Healthshare Ltd

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	**Requires improvement**
Are services safe?	**Requires improvement**
Are services effective?	
Are services caring?	**Good**
Are services responsive?	**Good**
Are services well-led?	**Requires improvement**

Overall summary

We rated the service as requires improvement because:

- The provider's approach to improve the quality of its services was not effective or embedded throughout the organisation.
- The provider was not recording or managing risks effectively.
- Staff adherence to hand hygiene and effective cleaning procedures was poor.
- Medicines were not stored safely or securely and storage records were incorrect. However, staff prescribed and gave medicines safely.
- Staff did not use validated pain assessment tools.
- The provider did not routinely collect patient outcome data for all patients so their sample size was too small to give useful results.

Summary of findings

- The three leaders of the organisation did not receive a formal appraisal and the board did not have sufficient oversight of safety issues.
- The provider had new systems for identifying risks that were yet to be embedded.
- Action plans were not clearly documented or followed up to gauge improvement.

However:

- The provider worked well with other agencies to protect patients from avoidable harm.
- Staff kept detailed records of patients' care and treatment and always had access to up-to-date, accurate and comprehensive information on patients' care and treatment.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe and to provide the right care and treatment.
- Staff worked together as a team to benefit patients. Doctors, physiotherapists and other healthcare professionals supported each other to provide good care.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff cared for patients with compassion and provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment.
- The provider planned and provided services in a way that met the needs of local people.
- The provider treated concerns and complaints seriously, investigated them, learned lessons from the results, and shared these with all staff.
- Managers at all levels had the right skills and abilities to run a service providing high-quality sustainable care.
- The provider engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.

Following this inspection, we issued the provider with a requirement notice for breaches of regulations. We told the provider that it must provide us with an action plan setting out how it will comply with the regulations.

We informed the provider that it should make other improvements, even though a regulation had not been breached, to help the service improve.

Details are at the end of the report.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Community health services for adults	Requires improvement 	The provider was not monitoring the risks or outcome of actions to improve the safety and quality of the service, and new procedures were not yet embedded to evidence improvement. Staff hand hygiene and cleaning procedures were poor. They did provide an effective, caring and responsive service where staff were supported to develop and patients were involved in decisions about their care and treatment.

Summary of findings

Contents

Requires improvement

Healthshare Ltd

Services we looked at; Community health services for adults

Summary of this inspection

Background to Healthshare Ltd

Healthshare Ltd is operated by Healthshare Limited. The service opened in 2009 but did not undertake a regulated activity until 2015. It is an independent community health service based in Kings Hill, Kent.

Healthshare Ltd provides musculoskeletal physiotherapy services, to people aged 16 and above, across the UK. Clinical commissioning groups from different regions contract the provider's services to NHS patients. The service is registered with CQC in respect of some, but not all, of the services it provides. There are some exemptions from regulation, by CQC, that relate to particular types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Physiotherapy is one of the services provided by Healthshare Ltd, this service is exempt from regulation and was not inspected.

The service also provides triage and assessment of Orthopaedic, Rheumatology and Pain patients. This triage is undertaken both remotely and face to face. There is a peripheral joint injection services available to patients too. The service is staffed largely by physiotherapists and includes a small number of doctors (GPs and consultants) within the teams, helping to deliver these triage and assessment services. There are five sites where regulated activity takes place;

- Central London
- West London
- Oxfordshire
- Hull
- Hillingdon

The service has had a contact with over 200,000 patients during the reporting period, from August 2017 to July 2018. The provider saw just under 2,500 of these patients for services that fell within a regulated activity, less than 1% of their overall activity.

The service has had a registered manager in post since 2015. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations when carrying-on a regulated activity.

The service is registered to provide the following regulated activity:

- Treatment of disease, disorder or injury

The service has not previously been inspected.

Our inspection team

Catherine Campbell, head of hospitals, led this inspection. The team that inspected the service was made up of two CQC inspectors, a pharmacist specialist and one physiotherapist specialist advisor. Specialist advisers are experts in their field who we use to inform our inspection of services.

Why we carried out this inspection

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

Summary of this inspection

How we carried out this inspection

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

What people who use the service say

Feedback from clinical commissioning groups was very positive. Clinical commissioning groups are groups responsible for the planning and delivery of health care services for their local area. Feedback from patients was also positive, particularly about the care provided, although some patients told us they had had lengthy waits for treatment.

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?

Requires improvement

We rated safe as **requires improvement** because:

- The provider did not manage patient safety incidents well. Action taken following an incident was not monitored to ensure it led to improvements.
- The provider did not follow best practice when storing medicines. The provider did not store medicines safely or securely and storage records were not correct. Following inspection, the provider took immediate action to improve their processes for the recording and secure storage of medicines.
- Staff did not follow the provider's hand hygiene procedures and the provider did not have oversight of this. Although the provider audited hand hygiene procedures, the detail of the audit content was poor and failed to identify areas of non-compliance.

However:

- The provider worked well with other agencies to protect patients from abuse. Staff had training on how to recognise and report abuse. Safety and safeguarding systems, processes and practices were developed and any concerns were escalated to the proper panel or board for review.
- The provider maintained its premises and equipment to make sure they were suitable for their intended use.
- The provider delivered mandatory training in key skills to all staff and made sure everyone completed it.
- Staff prescribed and gave medicines safely.
- The provider encouraged staff to apologise when things went wrong and to give patients honest information and suitable support.
- Staff kept detailed records of patients' care and treatment and always had access to up-to-date, correct and comprehensive information on patients' care and treatment.
- Staff completed risk assessments for each patient.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe and to give the right care and treatment.

Are services effective?

We did not have enough evidence to rate effective. We found:

Summary of this inspection

- The service provided care and treatment based on national guidance.
- Patients could access water. Staff asked specific questions relating to nutrition and hydration when necessary.
- The provider used technology to improve how they delivered services to people.
- Managers monitored the effectiveness of care and treatment and identified learning for the future.
- The provider made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to give support and monitor the effectiveness of the service.
- Staff worked together as a team to benefit patients. Doctors, physiotherapists and other healthcare professionals supported each other to provide good care.
- The provider supported national priorities to improve the population's health.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They knew how to follow the provider's policy and procedures when a patient could not give consent.

However:

- Staff did not measure pain using an assessment tool that identified the patient's experience of pain.
- The provider did not routinely collect patient outcome data for all patients so their sample size was too small to give useful results. From April to September 2018, the provider collected data on an average of 29% of patients.
- Although the provider identified learning to improve the effectiveness of patient care and treatment, action plans were not robust or implemented well to drive improvement.

Are services caring?

