CareQuality Commission

Coloplast Limited

Coloplast Care Nursing and Telehealth Service

Inspection report

Nene Hall
Peterborough Business Park, Lynch Wood
Peterborough
PE2 6FX
Tel:

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Outstanding ☆
Are services safe?	Good ●
Are services effective?	Outstanding ☆
Are services caring?	Outstanding ☆
Are services responsive to people's needs?	Outstanding ☆
Are services well-led?	Outstanding ☆

Summary of findings

Overall summary

We rated this location as outstanding because:

The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.

Staff provided good care and treatment. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.

Staff treated patients with compassion and kindness,and respected their privacy and dignity. Staff took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.

The service developed care to meet the needs of local people, took account of patients' individual needs, and actively encouraged people to give feedback. People could access the service when they needed it and did not have to wait too long for care needs to be addressed.

Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

A staff member who occasionally saw children did not have the best practice recommended level three safeguarding training for children.

Summary of findings

Our judgements about each of the main services

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

Summary of findings

Contents

Summary of this inspection

Background to Coloplast Care Nursing and Telehealth Service

Coloplast Care Nursing and Telehealth Service is part of a larger multinational commercial company and has been providing products and services to support people across England with intimate healthcare needs support since 1978. The Coloplast Nursing service provides community and hospital based specialist stoma/ostomy care, bladder and bowel management/continence care and advice to primarily adult patients across England. The service occasionally provides paediatric care but only with the attendance of a paediatric nurse from an external organisation. The provision of care is arranged through localised agreements with both acute and primary care service providers and local clinical commissioning groups (CCGs). Specialist nurses work with partner NHS providers and CCGs across 37 geographic locations. The nurses are integrated into the provider NHS organisations, by means of honorary contacts, and work to local pathways and policies.

The service first registered with the Care Quality Commission (CQC) in September 2011 to provide the following regulated activity:

- treatment of disease, disorder or injury.

There has been a registered managers in post since 2011.

The last inspection was a comprehensive inspection in 2016 where we did not rate the service.

We did make recommendations.

The service should;

- Review information provided to staff on duty of candour to ensure there is a consistent level of understanding.
- Review infection control arrangements to ensure these are up to date.
- Review how assurance can be provided to senior management that all staff have completed the necessary nursing standards as set by Coloplast Ltd.
- Review how the service can demonstrate that it is providing good patient outcomes.

During this inspection we saw that the service had addressed these areas.

How we carried out this inspection

During this inspection the team;

- observed care in the community and clinic
- spoke with 23 staff including nurses, telehealth, managers, human resources and senior leaders
- spoke with 10 patients and two carers
- reviewed six care records,
- reviewed policies and guidance documents
- reviewed governance and performance documentation
- looked at staff training and competencies
- reviewed staffing levels
- reviewed infection control measures

Summary of this inspection

- reviewed incident and complaint data
- reviewed safeguarding practices

Outstanding practice

The culture within the service was consistently positive. We found highly dedicated and passionate staff who were committed to providing a good service for patients and partner organisations. All staff we spoke with were positive, knowledgeable and passionate about their work. Staff described a supportive culture where everyone worked well together, and we saw this echoed in team communications. Staff reported that they felt appreciated by the leadership team and senior leaders told us that they were very proud of the staff they worked with. They described them as 'passionate and amazing'. All staff we spoke with were very proud of their service and described a friendly, family like atmosphere and good interpersonal relationships. Staff felt able to raise concerns and challenge where necessary.

The service provided holistic person centered care using innovative approaches and working collaboratively with partners. The staff understood their local challenges and demonstrated a desire to improve services for the benefit of the patients. The service recognised that staffs' development of skills, competence and knowledge was integral to ensuring high-quality care. Staff were actively engaged in activities to monitor and improve quality and outcomes.

Feedback from patients and carers was consistently positive and staff were committed and prepared to go the extra mile to provide care for their patients. Interactions reflected a caring and individualised approach, which promoted dignity and mutual respect. Patients' emotional and social needs were seen as being as important as their physical needs and staff were fully committed to working in partnership with people.

Service provision was designed and tailored to meet the needs of individuals and ensured flexibility, choice and continuity of care across providers and care partners. Staff told us there was good teamwork within the teams, and staff worked together flexibly to resolve issues and accommodate service needs.

