

Hollister Ltd.

Quality Report

42 Broad Street,
Wokingham, Berkshire
RG40 1AB
Tel: 0118 989 5000
Website: N/A

Date of inspection visit: 2 February 2017
Date of publication: 06/04/2017

This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Overall summary

Hollister Limited provided a nursing service within the community specifically for patients requiring support with stoma care.

We have not rated this service because we do not currently have a legal duty to rate this type of service or the regulated activities it provides.

We inspected, but have not rated, all elements of the five key questions including whether the service was safe, effective, responsive, caring and well led.

Hollister Limited was registered in respect of:

Regulated Activity: Treatment of disease, disorder or injury.

We found the following areas of good practice:

- Hollister Ltd. demonstrated patients were at the centre of their service delivery and developments.
- Processes were followed to ensure suitable products were available to patients; and the specialist nurses demonstrated expertise in all aspects of stoma care.

- Stoma care specialist nurses had the skills, competencies and knowledge to carry out their role independently. They had an excellent understanding of the emotional impact and anxieties patients experienced.
- Mechanisms were in place for patients to access support and advice when required.
- Risks of abuse and neglect were mitigated by nurses who understood the requirements of safeguarding both for vulnerable adults and children, and who knew the safeguarding procedures in the localities they worked in.
- The service demonstrated improved outcomes for patients. The care and support provided, resulted in a reduction of hospital and GP visits and admissions.
- The nurses provided compassionate and friendly care to patients, treating them with respect and dignity.
- Hollister Ltd. had effective systems and processes that were used to monitor and support improvements in the quality of the service; and considered the views of patients and staff in the development of the service.

Summary of findings

Contents

Summary of this inspection

	Page
Our inspection team	3
Why we carried out this inspection	3
How we carried out this inspection	3
Information about Hollister Ltd.	3
The five questions we ask about services and what we found	5

Summary of this inspection

Our inspection team

Our inspection team was led by:

A Care Quality Commission inspector who was supported by a specialist advisor who was a registered community nurse.

Why we carried out this inspection

We inspected this core service as part of our comprehensive independent community health services inspection programme.

How we carried out this inspection

To get to the heart of people who use services' experience of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Before visiting, we reviewed a range of information we hold about this service and asked other organisations to share what they knew. We carried out an announced visit on 2 February 2014.

We observed how people were being cared for and talked with carers and/or family members. We reviewed treatment records of people who used services and we met with people and carers, who shared their views and experiences of the core service.

Information about Hollister Ltd.

Hollister forms part of a global company, Hollister Incorporated, which is a company that develops, manufactures, and markets healthcare products and services worldwide. The company offers advanced medical products for ostomy care, continence care; critical care; and wound care.

Hollister provides specialist nursing services and it was this service that we inspected as part of our regulatory functions. The service is based in Wokingham and has developed clinical partnerships in 16 locations throughout England. The provision of care was implemented through localised agreements with both acute and primary care service providers. The specialist stoma care nurses have established partnership agreements with NHS teams to provide ongoing support and continuity of care for patients with ostomy care needs. The nurses offered support in the community

setting through local clinics or in patients own homes. At the time of our inspection there were 20 specialist stoma care nurses employed who worked in 16 locations in England.

Before visiting, we reviewed a range of information we hold about the service and asked other organisations to share what they knew. We carried out an announced visit 2 February 2017. During the visit we spoke with a range of staff who worked within the nursing service and some who represented Hollister Incorporated. They included: the nursing director who was also the registered manager, two company nurse supervisors or nursing team leaders, and three company nurses, the sales and marketing director, the finance director and the customer services supervisor.

Summary of this inspection

We saw four patients on visits with two of the nurses and reviewed their clinical records for completeness. We also made contact with four nurses in the days following the visit to capture their views on working for Hollister Limited.