Good

We rated caring as good because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. Staff took the time to interact with people who used the service. Staff showed an encouraging, sensitive and supportive attitude to patients. The service made sure staff understood privacy and dignity needs during physical care. Staff responded in a compassionate and timely way when patients were in pain, discomfort or emotional distress.
- Staff involved patients and those close to them in decisions about their care and treatment. Staff communicated with people so that they understood their care and treatment. The

Summary of this inspection

service made sure patients and their loved ones had the competencies needed to manage their care at home. Those close to patients were routinely involved in planning and making shared decisions, welcomed and treated as important partners in the delivery of their care.

- Staff provided emotional support to patients to minimise their distress. Staff understood the impact that a person's care, treatment or condition had on their wellbeing. All staff, including reception staff welcomed patients and made them feel comfortable and at ease. Staff gave people appropriate time, support and information. Staff were acutely aware of the impact conditions could have on patients, particularly anxiety and depression.

Are services responsive?

Good

We rated effective as **good** because:

- The provider planned and provided services in a way that met the needs of local people.
- The provider delivered accessible services, and took into account the varying needs of people.
- People could access the right care at the right time and action was taken to reduce wait times.
- The provider treated concerns and complaints seriously, investigated them and learned lessons which were shared with all staff.

Are services well-led?

Requires improvement

We rated well-led as **requires improvement** because:

- The provider's approach to improve the quality of its services was not effective or embedded throughout the organisation. Board agendas were very short and brief. The board agenda, papers and minutes we reviewed did not demonstrate the board had oversight of safety issues such as incidents, safeguarding referrals, complaints or patient outcomes.
- The provider had new systems for identifying risks that were yet to be embedded. The provider was not taking appropriate action to record or manage risks effectively.
- Action plans were not clearly documented or followed up to gauge improvement. Not all action plans identified a member of staff responsible for the action, a completion date to ensure the action was carried forward, updates on progress or monitoring to see if the action was effective.
- The three leaders of the organisation were not appraised.

Summary of this inspection

- The provider created action plans on feedback from people who used services although those action plans were not robust.

However:

- The provider had a vision for what it wanted to achieve and workable plans to turn it into action. Not all staff were clear on what the vision and values were; however, their manager shaped their personal objectives so all staff worked toward achieving the vision and values.
- Managers at provider level had the right skills and abilities to run a service providing high-quality sustainable care. Leaders had the skills, knowledge, experience and integrity that they needed, both when they were appointed and on an ongoing basis.
- Managers across the provider promoted a positive culture which supported and valued staff, creating a sense of common purpose.
- The provider engaged well with patients, staff, the public, local organisations and collaborated with partner organisations effectively.
- The provider gathered staff views and experiences and acted on them to shape and improve the services and culture.

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	Requires improvement	N/A	Good	Good	Requires improvement	Requires improvement
Overall	Requires improvement	N/A	Good	Good	Requires improvement	Requires improvement

Notes

Requires improvement

Community health services for adults

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

Are community health services for adults safe?

Requires improvement

Incident reporting, learning and improvement

The provider did not manage patient safety incidents well.

There were no serious incidents reported during the period, from August 2017 to July 2018.

Staff were not consistently reporting incidents in the same way. During inspection we were told the service was in a transition period to change the incident reporting process from a paper based system to an electronic system, however, following the inspection the provider told us this was not the case. The provider told us staff could report an incident electronically or by paper and they were managed in the same way. However, during inspection, a member of staff told us they thought they reported incidents electronically but they were not sure. We asked them to show us how they would report electronically, but when they found the electronic form it stated 'testing in progress – do not use', they then did not know how they would report an incident.

Staff recognised and reported incidents. The provider told us incidents were under reported and had placed this on their risk register. There were only eight incidents reported across the five sites during the period from August 2017 to July 2018. To improve staff's understanding and reporting of incidents the service delivered extra training on incident reporting. Following the training, the service had reported eight incidents in one month, which indicated an improving trend. This demonstrated the training had been effective.

Managers investigated incidents and identified action where needed. The clinical director reviewed all clinical incidents and identified any actions. When a manager identified a risk, they added it onto the risk register. For example, an incident was raised regarding a patient who was threatening toward a member of staff. This was placed onto the risk register as a manageable risk and signs were put up in patient areas reminding people that the service had a zero tolerance on abuse toward staff.

Managers shared lessons learned from incidents with the whole team and the wider service. For example, learning was shared to all staff in a weekly email across all services regarding the incident on the patient who was threatening toward staff. Another incident we reviewed, reported a needle stick injury, and as a result the service introduced laminated signs in all clinics, to remind staff how to manage a needle stick injury.

The provider did not always monitor action taken following an incident to ensure it led to improvements. The provider had not learned from incidents which raised concerns about medicine management. For example, staff raised an incident for missing medicine. This was investigated and identified as a risk. The medicines management policy was updated to make transportation of medicines clearer, an audit tool was introduced. This risk was placed on the risk register as 'manageable'. Shortly before our inspection, staff reported another incident for missing medicines. Despite this second incident and a second opportunity for learning and improvement, we still found that medicines were missing during our visit.

Duty of Candour

The provider encouraged staff to apologise when things went wrong and to give patients honest information and suitable support. The provider had a duty of candour policy, which identified when duty of candour should be applied, and the ten principles of duty of candour:

1. Acknowledgement
2. Truthfulness, timeliness, clarity of communication
3. Apology
4. Recognising patient and care expectations
5. Professional support
6. Risk management and systems improvement
7. Multidisciplinary responsibility
8. Clinical governance
9. Confidentiality
10. Continuity of care.

Staff were familiar with this policy and had access to it on the intranet. Staff confidently described the principle and application of duty of candour (DoC) in line with Regulation 20 of the Health and Social Care Act 2008. The DoC 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 them with reasonable support.

Although the provider had not sent out duty of candour letters during the reporting period, we reviewed their DoC letter template that showed it would comply with Regulation 20 of the Health and Social Care Act 2008.

Safeguarding

The provider worked well with other agencies to protect patients from avoidable harm.

Staff had training on how to recognise and report avoidable harm for both adults and children. All staff had completed and were up to date with their safeguarding training and the safeguarding lead was trained to safeguarding level three to fulfil the responsibilities of their role. Staff knew how to report a safeguarding concern but there were no safeguarding concerns raised from August 2017 to July 2018. The provider felt safeguarding concerns were under reported and had placed this on their risk register as a serious risk. The provider had given staff additional training to improve staff understanding and reporting. The training was effective as it led to staff raising five safeguarding concerns between July 2018 and November 2018.