Leadership was effective at all levels with well embedded systems of development for staff to ensure the capacity, experience and knowledge for staff to provide high quality care. Leaders understood the challenges of providing care across the multiple geographic locations and partnership provider needs. There was a strong organisational commitment and effective staff engagement, inclusion and communication, with innovative methods to connect with a widely dispersed staff group. There was strong collaboration, team working and support across services with the patient as prime focus and common aim to improve the quality and sustainability of care.

Areas for improvement

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

Action the service SHOULD take to improve:

- The service should consider reviewing its safeguarding training levels for staff who see children and for the safeguarding lead in line with best practice.

Our findings

Overview of ratings

Our ratings for this location are:

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

Community health services for adults

Outstanding ☆

Safe	**Good**	●
Effective	**Outstanding**	☆
Caring	**Outstanding**	☆
Responsive	**Outstanding**	☆
Well-led	**Outstanding**	☆

Are Community health services for adults safe?

Good ●

We rated safe as good.

Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it. Staff received and kept up-to-date with their mandatory training and were provided with time to do it. The training covered a range of subjects including basic life support, safeguarding, equality and diversity, duty of candour, data protection, record keeping, infection prevention and control, health and safety and the mental capacity act. Managers monitored mandatory training and staff received automated reminders when they needed to update their training. The mandatory training was comprehensive and met the needs of patients and staff. Training records showed 100% compliance.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. Safeguarding level two training for children and adults was provided for all clinical staff, with telehealth staff provided at level one. Training records showed 100% compliance. Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff knew how to make a safeguarding referral and who to inform if they had concerns. The safeguarding lead was the senior nurse who had level three safeguarding for adults and children. Some nurses did review children, usually with a paediatric nurse present however this was not always possible on a field visit. The 'Safeguarding children and young people: roles and competences for health care staff Intercollegiate Document Third edition: March 2014' recommends that; all clinical staff working with children, young people and/or their parents/carers and who could potentially contribute to assessing, planning, intervening and evaluating the needs of a child or young person and parenting capacity where there are safeguarding/child protection concerns should be trained to level three for safeguarding children. Best practice for an organisational lead would be for the named safeguarding lead to have level four safeguarding training.

Cleanliness, infection control and hygiene

Community health services for adults

The service-controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. Staff kept equipment and their work area visibly clean. There was an updated infection control policy and staff followed infection control principles including the use of personal protective equipment (PPE) and cleaned equipment after patient contact. Prior to the Covid19 pandemic managers performed monthly hand washing audits as they accompanied staff for supervised practice, but this had been suspended to limit contacts and for social distancing. Nursing staff received sepsis training as part of their mandatory training package and compliance was 100%.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well. When providing care in patients' homes staff took precautions and actions to protect themselves and patients. The service had enough suitable equipment to help them to safely care for patients and provided access to multiple stoma, wound and catheterisation devices from several different suppliers according to patient needs. Staff disposed of clinical waste safely both in patients own homes and clinical locations.

Assessing and responding to patient risk

Staff completed and updated specific risk assessments for each patient and removed or minimised risks. Staff used recognised 'traffic light' assessment tools to identify patients who were having difficulties with their condition and escalated them appropriately. Staff completed risk assessments for each patient on admission to the service, and reviewed this regularly, including after any incident. Concerns related to general health were referred to local community nursing partners or services and we saw evidence of this whilst observing patient care. Staff in some areas also accessed community paramedics if they had concerns about patients' general health. Staff knew how to access mental health liaison and specialist mental health support if they were concerned about a patient's mental health and described occasions when this had been used. Staff shared key information to keep patients safe when handing over their care to others.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave all staff a full induction. Managers accurately calculated and reviewed the number of nurses and support staff needed for each geographical area and caseload. The service had low vacancy, turnover and sickness rates. At the time of inspection there was one nurse and six telehealth staff vacancies out for recruitment out of 52.3 whole time (WTE) equivalent nurses and 42 telehealth staff. Staff received a full induction and mentorship period and with the addition of occasional bank staff were able to manage cover for absence across teams. Staff held honorary contracts with NHS and independent partner organisations. This meant that they were assimilated into the partner organisation to provide completely integrated services.