Since the commencement of the Hollister 'Secure Start' care pathway in 2013, 2700 patients have been registered, of which, 79% were aged over 60 and 33% of those were aged 76 and over. There were just over 1100 patients registered in 2016 of which less than 2% were young adults (under age 18).

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?

By safe, we mean people are protected from abuse and avoidable harm. We found that:

- There was a suitable process in place for reporting and learning from incidents.
- Staff understood their responsibilities relating to the duty of candour.
- Safeguarding procedures were in place and staff knew how to refer to safeguarding leads in the local authority.
- Staff adhered to infection prevention procedures.
- Staff maintained a high standard of clinical recording.

Are services effective?

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence. We found that:

- Staff took account of best practice guidelines and followed a proven accredited care pathway.
- Staff assessed the patient requirements for pain relief, nutrition and hydration during regular consultations.
- Service audit was in place to monitor practice outcomes.
- Staff were competent to carry out their roles and practised within a recognised competency framework.
- Staff had good access to clinical information, accepted referrals and transferred care or escalated concerns appropriately.
- Staff co-ordinated care well with their NHS colleagues..

Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect. We found that:

- Nursing staff were compassionate in their interactions with patients.
- Patients and their carers held the nurses in high regard and appreciated their domiciliary care.
- Nursing staff included patients and carers in decisions about care.
- Patients felt supported throughout their involvement with the stoma care team.

Summary of this inspection

Are services responsive?

By responsive, we mean that services are organised so that they meet people's needs. We found that:

- The service provided flexible appointments in clinics or at the patients' homes to suit the demand.
- Stoma care nurses did not discriminate against any patients.
- Nurses collaborated closely with NHS services to provide a bespoke service for the patients.

Are services well-led?

By well-led, we mean that the leadership, management and governance of the organisation assures the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture. We found that:

- Nurses were supported to achieve high clinical standards.
- The service operated an open and honest culture with high moral values.
- Leaders encouraged staff to develop their clinical skills and knowledge and share experiences.
- Robust governance processes were in place to minimise service risks.

Community health services for adults

Safe	
Effective	
Caring	
Responsive	
Well-led	

Information about the service

Information about the service

Hollister forms part of a global company, Hollister Incorporated, which is a company that develops, manufactures, and markets healthcare products and services worldwide. The company offers advanced medical products for ostomy care, continence care; critical care; and wound care.

Hollister provides specialist nursing services and it was this service that we inspected as part of our regulatory functions. The service is based in Wokingham and has developed clinical partnerships in 16 locations throughout England. The provision of care was implemented through localised agreements with both acute and primary care service providers. The specialist stoma care nurses have established partnership agreements with NHS teams to provide ongoing support and continuity of care for patients with ostomy care needs. The nurses offered support in the community setting through local clinics or in patients own homes. At the time of our inspection there were 20 specialist stoma care nurses employed who worked in 16 locations in England.

Before visiting, we reviewed a range of information we hold about the service and asked other organisations to share what they knew. We carried out an announced visit 2 February 2017. During the visit we spoke with a range of staff who worked within the nursing service and some who represented Hollister Incorporated. They included: the nursing director who was also the registered manager, two company nurse supervisors or nursing team leaders, and three company nurses, the sales and marketing director, the finance director and the customer services supervisor.

We saw four patients on visits with two of the nurses and reviewed their clinical records for completeness. We also made contact with four nurses in the days following the visit to capture their views on working for Hollister Limited.

Since the commencement of the Hollister “Secure Start” care pathway in 2013, 2700 patients have been registered, of which, 79% were aged over 60 and 33% of those were aged 76 and over. There were just over 1100 patients registered in 2016 of which less than 2% were young adults (under age 18).

Are community health services for adults safe?

Detailed findings

Safety performance

- There were no serious incidents or never events reported in the last 12 months. Never Events are serious incidents that are wholly preventable as guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers.