The provider developed safety and safeguarding processes and escalated any concerns to the appropriate panel or board for review. The safeguarding process stated that as soon as members of staff became aware of allegations of harm, abuse, or neglect (including self-neglect) of an adult with care and support needs they must contact Healthshare's safeguarding lead. Healthshare's safeguarding lead then contacted the local safeguarding adult board. We reviewed two safeguarding referrals and the provider followed this process for both. For example, a clinician was concerned about a vulnerable patient who was suffering from domestic violence. The clinician raised a safeguarding concern, this was escalated to the safeguarding lead who spoke with the local authority safeguarding triaging team to review the case. They came to a decision that best safeguarded the patient.

The provider had developed safety and safeguarding policies. The provider had an adult and child safeguarding policy that staff were familiar with and had access to it on the intranet. Both policies were up to date and reviewed yearly. The policies were clear, thorough and covered all types of abuse including female genital mutilation. They also clearly outlined staff responsibilities and how they should raise a safeguarding concern as well as immediate action to be taken where concerns related to a child. The provider had a separate domestic abuse policy and a separate Prevent policy. 'Prevent' is part of the government's counter terrorism strategy and is about identifying, safeguarding and supporting people who are at risk of being drawn into terrorist or extremist activity. All staff we spoke with were familiar with both policies.

Medicines

The provider did not store medicines safely or securely and storage records were incorrect. However, the provider prescribed and gave medicines safely. Following inspection, the provider took immediate action to improve the processes surrounding the recording and secure storage of medicines.

The provider did not maintain accurate storage records for their medicines. During inspection we checked two

medicine lockers at two separate sites and found 22 medicines missing. We found 21 missing at the first site, and another one missing at the second site. These medicines were types of steroid. Neither locker had a paper record that clearly documented when a clinician had removed or returned medicines. We did see an electronic log but staff did not update this. It was held in a different room to the medicines and did not account for medicines that had been removed from the medicine locker until the clinician entered them onto the system after use.

The provider did not store their medicines safely at all times, and could not account for all of their medicines. Some clinicians left medicines unsecure and available for the public to access. During our checks, we first found 50 medicines missing from the lockers, according to the electronic log. However, 28 of those medicines were in three separate treatment rooms. All staff we spoke with told us it was normal practice for a clinician to remove a handful of medicine from the secure locker and keep it on their desk or in an unlocked drawer to use as and when needed for patients throughout the day; this was to save them the time going back and forth to the medicine locker between patients. If at the end of the day they did not use all medicines they told us they returned them. We saw staff leave the treatment rooms, unattended, unlocked, and with those medicines unsecured.

The provider's pharmacist told us only qualified clinicians had access to key safe codes and keys. At both sites we inspected, we saw that the receptionist had access to the keys and knew the codes to medicine lockers.

Following inspection, the provider took immediate action to improve the processes surrounding the recording and secure storage of medicines. They removed injection therapy across all services and introduced a new process to improve control. This included, a paper log of medicines at each site and the provider reduced access to the medicine locker to essential staff only. They also introduced a 'one log, one patient' process, this meant clinicians were only authorised to remove medicines from the locker for one patient at a time and only if needed. Staff could no longer take a handful of medicines to use throughout the day. The injection therapy services were reintroduced five days later.

The provider followed best practice when obtaining and transporting medicines. They ordered their medicines locally and had them delivered to the head office. They then distributed their medicines to each site.

The provider stored medicines at the right temperature. Each site kept a temperature log for where they stored medicines. The receptionist recorded this temperature daily, excluding weekends. Staff knew what to do when temperatures were out of range for an extended period of time, and knew who to report this to.

Clinicians safely administered medicines and recorded them correctly on patients' records. Staff checked medicine dates, prepared correct dosages safely and correctly administered medicines using aseptic technique. Staff clearly documented any medicines given to patients. Staff had access to adrenaline auto injectors used to provide emergency treatment to those at risk of anaphylaxis. All required staff had the training to use these injectors.

Environment and equipment

The provider had suitable premises and equipment and looked after them well.

The provider's maintenance and use of their facilities kept people safe. Waiting areas were visibly clean and tidy throughout. Treatment rooms were spacious and well-lit. The condition, maintenance and appearance of the environment was good and information was clearly displayed on noticeboards.

All equipment was maintained and regularly serviced. We reviewed service records for equipment, at both sites, which detailed the maintenance history and service due dates of equipment.

Emergency resuscitation equipment was available and checked daily to ensure it was intact and in good working order. The defibrillator was placed in an openly accessible location, which allowed immediate access in the event of an emergency.

The design and layout of the building did not have clear signage to direct patients to the correct place.

At both sites we inspected, the signage that directed patients to the correct place was either absent or confusing. One site had a number of large buildings, without signs to direct patients to the correct building

that this service was based in. Patients told us they often got lost and did not find access easy. Once in the building, there was access to the service using stairs or a lift. The reception area was a large space with chairs for patients to sit and wait and there were several private treatment rooms off of a corridor outside of the reception area.

Quality of records

Staff kept detailed records of patients' care and treatment and always had access to up-to-date, accurate and comprehensive information on patients' care and treatment.

Records were clear and up-to-date. The provider gave staff administration protected time to complete their records to a good standard. We reviewed five patient notes. All five were organised, complete and clearly laid out.

All staff had access to an electronic records system that they could update. Staff used the same record system that GP's used so they had timely access to patients' medical history and held information together in one record. When people moved between teams, services and organisations, staff shared all information needed for their ongoing care in a timely way.

Although the provider monitored the quality of records they did not have a clear action plan to address areas for improvement. The provider arranged for their records to be audited externally every year. Where the external auditor had identified areas for improvement there was no clear corresponding action created to drive or monitor improvement. Actions were only noted as a comment. Comments did not identify an action plan, a member of staff responsible for the action or a completion date to ensure they were carried forward and effective.

Cleanliness, infection control and hygiene

Staff did not follow the provider's hand hygiene procedures.

We did not see all clinicians always washing their hands before and after patient contact. During our inspection, we observed four clinicians providing direct patient care. We saw there were 18 times when hands should have been cleaned. We saw on two occasions a clinician cleaned their hands in accordance with the provider's hand hygiene policy. However, on 16 occasions, staff did not clean their hands after contact with a patient; following removal of personal protective equipment, the physical assessment of patients and contact with patient's surroundings. On one occasion we saw a doctor wash his hands only once through the physical assessments of three separate patients. Staff that were non-compliant with hand hygiene included, doctors and physiotherapists. This meant there was the potential for cross infection as staff did not clean their hands correctly. This was not in line with the provider's infection prevent and control policy which stated, 'Hands must be decontaminated immediately before every episode of direct patient contact or care and after any patient contact or any activity that could potentially result in hands becoming contaminated.' This was not in line with NICE guideline QS61, Infection prevention and control – Quality standard 3: Hand decontamination.

