetings where

issues, concerns and patient feedback was discussed and we saw several minutes from these meeting as evidence. Staff confirmed they were kept up to date with organisational issues and risks.

Culture within this service

- Staff felt respected and valued. Senior staff told us they had a no blame culture and staff were encouraged to report any concerns, incidents or complaints. All staff were supportive of each other and worked well together to offer a high level of service to patients.

Public engagement

- Patients' and other people's views and experiences were gathered to improve the services provided. Following treatment, patients were sent a feedback survey to complete. We saw results from some of these. Comments included "team excellent" and "discussed all aspects of my treatment with me". The provider had plans to review the feedback survey to make the scoring system easier to use.
- Feedback from patients was reported at board meetings.

Staff engagement

- Staff were actively engaged so their views were reflected in the planning and delivery of the wound care service. Staff were able to use their improvement log to make any suggestions about the running of the service. Senior staff told us these were reviewed and feedback was given to staff at their meetings. We saw evidence of this in staff meeting minutes.
- The views of staff in the service were sought and acted on. Staff meetings took place about every six weeks and they could give their views on the service to senior staff.

Innovation, improvement and sustainability

- The provider had plans to develop the service to maintain sustainability by trying to increase referrals to enable the service to continue. The provider was in the process of tendering for a proposed new service with the local CCG. This was on going at the time of our inspection.
- The leaders and staff strived for continuous learning, improvement and innovation. For example, staff attended wound care groups locally, including the West Country Tissue Viability Nurses group. They also attended courses relating to wound care and took part in research programmes. Staff told us they shared new knowledge and information at staff meetings. DDRC Wound Care Limited provided teaching and support to other health care professionals and hosted the Tissue Wound Interest Group (TWIG) three to four times per year. These took place in the evenings to enable more healthcare professionals to attend. They provided external speakers and registered nurses were able to use this towards their revalidation.

Outstanding practice and areas for improvement

Outstanding practice

- Patient records were comprehensive, had evidence of patient involvement and treatment plans were written from their perspective on how to meet their needs.
- Staff were encouraged to participate in research and have their research or articles published in professional peer journals. We were shown evidence of this.

Areas for improvement

Action the provider SHOULD take to improve

- The safeguarding policy should be updated to reflect guidance and information about Female Genital Mutilation (FGM).
- The complaints information leaflet should have reference to the CQC investigating or being involved in complaints removed.