Incident reporting, learning and improvement

- There was a paper system in place for reporting which the director of nursing services managed. There were no incidents reported during the year prior to our visit. The manager was concerned that nurses were not reporting issues, and further to discussions with them had agreed to focus on reporting for the next quarterly full team meeting in March 2017. It was recognised that the nursing team were skilled problem solvers and were managing minor issues themselves.

Community health services for adults

- The staff we spoke with were able to describe the process of incident reporting and understood their responsibilities to report safety incidents.
- Shared learning was achieved from sharing experiences at team meetings.

Duty of Candour

- The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain notifiable safety incidents and provide reasonable support to that person.
- Nurses we spoke with understood the principles duty of candour requirements for a written apology. Although they were not able to recount any specific examples within their current roles, all nurses told us they worked with the principles of the duty in mind.

Safeguarding

- The provider training records showed that the completion rate for safeguarding adults level 2 training was 100% and 100% for safeguarding children level 2 training.
- The director of nursing services was the safeguarding lead for the organisation; nurses we spoke with were aware of this. They understood the principles, and explained that they would report to local authority social services leads as well as the company lead.
- The manager reported that staff occasionally saw a child or young adult under the age of 18. The consultation would take place with a registered nurse (child branch). These nurses were trained to level 3 in child protection.
- We saw an article written by one of the stoma care nurses "A reflection on safeguarding in practice" published in the British Journal of Nursing in August 2016 which included a patient case history.

Medicines

- Hollister had a current medicines policy in place. The director of nursing was in the process of updating this to document the limitations of the nurse prescribers, when qualified, to agreed stoma care products.
- There were no nurse prescribers on the current team but nurses were able to support and advise patients to order required products via a prescription letter to the GP.

- At the time of our inspection three of the stoma care nurses were on study courses to become nurse prescribers and each had a GP mentor to support them.
- We saw advice given with regard to patients' medication including anti-diarrhoea medicines and laxatives, and referral to the GP.

Environment and equipment

- Some of the nurses held outpatient clinics within NHS premises and most completed domiciliary visits to patients' own homes. The nurses were able to contact the patients directly and arrange a time to suit the patients. All nurses were trained in risk awareness and carried alarms.
- The nurses kept widely used products for patients in large plastic boxes in their cars such as skin care preparation wipes and spare stoma templates.
- They also kept a supply of gloves, aprons and hand gel for their personal use.
- The nurses carried a sharps box which they were able to dispose of at their GP or hospital base.
- We saw the nurses used and disposed of equipment and products with safety in mind while on community visits.

Quality of records

- Hollister introduced a new electronic record and management system during 2016. The system managers put a training program in place for the nurses, and the 'Secure Start' pathway templates were preloaded onto the system in readiness. This allowed the nurses to record details of patient care at every stage.
- At the time of our inspection there was a small number of the nursing team who were not fully trained who continued to use the paper version of the secure start record.
- The system was not reliant on internet access; staff were able to download their caseload to ensure they had access to patient records in areas with no internet connection. Nurses were able to complete care records during their working day off line, which could be synchronised when secure internet connection was available.
- We saw that paper clinical records, when used were contained securely in a lockable case in the boot of the nurses' cars while they were in the community.

Community health services for adults

- The clinical records included; pre –op assessments; returning home telephone call review forms, clinical assessment forms for every stage of the patient’s regular review including the annual review.
- We saw that records included a stoma care quality of life questionnaire and a record of interventions and advice given.
- Hollister nurses also use the Generalised Anxiety Disorder Assessment (GAD-7) and the patient health questionnaire (PHQ-9) - a multipurpose instrument for screening, diagnosing, monitoring and measuring the severity of depression.
- We saw four sets of patient records, fully completed, accurate and legible.

Cleanliness, infection control and hygiene

- Staff were provided with infection control and prevention training on an annual basis and records confirmed that 100% of staff were compliant with this training. The team leaders and the director of nursing services regularly worked with the nurses in the community and used these opportunities to ensure that staff adhered to infection prevention measures; for example, bare below the elbows and use of gloves and aprons.
- We observed that nurses carried appropriate materials for hand washing and for the disposal of sharps and waste. We witnessed good aseptic techniques, and the patients we spoke with confirmed that the nurses were stringent about washing their hands and using personal protective equipment when in attendance.