The provider did not have oversight of staff non-compliance to hand hygiene procedures and did not supervise staff to ensure they were applying procedures effectively. Although the provider audited hand hygiene procedures, the detail of the audit content was poor and failed to identify areas of non-compliance. The provider's most recent hand hygiene audits showed 100 % compliance to hand hygiene technique, however, this was measured by 'clinical staff ability to demonstrate good hand washing techniques'. When staff were observed washing their hands this was undertaken separately from patient contact. This meant the audit did not cover how staff maintained hand hygiene when in contact with patients. This was not in line with compliance criterion one of the 'Code of Practice' under The Health and Social Care Act 2008, that states, 'all relevant staff, whose normal duties are directly or indirectly concerned with providing care, receive suitable and sufficient information on, and training and supervision in, the measures required to prevent the risks of infection'

Although the environment appeared clean and tidy staff did not follow hygienic or effective cleaning procedures when decontaminating equipment. We saw a clinician clean an exercise mat with hand sanitiser and wiped it 'clean' with the tissue the patient had been laying on. Neither hand sanitiser or used tissue is effective in decontaminating equipment. In addition, we observed that no staff challenged the clinician for cleaning the equipment in this way. This was not in line with

compliance criterion two of the 'Code of Practice' under The Health and Social Care Act 2008, that states providers should 'provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections'.

Hand sanitisers were readily available throughout the clinical areas and used by staff. This was in line with Health Building Note 00-09: Infection control in the built environment that recommends; 'Antimicrobial hand-rub dispensers should be available at the point of care'.

There were systems to protect people from a healthcare associated infection. The provider had an infection control policy and standard operating procedure that staff were familiar with and could access on the intranet. The policy was up to date and reviewed regularly. The policy contained a 'blood and/or body fluid spillage' decision flow chart to help staff choose the correct decontamination product. The provider also had instructions available to staff on a variety of areas, such as, safe handling and disposal of linen and aseptic no touch techniques.

The provider's arrangements for managing waste and clinical specimens kept people safe. The provider covered waste segregation and the disposal of sharps in the infection prevention control standard operating procedure. All clinical waste was appropriately disposed of. The area where clinical waste was stored was clean, tidy and secure. An external contractor was responsible for the final collection of clinical waste.

The provider avoided the mismanagement of clinical or infectious waste. During our inspection, we saw there were clear labels on waste bins compliant with Health Technical Memorandum 07-01: Safe management of healthcare waste (5.23) that states 'The container labels should clearly identify the waste type(s) present within'.

The provider managed sharps in line with national guidance. Sharps management complied with Health and Safety (sharps instruments in healthcare) regulation 2013. We checked six sharps bins. All six bins were secure and not over filled. There were posters in each treatment room to remind staff how to manage a needle stick injury and prevent the spread of infection.

Mandatory training

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

All staff completed and were up to date with their mandatory training. Mandatory training was provided through a mixture of online and face to face training sessions. The training included areas such as manual handling, infection prevention and control and basic life support. Staff told us the training was effective and additional training was available to reinforce their learning.

The provider monitored mandatory training effectively. Their compliance target was between 95% and 100% for all mandatory training and their training records showed they met these targets. They used a red, amber, green system and alerted staff six to eight weeks before their training was due to expire. This gave staff sufficient time to complete their training due. The provider gave staff protected time during working hours to complete their mandatory training.

Assessing and responding to patient risk

Staff completed risk assessments for each patient. They kept clear records and asked for support when necessary.

Clinicians checked for allergies and took a thorough medical and family history before administering medication. They had medication immediately available to manage patient deterioration in the event of an anaphylactic reaction. Anaphylaxis is a serious and sudden allergic reaction that can result in death. Following an injection, staff asked patients to sit in the waiting room for half an hour so they could be monitored for any signs of an allergic reaction before travelling home.

All staff had basic life support training and access to emergency resuscitation equipment. All staff knew where the emergency equipment was and there was always a member of staff, on site, who was trained to use the emergency equipment. Staff told us, in the event of a deteriorating patient, they would dial 999.

Staff told people when they needed to seek further help and advised them what to do if their condition deteriorated. We observed a clinician describing the

symptoms a patient should look out for following a peripheral joint injection and gave them advice on what signs should prompt attending the emergency department

Staffing levels and caseload

The service had enough staff with the right qualifications, skills, training and experience to keep people safe and to provide the right care and treatment.

The service had access to staff who were skilled and qualified to provide the right care and treatment. The service had several doctors and consultants who were on secondment from another provider or who were working under a service level agreement. They had the correct training, qualifications and skills to provide peripheral joint injections. There was no arranged cover for when staff took holidays but the provider used locums to cover staff absence.

Staff felt they had enough time to manage their case load and keep people safe from avoidable harm. The provider employed 296 staff and had a 5% vacancy rate. Staff had half an hour to assess and treat each patient. Staff we spoke with felt this gave them enough time to thoroughly assess and manage their caseload as well as time to talk with their patient and better understand their needs. The provider gave staff administration time to manage the paperwork associated with their case load.

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

Evidence based care and treatment

The service provided care and treatment based on national guidance.

Clinicians assessed people's physical, mental health and social needs, and their care and treatment was delivered in line with legislation, standards and evidence-based guidance. For example, we saw that the assessment and follow up of a patient with osteoarthritis of the knee followed the National Institute of Care Excellence clinical guideline 177, to show a holistic approach to the assessment and management of osteoarthritis.

The provider used technology and equipment to enhance the delivery of effective care and treatment. For example; clinicians used ultrasound guided injections to accurately inject medication at the intended site. This is a procedure where ultrasound was used to produce real time images of the body so the clinician could see and guide a needle more accurately to the appropriate area.

Pain relief

Staff assessed and monitored patients to see if they were in pain but did not use validated assessment tools to easily measure and compare pain across a period of time.

Staff asked patients about their pain but did not measure pain using an assessment tool that identified the quantity and quality of the patient's experience of pain. Sometimes assessment of pain was vague and made it difficult to record improvement or a lack of improvement in treatment. Some staff asked if pain was worse or better than last time, this method made it difficult to quantify just how much better or worse pain was for the patient. On one occasion a patient was asked if pain was worse or better than it had been a year previous. The patient found this question difficult to answer, yet the clinician pressed for an answer and made decisions based on a best guess from the patient.

Clinicians assessed patients' pain and their range of movement, administered pain relieving medicines and checked to see the treatment was effective. Clinicians administered peripheral joint injections to relieve pain and improve joint movement. They then arranged a follow up phone call to assess whether the treatment was effective and had reduced pain.

Clinicians gave patients advice and support to reduce and manage their pain. Clinicians gave patients a variety of exercises to complete each day to improve movement. They also advised patients of safe and effective movements to avoid straining their joints.