Quality of records

Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care. The service used electronic patient clinical records which were accessible on devices to all staff who needed them including installing their system in acute hospitals for NHS staff access. Patient notes were comprehensive and when patients transferred to a new team, there were no delays in staff accessing their records. Records were stored securely on password protected electronic devices and systems and care across the nursing teams

and telehealth teams was co-ordinated for patient care. Staff used an Appliance Use Review (AUR) form to update patients care records and perform annual reviews. This information was shared with the patients' GP and also with the patient if preferred. Patients were able to review the information recorded at their appointment/review and signed to show their agreement. AURs were audited every three months with actions taken when results were less than100%.

Medicines

The service did not prescribe or store medicines, but a small number of nurses were non-medical prescribers and were responsible for prescribing and dispensing medical devices to patients. There were different systems in use for the prescription of medical devices dependent on the commissioning partner. For example, one prescriber used numbered paper prescription forms supplied and monitored by the commissioner. Other areas used different systems such as providing the prescription information to the patients' GP for them to prescribe. This enabled the service to provide prescribing services in ways that adapted to partner service needs. Staff had access to a non-medical prescribers' policy, prescriber's governance checklist and commissioning guidance documents.

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored. Between June 2020 and May 2021, the nursing service reported 42 incidents and the telehealth team reported six incidents. All incidents were low or no harm. All staff knew what incidents to report and how to report them. Staff also reported incidents to local NHS partner providers using the local systems. Staff raised concerns and reported incidents and near misses in line with the service policy. Managers investigated incidents thoroughly and shared learning about incidents with their staff and across the organisation. We saw this in the monthly clinical governance meeting minutes. Staff received feedback from investigation of incidents, both internal and external to the service. Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. This was an improvement since our last inspection. There was evidence that changes had been made as a result of feedback following incidents. We saw this in communications following a data breach and with the development of a 'Take two minutes' safety checklist prior to sending information containing patient data. Action was taken to highlight the need for next of kin details to be updated following an incident related to access to a patients home in an emergency.

Are Community health services for adults effective?

Outstanding ☆

We rated effective as outstanding.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Staff protected the rights of patients in their care. Staff followed policies based on best practice as determined by the National Institute of Health and Care Excellence (NICE), the European Association of Urology nurses and the Nursing and Midwifery Council. The nursing staff had good access to networking through membership of the Association of Stoma Care Nurses (ASCN

UK) and attended and shared best practice at national and regional meetings. We saw multiple examples of nursing staff sharing practice and reflection published in national clinical journals. Staff created and followed care pathways formed with the local partnership organisations and updated them during clinical reviews. The service had a dual post clinical educator who ran virtual weekly drop in 'Top Tips Tuesday' teaching sessions.

Nutrition and hydration

Staff checked if patients were eating and drinking enough to stay healthy and help with their condition. Staff gave patients advice on keeping well hydrated and types of food to eat to manage their bowel conditions. Access to direct dietician advice varied depending on the partnership service but staff commented that they could ask the GP to refer if they felt it was appropriate.

Pain relief

During consultation staff assessed and monitored patients to see if they experienced pain from their condition or appliances and gave advice on pain relief where appropriate.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. The service did not participate in national clinical audits but did collect data for patient outcomes to report to commissioners and care partners. At each Appliance Use Review (AUR) staff recorded information for value interventions for example; psychological support provided, admission avoidance, emergency ambulance avoidance. This information was collated and presented to commissioners and partners as part of the performance data. Managers and staff carried out a programme of repeated audits to check improvement over time. Managers shared and made sure staff understood information from the audits.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development. The service had comprehensive clinical competency frameworks used for staff development which had been awarded Royal College of Nursing (RCN) accreditation. Managers signed staff competencies to confirm they had been completed. This was an improvement since our last inspection. Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. The service ensured that all staff had a Disclosure and Barring Service (DBS) check prior to employment and repeated this every two years. Managers gave all new staff a full induction tailored to their role before they started work and supported staff to develop through regular monthly supervision and yearly, constructive appraisals of their work. Following the yearly appraisals, a calibration meeting was held where leaders rated the employee. At the meeting the leadership team met and discussed every employee to ensure fairness and consistency of appraisals and staff rating within a development plan. Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Managers identified poor staff performance promptly and supported staff to improve. Registered nurses were supported with their mandatory three yearly revalidation and records were kept in the human resources department.