Mandatory training

- The mandatory training completion rate was 100%. The mandatory training modules included basic life support, mental capacity act, data protection, record keeping, infection prevention and control, health and safety, safeguarding adult’s level two and safeguarding children level two, complaints management, consent and incidents and near misses.

Assessing and responding to patient risk

- The nursing staff did not routinely undertake risk assessments, such as pressure ulcer risk assessments, or the malnutrition universal standardised tool with patients. One nurse told us that concerns were

discussed with either the patient’s GP or the referring acute service. Nursing staff referred patients to local community nursing service in the event of concerns relating to pressure ulcers.

- The referring professional undertook patient risk assessments as part of the referral process. The specialist nurses completed a holistic assessment of each patient at the first face-to-face appointment.
- We spoke with two members of staff about assessing patient risk. Both members of staff reported that they contacted the referrer or arranged to have the patient seen by a consultant when they had concerns.
- The nurses demonstrated the escalation criteria for the GP or consultant with regard to stoma functionality and medication, for example a necrotic stoma referred to consultant immediately.
- Part of the secure start plan included the patient health questionnaire (PHQ-9) - a multipurpose instrument for screening, diagnosing, monitoring and measuring the severity of depression, and Generalised Anxiety Disorder Assessment (GAD-7).

Staffing levels and caseload

- Recruitment took place according to service demands and when new areas required the service of Hollister stoma care nurses. At the time of our inspection there were 20 nurses working from 16 different bases around England.
- The nursing director told us that a new locality was taking on the service in the spring of 2017 and the process was underway to recruit a suitable specialist nurse.
- The nurses we spoke with had caseloads of approximately 140 patients with about 10 new referrals monthly. They told us this was manageable with team support.
- Good teamwork enabled nurses to share cases with neighbouring colleagues to cover absences or unexpected demands. The electronic management system supported easy access to diaries and clinical records.
- Staff told us that there was capacity to prioritise, for example new referrals were seen within three working days, which was within the seven day requirement.
- There was 10% staff turnover during 2016 and short term staff sickness data showed that five staff members took less than five days sick leave during the year.

Community health services for adults

Managing anticipated risks

- The company recognised the unlikely but serious risk of personal harm for nurses working alone and include this on the service risk register.
- In mitigation nurses all received annual lone worker awareness training and lone worker alarm devices.
- Team leaders told us that they regularly made a point of re-enforcing the importance of following lone worker procedures with their teams.

Are community health services for adults effective?

(for example, treatment is effective)

Detailed findings

Evidence based care and treatment

- We saw that Hollister had various clinical policies that staff accessed on the electronic management system. The policies had a review dates and referred to best practice guidance and legislation, such as that issued by the National Institute of Health and Care Excellence (NICE).
- Secure Start (the Hollister stoma care clinical pathway) provided structure around the service and was accredited by the Royal College of Nursing (RCN) Centre for Professional Accreditation for the education content, as best evidence based practice.
- The pathway was designed specifically for stoma patients and described as 'outlines the sequence and timings of actions necessary for achieving optimal patient outcomes and organisational goals regarding quality of care, costs, patient experience and efficiency.'
- The pathway contributed to the NHS framework outcomes within domains 2-5 which includes enhancing quality of life with long term conditions, helping people to recover from periods of ill health, and ensuring that people have a positive experience of care.
- We saw an article published in the British Journal of Nursing in November 2016 written by the director of nursing, "A proven pathway for stoma care: the value of the stoma care services"
- Hollister nurses present regularly at national and international conferences as acknowledged clinical experts.

Pain relief

- We saw that the nursing staff discussed pain relief with the patients when appropriate, demonstrating good knowledge. They advised patients to see their GP if over the counter products were not controlling pain.