Staff worked well together to provide patients with specialist care and advice surrounding pain. Staff could access support from a physiotherapy pain specialist and the pharmacist. Staff also held multi-disciplinary team meetings with an extended scope physiotherapist and pain consultant to discuss treatment options and led a virtual multi-disciplinary pathway for pain to reduce inappropriate referrals to secondary care.

Nutrition and hydration

Patients had access to water. Staff asked specific questions relating to nutrition and hydration when necessary.

People's nutrition and hydration needs were identified, monitored and met. Waiting areas had water available for patients. During consultation, as part of the patient's assessment, clinicians asked if they had experienced rapid weight loss or weight gain. Staff told us if they identified any concerns they would pass this back to the patient's GP to follow up and refer appropriately.

Technology and telemedicine

The provider used technology to improve how they delivered services to people.

The provider used technology to receive and send information to patients. Both sites we inspected had electronic tablets available for patients to give feedback and the service used a texting service to remind patients of their appointments easily and quickly. The provider website had many useful links to provide patients with further information about their condition.

Clinicians used technology to improve patients' assessments. They requested MRI scans and used ultrasound imaging to better assess the patient's injuries and medical conditions. Clinicians also had electronic and instant access to GP notes to review a patient's history.

Patient outcomes

People had clear outcome goals, and staff gave them realistic expectations. Managers monitored the effectiveness of care and treatment and identified learning for the future but learning identified was not translated into effective action plans to drive improvement.

Each site collected and monitored the outcome of people's care and treatment for both regulated and unregulated activity. The provider did not routinely collect patient outcome data for all patients so their sample size was too small to give useful results. From April to September 2018, the provider collected data on an average of 29% of patients. The site that collected data from the least number of their patients was Central London at 22%. The site that collected data from the most number of their patients was Hillingdon at 42%.

The service collected data using a tool called EQ-5D. This is a tool used to measure health-related quality of life. They also collect data using a health questionnaire called MSK-HQ. This is a patient report outcome measure for clinical practice that is used to evaluate the health of patients.

The provider monitored themes and trends of the clinical outcome data they collected. EQ 5D and MSK HQ data from April to September 2018 showed an average of 83% improvement to the health of patients and their quality of life. The site with the least improvement was Central London at 77% improvement. The site with the most improvement was Oxfordshire at 91%.

The provider monitored patients who reported complete resolution of their symptoms following treatment. For example, 27% of patients seen at the Oxfordshire site reported a complete resolution of their symptoms.

The provider monitored patients who were referred back with the same problem within three months. This data showed an average of 2% of patients, from April to September 2018, were referred back to the service with the same problem. The site with the lowest percentage of patients who returned with the same problem within three months was Oxfordshire at 1%, the site with the highest was Central London at 3%.

Although the provider identified learning for the future and actions from their audits, they did not follow up or monitor those actions. Action plans did not identify a member of staff responsible for the action, a completion date to ensure the action was carried forward, updates on progress or monitoring to see if the action was effective.

Competent staff

The provider made sure staff were competent for their roles.

Staff had the right skills and knowledge. The provider hired staff using a competency based interview. This ensured all staff had the minimum competencies required for the role. Staff were up to date with all mandatory training and had completed a three-month

induction programme. This included meeting various members of the organisation, becoming familiar with their policies and procedures and identifying any learning needs. The provider had one member of staff responsible for the induction training to provide consistency in the experience of new staff. The probation period included monthly meetings to support and meet the expectations of both the manager and the staff member. Staff we spoke with were pleased with their induction programme and felt it had given them a good introduction to the role and company.

The provider held appropriate and up to date records for all their staff. This included references, identification documents, professional registration, indemnity insurance, certificates for qualifications and an enhanced DBS check. Enhanced DBS Checks are complete criminal history checks, and are a mandatory screening process for positions involving work with children and vulnerable adults, to ensure that anyone who presents a known risk to vulnerable groups is prevented from working with them.

Managers appraised staff's work performance. Managers appraised staff yearly, and all staff had received their appraisal. At appraisals staff identified their own personal objectives and were given objectives that were in line with the organisation's objectives. Managers gave staff one interim appraisal and an end of year appraisal to ensure they had all the support they needed to achieve their objectives.

Managers held supervision meetings where they encouraged staff and gave them opportunities to develop. The provider gave staff regular opportunities to shadow more experienced members of staff and other areas of interest. Supervision meetings were well structured and managers gave staff development plans and meeting goals.

Managers identified the learning needs of staff and training was delivered to meet those needs. Every member of staff had access to £1,000 to use for additional training to meet their learning needs. Staff we spoke with felt well supported and told us they were able to request training and were given protected time to complete that training.

Multidisciplinary working and coordinated care pathways

Staff of different kinds worked together as a team to benefit patients.

Doctors, physiotherapists and other healthcare professionals supported each other to provide good care. The provider handled referrals effectively and used clear criteria. All staff were aware of the case manager who had overall responsibility for the individual's care. When a patient was assessed, treated or discharged from the service, the GP was notified and any assessments or treatments were recorded in the notes. The service also led a virtual multidisciplinary pathway for pain, rheumatology and orthopaedics to reduce inappropriate referrals to secondary care.

Health promotion

The provider supported national priorities to improve the population's health. Staff gave patients a 'Healthshare Journal' that promoted health in many areas, such as, alcohol awareness, smoking cessation and weight loss/ management and lifestyle. Staff also promoted health during assessments where they gave general advice on health.

Staff supported people who used the service to manage their own health. We saw a physiotherapy 'top tips' poster which gave a list of what to do and what not to do to avoid a musculoskeletal disorder. This encouraged patients to recognise their own limits and to be aware of risk factors.

Staff encouraged people to regularly monitor their health. Staff gave patients a 'Healthshare journal'. This covered areas on sleep, stress and guidance on accessing emotional support. The journal also covered the benefits of exercise and provided patients with an exercise plan and record sheet.

Consent, Mental Capacity act and Deprivation of Liberty Safeguards

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.

Staff knew how to follow the provider's policy and procedure when a patient could not give consent. The provider had a policy document for the Mental Capacity Act, this was up to date and reviewed yearly. The policy was clear, thorough and covered a variety of areas related to capacity and consent, such as, duties and

responsibilities within the organisation, assessment of capacity, principles of best interest and record keeping. Staff were familiar with this policy, had access to it on the intranet and could describe what they would do if a patient could not give consent. Staff knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care. All staff had completed their 'mental capacity act and deprivation of liberty safeguards' training which included a variety of face to face and online sessions.