Multidisciplinary working and coordinated care pathways

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All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies. Staff who worked across health care disciplines, and with other agencies when required, to care for patients were fully integrated into the partner organisation. Staff had co-ordinated care pathways with Coloplast specialist nurses seeing patients prior to planned surgeries and then within a week of discharge home. Telehealth staff contacted patients as part of a 'Best start' programme to check on progress and liaised with nurses when needed. We saw effective communication between nursing staff, telehealth staff and partner organisations when assessing patients, and staff attended multidisciplinary team meetings to discuss patient care. Staff liaised with colleagues in acute, community and primary care to ensure that patient needs were addressed.

Health promotion

Staff gave patients practical support and advice to lead healthier lives. Staff assessed patient's health when AURs were undertaken and nursing and telehealth staff provided support for any individual needs to live a healthier lifestyle. Staff empowered patients to manage their healthcare needs themselves and taught patients how to manage their stomas, and devices/procedures and what action to take if they encountered complications.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. Staff made sure patients consented to treatment based on all the information available. Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. When patients could not give consent, staff made decisions in their best interest, considering patients' wishes, culture and traditions. Staff clearly recorded consent in the patients' records. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005 and the Children Acts 1989 and 2004 and they knew who to contact for advice.

Are Community health services for adults caring?

Outstanding ☆

We rated caring as outstanding.

Compassionate care

Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. The interactions we saw reflected a kind, caring and individualised approach, which promoted dignity and mutual respect. Patients consistently said staff treated them well and with kindness with patients commenting that staff went 'above and beyond'. Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients. Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. Staff had to perform intimate examinations of patients and all of the patients we spoke with said that they had initially felt embarrassment at the thought of discussing their intimate needs and being examined but that the nurses and telehealth staff made them feel at ease very quickly.

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Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs. Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff supported patients who became distressed and helped them maintain their privacy and dignity. Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them and worked hard to break down barriers to discussing intimate care needs. Staff and patients commented that the nurses always had time to address their concerns and provide psychological support. Due to the intimate nature of the conditions that staff provided care for, staff felt it was imperative that patients were supported, and we heard about staff providing access to telephone support beyond normal working hours for those patients who needed it. Patients and carers, we spoke with described the support from nurses and telehealth staff as 'like a lifeline for them'.

Understanding and involvement of patients and those close to them

Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment. Staff made sure patients and those close to them understood their care and supported patients to make informed decisions about their care. Staff talked with patients, families and carers in a way they could understand. Patients and their families were actively encouraged to give feedback on the service and their treatment and staff supported them to do this. All patients and carers we spoke with said they felt listened to and that their views were respected and considered. Patients consistently gave positive feedback about the service. Staff signposted patients and their families and careers to other services including community and advocacy services where appropriate. The service had consistently high positive patient feedback of between 98% and100% for both the nursing service and the telehealth service. Patients and carers spoke of staff for whom nothing was too much trouble and who went out of their way to find solutions to problems rather than ignore them.

Are Community health services for adults responsive?

Outstanding ☆

We rated responsive as outstanding.

Planning and delivering services which meet people's needs

The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care. Managers planned and organised services, so they met the needs of the local population. The staff regularly engaged with commissioners, the local acute NHS trusts and other local independent community healthcare providers. The service also worked closely with local GP practices and other nursing services. This helped provide a joined-up approach to meet the needs of the local population. Staff were encouraged to network and develop relationships with staff in other agencies and organisations for the benefit of people using the services. This gave staff the local knowledge to signpost effectively and allowed them to guide patients towards other support services through direct contacts with statutory and voluntary agencies. We saw evidence of staff acting as patient advocates when attempts by commissioners to limit stoma appliance prescribing could have a potentially negative effect for patients.

Meeting the needs of people in vulnerable circumstances

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The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers. Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. The service provided written information in a large range of languages and staff made sure patients, loved ones and carers could get help from interpreters or signers when needed. Staff had access to communication aids to help patients become partners in their care and treatment. Staff knew how to access mental health support for patients with mental health problems, learning disabilities and dementia and we saw evidence of when this had occurred.

Access to the right care at the right time

People could access the service when they needed it and received the right care in a timely way. Staff made sure patients could access services when needed within the standard Monday to Friday normal working hours and signposted patients and carers to other services outside of these hours. Staff saw patients in their own homes and in clinics at local acute hospitals and health centres. During the pandemic the service introduced telephone and video consultations to meet patient needs. Nurses community (field) visits were planned according to patient need and urgency. The telehealth team had clinical support and advice from nurse specialists and supported patients remotely, and referred back to the nurses where appropriate. Staff ensured patients received treatment within agreed timeframes and local partner organisation targets. Staff monitored and took action to minimise missed appointments and ensured that patients who did not attend appointments were contacted. Nurse prescribers used a prescription tracking programme to identify those patients who had not ordered appliances recently.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. Patients, relatives and carers knew how to complain or raise concerns. Staff understood the policy on complaints and knew how to handle them. Managers investigated complaints and identified themes. Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. Managers shared feedback from complaints with staff and learning was used to improve the service. Complaint numbers were low and related more to delivery issues with appliances rather than to patient care.