Nutrition and hydration

- We observed the nurses giving advice to patients with regards to diet and fluid intake, and this was regularly assessed as part of the secure start pathway. The nurses told us that they were able to refer patients to the local dietitians when necessary.

Technology and telemedicine

- As part of the secure start pathway, all new referrals received a telephone call within seven days of discharge and nurses told us that this was almost always completed within three working days.
- Patient records confirmed these took place and the patient experience questionnaire responses were 93.7% of the patients (69) who responded to this question in the 2016 survey found the calls useful or very useful. 'It was good to know we had someone therefor me if I was worried'

Patient outcomes

- Hollister reported that there were no readmissions and no delayed discharges between 1 January 2016 and 1 December 2016 for the patients under their care on the secure start pathway.
- A patient satisfaction questionnaire in February 2016 showed that 89 % of patients didn't need to see a GP and 95% avoided readmission to hospital with a stoma related issue within the 1st month.
- Audits of the pathway have shown positive results; for example an audit in 2016 of 5239 visits showed that 83% of visits required clinical intervention by stoma care nurse leading to 4% reduction in district nurse visits, 2.5% reduction in hospital outpatient appointments, and 6% reduction in GP visits.
- The director of nursing told us that when the new electronic records management system was fully embedded, clinical audits would be developed with enhanced use of the system for improved data capture and running reports.

Competent staff

Community health services for adults

- All the nursing staff were registered and experienced band 7 nurses who were members of the Association of Stoma Care Nursing (ASCN).
 - All new Hollister nurses completed an induction which included a week to 10 days at the company office where they undertook the company mandatory training and learned the company ethos.
 - At the time of our inspection the nursing team was 100% compliant with the appraisal process. Team leaders carried out annual reviews with all of the nurses. Subjects covered included; infection control; complaints; incidents and near misses; record keeping and information governance, consent, overall practice feedback and adherence with the company principles.
 - Nursing revalidation was supported with use of Nursing and Midwifery Council (NMC) templates.
 - The competency framework which all the nurses followed included communication, personal and people development within the clinical setting, health safety and security, service improvement, quality, equality and diversity, assessment and care planning to meet health and well-being needs, provision of care to meet health and well-being needs, and people management. Each competency was divided into a minimum and maximum level and had a range of indicators for each.
 - We saw staff records which showed that the team leaders reviewed the frameworks for individuals at appraisal meetings and signed off competencies when they were achieved at each level. Sometimes the leaders undertook spot checks with staff to ensure the nurses were maintaining standards.
 - The team leaders undertook mid-year appraisals in June or July and then an annual appraisal in February or March each year. All the staff we spoke with found these a positive and helpful experience.
 - Hollister runs an accredited leadership course and nurses complete this for their development. All staff participate in clinical teaching and they were encouraged to carry out presentations and write articles for publication in recognised clinical journals.
 - Within the two years prior to our inspection, nurses have presented to conferences in the UK and abroad including Norway, South Africa, Australia and Iran. Hollister nurses at the 2016 stoma care conference led 50% of the presentations.
 - Nurses told us that presenting boosted their confidence and they formed many good links and exchanges following presentations, or the publication of written articles.
 - We saw a publication brochure written by one of the nurses 'Stoma Prescribing Guidelines'.
 - Two team leaders were participating in a development program for supervisors and plan to visit the USA in March 2017 to enhance their learning.
- ## **Multi-disciplinary working and coordinated care pathways**
- We spoke to three Hollister nurses about multidisciplinary working and they told us that they had regular contact with local GPs and the local hospital teams. Nurses reported that they had a close working relationship with wider clinical teams involved in the care of their patients. They gave us examples of working with community nursing teams to address needs of their patients.
 - Nurses explained how they worked in partnership with their NHS colleagues to ensure that the orders for ostomy supplies were set up and made available for newly referred patients.
 - One of the nurses completed a project; "Patient GP ostomy review" which was set up to explore the challenges of working as a guest at two GP practices and to review all the 129 ostomy patients under their care. The results showed that a stoma specialist had not reviewed 44% of the patients in 5 to 40 years and while some patients had sought advice, from a district nurse or GP, 78% of patients had between two and five problems. At the end of the project patients completed a questionnaire regarding their stoma care review experience. This achieved an 81% response rate and 72% of patients said their stoma care had improved since seeing the stoma care nurse. The stoma care nurse undertaking the project concluded that 84% of the patients needed go back to basics and required further teaching of stoma care and promotion of health and well-being.
- ## **Referral, transfer, discharge and transition**
- There were referral pathways in place with no exclusions, and referrals were sometimes self-referrals.
 - Hollister nurses received referrals via the GP practices and NHS hospital teams they worked with.