All staff we observed providing care verbally gained consent before every assessment. The provider promoted shared decision making. Clinicians gave patients their options and the positives and negatives of each so they could make informed decisions.

Are community health services for adults caring?

Good

Compassionate care

Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.

Staff took the time to interact with people who used the service. Clinicians who called patients in for their appointment asked how their day had been and addressed their patients in a warm, friendly and welcoming manner. A thank you card the service had received from a patient said, 'I cannot express my gratitude and appreciation… too often we underestimate the power of a touch, a smile, a kind word and a listening ear, an honest compliment or the smallest act of caring… thank you for all of your help'.

Staff were positive and attentive. One compliment from a patient said the clinician was 'brilliant and understanding', another patient said 'her infectious enthusiasm and good humour makes people believe they can improve their condition'.

The provider made sure privacy and dignity needs were understood during physical care. Staff closed the treatment room doors during consultation so patients could speak openly without people in waiting areas over hearing. They also ensured patients were comfortable and consented to physical assessments.

Understanding and involvement of patients and those close to them

Staff involved patients and those close to them in decisions about their care and treatment.

Staff communicated with people so that they understood their care and treatment. Staff asked if they understood what they had been told and directed them to where they could get extra information if they needed it. If a patient did not appear to understand the clinician explained things in a different way. Staff also gave patients a phone number they could call to ask any questions they thought of after the appointment. Feedback from one patient said their clinician "was very professional and explained everything really well. We didn't feel rushed and came out with more information than we have ever been told in nearly a year."

Staff showed an encouraging, sensitive and supportive attitude to patients. For example, a patient felt unsure and nervous about having an injection. The clinician explained the procedure honestly and reminded the patient they did not have to have the injection and could go away to think about it and return when they felt ready. This support was effective and resulted in the patient deciding to have the treatment

The provider made sure patients and their loved ones could manage their care at home. Clinicians gave patients exercise to complete, showed them how to do them and then asked patients to demonstrate if they could do them correctly. They reminded patients they could call the helpline to get further support, and arranged to personally call the patient back to check if they were managing well at home. One patient said staff "were great at pushing me to test myself and understand more about how I can manage pain. The exercises covered a good range of difficulty and I've been able to carry them on".

Those close to patients were routinely involved in planning and making shared decisions, welcomed and treated as important partners in the delivery of their care. When a patient attended an appointment with a carer,

family member or friend, the clinician explained what they were doing to everyone present or involved. The clinician asked everyone if they had any questions and involved them in any decision making.

Emotional support

Staff provided emotional support to patients to minimise their distress.

Staff understood the impact that a person's care, treatment or condition had on their wellbeing. Clinicians asked several questions to understand the impact of their condition on a patient's day to day life. Clinicians asked how the condition made their patient feel and checked they were coping with normal daily tasks.

Staff responded in a compassionate, timely and appropriate way when patients were in pain, discomfort or emotional distress. For example, a patient was worried about treatment, the clinician recognised this and suggested they return with a member of their family or friend to hold their hand and support them. The patient was happy with this flexibility and understanding and decided to do this.

Staff gave people appropriate time, support and information. If the clinician felt the patient needed further support and time, they could request a longer time slot for their next appointment. Clinicians told us they did not rush their patients, and although it was important they tried to keep to time, they would not cut an appointment short if their patient needed emotional support.

Staff were acutely aware of the impact conditions could have on patients, particularly anxiety and depression. Clinicians told as they routinely asked how patients were feeling and where patients were not coping, staff informed their GP and signposted them to places they could get further support.

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

(for example, to feedback?)

Good

Planning and delivering services which meet people's needs

The provider planned and provided services in a way that met the needs of local people.

The provider met the needs of people in the area they provided services. For example, one site arranged women-only Arabic classes to meet the diverse needs of the community they served.

The premises were appropriate for the services that staff delivered. For example, there were large rooms available for classes and the treatment rooms were easy to access and only a short walk from the waiting area.

The provider had arrangements to access translation services for patients when they were needed. People could print leaflets and forms in other languages from the website and the entire website could be translated into multiple languages. Clinicians also had access to an interpreter both via the phone and face to face. Some staff told us that family members were sometimes used to translate for patients. This is not in line with best practice.

Meeting the needs of people in vulnerable circumstances

The provider delivered accessible services, and took into account the individual needs of people.

The provider delivered services to consider people with complex needs. For example, patients with learning difficulties were given a one-hour appointment slot to give the clinician more time to effectively assess, discuss and treat the patient at a pace that suited their needs.

The provider made reasonable adjustments so people with a disability could access the service on an equal basis to others. Both sites we inspected had easy access for wheelchair users and there was a lift available for patients unable to use the stairs.

The provider offered reasonable adjustments for people with an impairment or sensory loss, to meet their information and communication needs. For example, clinicians had access to a sign language interpreter.

Access to the right care at the right time

People could access the right care at the right time and action was taken to reduce wait times.

People could be referred by their GP or self-refer to access services. They could do so by calling the telephone line,

by booking online or by arriving at the front desk. The telephone lines had previously been overwhelmed, and patients were struggling to get through to speak to an advisor. This had been raised as a common theme with complaints. The provider made the online enquiry tab on the provider's website clearer and easier to locate and there was an overflow call centre to help improve the time to answer calls. This eased the pressure on the phone line and enabled patients to access the service more easily.

The booking process was easy to use and staff could find the soonest suitable appointment available to suit the patient. Staff arranged a triage for the patient and then booked for assessment with the most appropriate clinician. Patients could choose between a variety of dates and times to suit them although the provider did not offer evenings or weekend appointments for regulated activity.

People usually had timely access to initial appointments and treatment. Of the five sites, where regulated activity was carried out, four of them had waiting time targets and all four met those targets. The targets were different depending on who commissioned the service and ranged from 20 to 28 days. The service had not agreed a wait time target for the fifth site in Oxfordshire, however, wait times had significantly improved there since September 2018 from 24 weeks to 20 weeks.

The provider took action to minimise the length of time people had to wait for their appointments. The site in Oxfordshire had been awarded additional funding to help meet the increased demand on the service and reduce wait times.

The provider prioritised treatment for people with the most urgent needs. The provider offered face to face or multidisciplinary team clinics dependant on patient need. Patient need was identified by the patients' triage assessment.

Learning from complaints and concerns

The provider treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

The provider said there were 70 complaints received during the period from August 2017 to July 2018, 13 of the complaints were upheld and none were referred to the ombudsman. The common theme in these complaints was waiting times (particularly at the Oxfordshire site) and telephone booking line access. The provider had taken steps to improve the waiting times at Oxfordshire and had improved the way patients could access the service.