Are Community health services for adults well-led?

Outstanding ☆

We rated well led as outstanding.

Leadership

Leaders at all levels demonstrated high levels of experience capacity and capability needed to deliver and develop the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for staff. They supported staff to develop their skills and take on more senior roles. The nursing service teams were overseen by Nurse Managers and a Clinical Lead Consumer Care oversaw the telehealth service. Overall lead was a Nurse Director with support from a Compliance Manager for governance. The leadership was effective at all levels

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with well embedded systems of development for staff to ensure the capacity, experience and knowledge for staff to provide high quality care. Leaders understood the challenges of providing care across the multiple geographic locations and partnership provider needs. Staff described leaders at all levels as inclusive, supportive and responsive to patient, staff and service needs.

Vision and strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress. The service had clear vision and values that were well understood and supported by staff, and a mission statement: 'Making life easier for people with intimate healthcare needs'. All staff we spoke with were able to describe both the mission, vision and values and felt that the service placed the patient at the centre of everything it did. There was a systematic and integrated approach to monitoring, reviewing and providing evidence of progress against the strategy and plans.

Culture

The service leaders inspired a shared purpose and strove to deliver and motivate staff to succeed. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear. There was strong collaboration, team-working and support across all functions and a common focus on improving the quality and sustainability of care and people's experiences. The organisational culture was open, trusting, caring of the employees and there was a commitment to supporting staff to deliver high quality services. Staff described a very supportive culture where everyone worked well together, and we saw this echoed in team communications. Staff reported they felt appreciated by the leadership team and senior leaders told us that they were very proud of the staff they worked with. They described them as 'passionate and amazing'. Staff we spoke with across the nursing and telehealth services were dedicated and passionate about the service they provided. Staff were loyal to the organisation and enthused by and welcomed the challenges of working in partnership with other organisations and commissioners. Staff were encouraged to develop and embrace innovation. All staff we spoke with were unanimously positive about the leadership and support and were very proud ambassadors for the organisation.

Governance

Governance arrangements were proactively reviewed and reflected best practice. A systematic approach was taken to working with partner organisations to improve care outcomes. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service. The leadership team and other levels of governance in the organisation functioned effectively and interacted with each other appropriately. Structures, processes and systems of accountability, including the governance and management of partnerships, joint working arrangements and shared services, were clearly set out, understood and effective. Staff were clear about their roles and accountabilities. The service held quarterly governance meetings where all incidents, complaints, audits, projects, staffing training, policies and teams were reviewed. An itemised actions log recorded who was responsible for actions and we saw this was reviewed at each meeting. Minutes of the governance meetings were brief, but when combined with the presented data and the action log, gave a comprehensive overview of governance of the service. The service clinical governance structure showed clear accountability and information flow both throughout the service. Governance findings were shared with team leaders for dissemination to the rest of the team.

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Managing risks, issues and performance

Leaders and teams clearly demonstrated commitment to best practice performance and risk management systems and processes. They identified and escalated relevant risks and issues and identified actions to reduce their impact quickly and openly. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care. The organisation reviewed how they functioned and ensured that staff at all levels had the skills and knowledge to use those systems and processes effectively. The service had a risk register that documented risks for the service, which was red, amber, green rated and showed evidence of risks being regularly assessed and updated. Staff collected and submitted local partnership and service 'key performance indicator' (KPI) data to show compliance with performance targets. Staff described feeling safe and well supported within the service and had suitable lone worker devices for use on field visits.

Managing information

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were submitted to external organisations as required. The service invested in innovative and best practice information systems and processes. The information used in reporting, performance management and delivering quality care was consistently seen to be accurate, valid, reliable, timely and relevant. There was a demonstrated commitment at all levels to sharing data and information proactively to drive and support internal decision making as well as system-wide working and improvement. However, some staff commented that they had several electronic information and technology systems to manage which did not always connect with each other. This was under review within the organisation.