Community health services for adults

- Nurses told us that they did not discharge patients from the service and many patients maintained links for a number of years. We saw one patient who had been seen regularly since initial referral in 2009. The nurses continued to offer advice to patients even after the stoma was reversed.

Access to information

- Nurses accessed all policies and procedures through an online portal.
- The new electronic system gave staff access to patient records at GP level allowing for continuing care. The director of nursing told us the system is future proofed for improved collaboration with wider NHS teams.
- At the time of our inspection the service was in transition from a paper base to an electronic management system. There was a rolling training programme in place to ensure all nurses completed training.
- The introduction of the electronic management system gave the opportunity for the service to expand the secure start program.

Consent, Mental Capacity act and Deprivation of Liberty Safeguards

- Hollister had a consent policy in place for nurses to follow and a procedure for nurses to apply if they were caring for patients with communication difficulties.
- We saw that 100% of nurses had completed the Mental Capacity Act training in the last 12 months as part of their required mandatory training.
- We observed four consultations where nurses gained verbal consent from the patient before they provided any care or treatment. The nurses acted in accordance with the patients' wishes.

Are community health services for adults caring?

Detailed findings

Compassionate care

- Hollister had a tool in place specifically for stoma care to demonstrate the 6Cs (care, compassion, competence, communication, courage and commitment) as described in the RCN's principles of nursing practice

2010. The 6Cs are a set of values that underpin compassion in practice, a vision and strategy for care staff. Hollister nurses demonstrated their commitment to these values.

- We observed stoma care nursing interactions with four patients. We observed nurses were kind, friendly and had a good rapport with their patients, and the patients confirmed that they were always like this.
- The service encouraged all patients to complete a satisfaction survey to capture feedback. Overall satisfaction with their stoma care nurse score 100% in the 2016 survey.

Understanding and involvement of patients and those close to them

- The service involved patients in decisions about their care and treatment. Patients we spoke with told us that the nurses discussed and explained their treatment to them in detail in a manner they were able to understand. We observed verbal information given to patients in consultations to help them make decisions about their care.
- We observed that close family members were very much involved in the discussions with patients during the consultations we attended during our inspection.
- The Hollister '30 Day' survey results in February 2016 showed 100% of respondents (64) said their stoma care nurse provided helpful advice, and 100% of respondents said they could confide in their stoma care nurse.
- We saw that the nurses respected the wishes of the patient and family members for example whether care was given in the bedroom, bathroom or other areas preferred by the patient.

Emotional support

- We observed nurses providing care and advice to long term patients and newly referred patients and in both scenarios the patients and their spouses told us how invaluable the support of their stoma care nurse had been.
- It was clear from our observations that building and maintaining a good relationship with the family was a key element of the nurses' support to the patients. We saw genuine support for all aspects of the patient's needs in each consultation we attended.

Community health services for adults

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

Detailed findings

Planning and delivering services which meet people's needs

- Hollister planned services across England as required by clinical commissioning groups (CCGs) and NHS trusts. Hollister nurses accepted patients onto the secure start pathway with no exclusions.
- Nurses delivered some care in hospital outpatient clinics and in those circumstances the Hollister stoma care nurses held honorary contracts.