People who used the service knew how to make a complaint or raise a concern. There were complaint and concern forms clearly on display. Patients could also leave feedback on the electronic tablet to express their concerns. Patients, we spoke with, felt comfortable to complain if they needed to, although, the most recent patient survey data showed that 74.7% of patients reported that in the event they were dissatisfied with the care and treatment they received they were aware how to raise concerns. This was below the provider's target of 90%.

It was easy to make a complaint. The website gave people an option to email, post or call the service to make a complaint. The website offered an online form to leave feedback, and also signposted people to the NHS Choices website where people could leave a review of the service.

People were supported to make a complaint. The website clearly displayed a Healthshare patient advice and liaison service. This service offered patients, their families and carers support, information and help with all services provided by Healthshare Ltd. This included helping patients to resolve, as quickly as possible, any problems or complaints they had about the service.

The provider managed complaints well and took effective action. Patients received timely responses demonstrating compassion and transparency in recognising when things had gone wrong. The provider had also introduced a complaint handling questionnaire in September 2018 to monitor and improve their complaint responses.

The provider used complaints to learn and drive improvement. A manager reviewed all complaints and discussed them with any staff involved. Learning was identified and shared with teams or individuals on a needs basis. Themes and trends were monitored and discussed at senior management team meetings.

Requires improvement

Community health services for adults

Are community health services for adults well-led?

Requires improvement

Leadership

Managers at all levels had the right skills and abilities to run a service providing high-quality sustainable care.

The three company founders led the organisation and had an active part in running the company. All three were physiotherapists by background and displayed a strong and genuine commitment to their vision and values. Their knowledge of the organisation was extensive and they were still very involved in the day to day running of the business. They recognised areas of weakness, were committed to improving and driving the service forward, were open and honest with the inspection team and were responsive to all that was raised during the inspection. However, the three leaders of the organisation did not receive a formal appraisal and were the only members of staff who did not. They did not have opportunities to discuss performance, work related issues or development.

The managing director reported to the founders. The clinical director, operations director, and governance and compliance lead reported to the managing director. All roles were substantive except the quality and governance lead which was currently filled by the operations manager on an interim basis.

Leaders had the skills, knowledge, experience and integrity that they needed, both when they were appointed and on an ongoing basis. We reviewed the provider's fit and proper person policy. Although this had been created shortly before our inspection, all the records associated with the directors and associate directors were compliant with this policy and demonstrated a leadership team with extensive experience and expertise in their area of responsibility.

Clinical leaders understood the challenges to quality and sustainability. There was a current and effective leadership strategy that included succession planning. The aim of this strategy was to 'improve services and outcomes for patients through the development of our current and future leaders'.

Leaders were visible and approachable. All staff, we spoke with, felt able to contact any member of the leadership team and felt they would be supported if they did so.

Some of the lead roles within the organisation were still being developed. Where staff did not have all of the skills for the role, training was planned to support them to develop into their roles.

Vision and strategy

The provider had a vision for what it wanted to achieve and workable plans to turn it into action.

The provider had a clear vision and set of values, with quality and sustainability as the top priority. Their vision was to be the best independent community healthcare organisation in the UK that was trusted by patients, chosen by policy-makers and regarded with pride by all their team.

The provider's values were;

- Safe, effective & quality care
- Excellence in care
- Local, joined up patient care
- Reflect, learn & improve
- Research, innovation & lead

There was a robust, realistic strategy for achieving the service's priorities. The clinical director explained the strategy as 'a way of describing how we will provide the best possible musculoskeletal care for our service users. The aim is to make sure we keep our focus on improving patient care whilst supporting our staff to deliver this care at the right time and right place'. The strategy was developed with the opinion of those who used the service and included clear and achievable priorities tailored to each site that delivered the services. Despite the new creation of the strategy, it was, well structured, clear and demonstrated a robust drive and commitment to moving the organisation forward to meet the vision and values.

The strategy concentrated on seven areas across all sites;

- Organisational effectiveness strategy - Workforce transformation
- Information management and technology strategy - Digital enablement
- Financial strategy - New service models
- Engagement strategy - Working together

- Estate strategy - Future focused
- Quality improvement strategy - Embracing change
- People strategy - Right people at the right place.

Although staff told us their vision was to offer the best care for patients, most of the staff did not know what the provider's vision and aims were. We did not see the vision and aims displayed at either of the sites we inspected. Leaders told us they always knew what their vision and aims were, although they had not documented them until September 2018 – a month before our inspection.

All staff, regardless of their role, worked toward achieving the vision and values of the service. The strategy and aims were included in staff personal objectives and were linked to the objectives of senior staff.

Culture within this service

Managers across the provider promoted a positive culture that supported and valued staff, creating a sense of common purpose.

Staff we spoke with felt supported, respected and valued. Staff felt positive and proud to work in the organisation. Leaders and staff understood the importance of staff being able to raise concerns without fear of retribution. The most recent staff survey showed that 88% of staff felt their manager treated them with respect and 84% said they felt their opinions mattered.

There were mechanisms for providing all staff at every level with the development they needed, including high-quality appraisal and career development conversations. The most recent staff survey showed that 71% of staff felt that tasks assigned to them helped them to develop.

The provider promoted equality and diversity within the organisation. The provider had an equal opportunities and dignity at work policy. This outlined the provider's commitment to preventing discrimination and promoting equality of opportunity. The policy aimed to 'promote an inclusive culture and working environment'.

There were cooperative, supportive and appreciative relationships among staff. Staff and teams worked collaboratively and shared responsibility. The most recent staff survey showed that 85% of staff felt able to ask for support and advice.

There was no policy or strategy on the safety and well-being of staff. We reviewed the employee handbook. This referred to staff not working when unwell and working within reasonable hours but there was little other reference to the promotion of staff wellbeing. The most recent staff survey showed that 64% of staff felt stressed.

Staff did not feel involved in the decisions made by senior teams. Some staff we spoke with felt the organisation was growing too quickly and they were feeling less and less involved. Some staff were finding the quick growth of the company was distancing them from senior leaders. Other staff felt the level of involvement and communication from leaders was acceptable. The most recent staff survey showed that 43% of staff were not satisfied with communication generally and 43% of staff did not feel involved in future plans.

Governance

The governance structure, process and system of accountability was clear. However, the board did not have oversight of safety issues, risks or the progress of actions to address them.

The corporate board sat at the top of the governance structure. The three company founders, managing director, clinical director, operations director and governance and compliance lead sat on the board. The board did not have any non-executive directors and so there was no external challenge.

There was clear responsibility for cascading information up to senior management, however, it was less clear if they cascaded information back to clinicians on the front line. All sites fed any concerns or issues up to a regional team meeting. London, Oxfordshire and Hillingdon, and Hull sites reported operational issues to the operational team meeting – chaired by the operations director – or clinical issues to the clinical team meeting – chaired by the clinical director. Both these meetings reported into the senior management team meeting. This meeting covered operations, clinical services and governance. Any key areas were then reported to board level. Staff told us they did not know what was discussed at board level and did not feel involved in decisions. However, the senior team were aware of this and were implementing a variety of initiatives to improve communication.

Board level action logs were clearly laid out with the person responsible identified, although, they were not always kept up to date. Actions that had passed their due date were not updated to show a delay on the log. We saw repeated actions that were due and remained on the action log. For example, an incident report was due to be finalised and presented to board, the due date was 'August - Next Board' although this remained on the action log for September.

Board agendas were very short and brief. The board agenda, papers and minutes, we reviewed, did not demonstrate the board had oversight of safety issues. Although a monthly dashboard was presented to board, this did not include any information on incidents, safeguarding referrals, complaints or patient outcomes. The board action log and agenda did not demonstrate these areas were discussed at board level.

Staff at all levels were clear about their role and knew what they were accountable for, although the operational and clinical roles were disconnected. Some operational staff, we spoke with, had very little understanding or knowledge of the clinical aspects of the organisation.

Management of risk, issues and performance

The provider's approach to improve the quality of its services was not effective or embedded throughout the organisation. The provider had new systems for identifying risks that were yet to be embedded.

The arrangements for recording the identifying, managing and mitigation of risks was new to the provider. The risk register had been created during the month of our inspection and was prompted by our request for sight of a risk register as part of our request for information ahead of the inspection. The new corporate risk register had a total of 17 risks listed. Three of these were rated as serious risks. It was concerning that prior to our inspection, the board did not have any oversight on these risks. All services and departments had their own independent risk register which fed into the corporate risk register. Risks had been discussed once at the time of our inspection but were to be discussed monthly at senior management team meetings and board meetings.

The provider was not taking action to record or mitigate risks effectively. Actions identified to mitigate risks were not effective. For example, the provider had identified a risk surrounding storage, control and discrepancies between the log and medicine locker. The provider rated this risk as 'manageable' and had identified a number of actions to mitigate the risk. Yet the risk register did not identify if those actions had taken place or when they were due to be done. We inspected 33 days after this risk was added to the risk register. We still found discrepancies between the log and the medicine locker and still found unsecured medicines accessible to the public at both sites we inspected.

The provider's risk register was not fit for purpose and not used effectively. The risk register did not show they had rated a risk, identified actions to mitigate that risk, calculated the residual risk and continued to monitor and update their actions to reduce the risk rating to as low as possible with an aim to remove the risk entirely.

There was not a clear layout to display how the provider mitigated, monitored or removed a risk from the risk register. There was nothing documented to show how or if any action taken would result in the risk being reduced or removed from the register. The risk register showed the initial risk rating – accept, manageable or serious – and the planned mitigation and action to be taken. However, there was no section on the risk register that calculated the residual risk rating following action, nor a section that provided update on the progress of those actions.

There was a systematic programme of clinical and internal audit to monitor quality and systems to identify where action should be taken. The provider carried out four audits in relation to regulated activity; notes audit, diagnostic request audit, injection audit and secondary care referral audit. Managers shared these audit results with both clinical and administration teams to explore any areas of concern and work together to drive improvement. The provider also discussed outcome data for individuals during supervision and in one to one meetings.

The provider's clinical audit summary identified methods, aims and objectives, a summary of findings and learnings for the future. However, the provider did not clearly document or follow up action plans to drive improvement.

Engagement

The provider engaged well with patients, staff, the public, local organisations and collaborated with partner organisations effectively.

Requires improvement

Community health services for adults

The provider gathered staff views and experiences and acted on them to shape and improve the services and culture. For example, the staff survey showed that staff felt communication could be improved. Senior leaders acted on this by developing a monthly all company video email, where senior leaders delivered key information to staff. Staff thought it was a good idea, welcomed the initiative and felt they had been listened to.

The provider collected feedback from people who used services. The provider's website clearly displayed information to involve people in their online patient participation group, however, it did not give details on face to face groups they had available. The website also directed people to complete a patient satisfaction questionnaire and clearly displayed a patient feedback form.

The provider created action plans on feedback from people who used services although action plans were not robust. The provider had identified themes and trends from patient feedback and the action required, however, the action was not given a clear due date or responsible member of staff. It was not clear if each action had or had not been implemented to drive improvement.

The provider engaged patients and involved them in the design and running of the services. The provider held and signposted people to patient representation groups. These could be accessed as an online group and face to face. The provider used the feedback from these services to help shape their service. For example, to improve ease of access to the services provided.

There was transparency and openness with all stakeholders about performance. The provider routinely shared all incident, complaint and performance data with their stakeholders.

Outstanding practice and areas for improvement

Outstanding practice

- Senior leaders had a shared purpose to deliver and motivate staff to develop. The provider gave each member of staff £1,000 for training per year and supported them to develop into more senior roles.
- People's individual needs and preferences were central to the planning and delivery of tailored services. Healthshare Limited provided women-only Arabic classes to meet the diverse needs of the community they served.

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure they assess, monitor and improve the quality and safety of services and also assess, monitor and improve the assessment of risk relating to the provision of the service operating effectively.
- The provider must ensure they assess the risk of, and preventing, detecting and controlling the spread of infections, particularly in relation to hand hygiene procedures.

Action the provider SHOULD take to improve

- The provider should use a single and consistent form of incident reporting.
- The provider should ensure they continue to monitor and maintain the safe and secure storage of medicines.
- The provider should ensure clinicians adhere to hand hygiene procedures during patient care.
- The provider should ensure clinicians measure pain using an assessment tool that identifies the quantity and quality of the patient's experience of pain.
- The provider should improve their sample size for the collection of outcome data so the results fairly reflect the service.
- The provider should ensure all members of the organisation are appraised, this includes the founders, who still had an active part in running the company.
- The provider should ensure the board have oversight of all safety risks and issues throughout the organisation including complaints, safeguarding concerns, incidents, patient outcomes and audit results.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment 12.— 2. (h) assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated; Staff did not follow the provider's hand hygiene procedures. Staff did not follow hygienic or effective cleaning procedures when decontaminating equipment. Hand hygiene audit content was poor and failed to identify areas of non-compliance.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance 17.— 2. (a) assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services); (b) assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity;

This section is primarily information for the provider

Requirement notices

The provider's approach to improve the quality of its services was not effective or embedded throughout the organisation.

The provider was not taking appropriate action to mitigate their risks effectively.

The provider did not clearly document or follow up action plans to drive improvement.

The board did not have oversight of safety issues, risks or the progress of actions to address them.