Equality and diversity

- Hollister did not exclude patients from services on the grounds of age, religious beliefs, disability or gender; all patients referred to them for stoma care were cared for.
- Hollister nurses followed the philosophy 'Cultural Beliefs Steps to Accountability' which was a holistic approach to their attitude for gaining the patients' respect and working with them to achieve the optimal outcome for the patients.
- We saw that booklets and leaflets were available in languages other than English for example we saw leaflets written in Polish in an area where there was a large Polish community. The nurses we spoke with told us they had access to translators for a variety of languages if they required them.

Meeting the needs of people in vulnerable circumstances

- Nurses provided domiciliary visits for patients that were unable to attend clinic appointments due to vulnerable circumstances.
- Three of the nurses we spoke with told us that they worked in collaboration with community nursing teams and GPs, to ensure that patients in vulnerable circumstances had the required assessments and care outside their scope of practice.
- Hollister produced and provided a leaflet for patients, 'Understanding Your Stoma Output Can Help Prevent

Complications' which was an easy guide using red amber and green 'zones' to help patients understand their stoma output, how to manage it, and when they should contact their stoma nurse or GP.

Access to the right care at the right time

- There was an expectation in the Secure Start pathway that the stoma care nurses make contact with new referrals within seven days of discharge from hospital. The 2016 '30 Day' questionnaire data showed that 97% of patients responding (61) were contacted within seven days. Of those 69% were contacted by the stoma nurse within three days.
- The nurses told us they sometimes met patients prior to surgery or when they were in recovery, post-surgery on the ward. In those circumstances they were able to promote independence for the patient and begin to teach the carers about stoma care which enabled effective discharge.
- Nursing staff we spoke with told us that they were able to be flexible in order to prioritise their patient contact time for those who were new referrals or those who had urgent issues they were unable to resolve.
- Regular assessments built into the secure start pathway ensured that nurses provided care according to perceived need, but patients were able to contact the service at any time in between visits if they had worries or concerns.
- Nurses planned the assessment visits to take into account the stages of recovery for example we saw that the stoma care nurse provided help and support to patients when the stoma template needed resizing.

Learning from complaints and concerns

- Hollister reported no complaints to the service during 2016.
- We saw that there was a complaints procedure in place for the patients but patients we spoke with told us that they were unable to imagine why they would need to complain as "these nurses are marvellous".
- We saw that complaints, compliments and concerns formed an agenda item at the regular team meetings, and nursing teams used this opportunity to gain any learning.

Community health services for adults

Are community health services for adults well-led?

Detailed findings

Leadership of this service

- A nurse director supported by three team leaders, who were all senior registered stoma care nurses, led the service. This team was visible to the nursing team and frequently worked alongside them.
- The nurses we spoke with confirmed that they were always able to contact team leaders and the nursing director for support.
- Nurses were motivated and enjoyed working for Hollister and they spoke highly of the support given by their senior colleagues.

Service vision and strategy

- Hollister had a core ideology with a purpose to make life more rewarding and dignified for patients; to help healthcare professionals deliver better services; and to grow and prosper as a company.
- Two of the company values were to provide unconditional customer satisfaction and to respect that their staff are unique individuals with integrity and intrinsic value.
- The Hollister 'immutable principles' were discussed and reinforced at their regular meetings and appraisals. The principles were listed as; stewardship, service, integrity and dignity of the person.
- Hollister achieved an 'Investors in People' award in 2014.
- The stoma care nursing director had written and shared a nursing strategy with the team. We saw that the views of the nursing team were sought in their team meeting notes.
- The nursing strategy set out to enhance commercial excellence while maintaining clinical integrity; develop a total value proposition that focusses on service and responsible prescribing; place nurses in partnership with the NHS in locations where there is opportunity to grow the business.

Governance, risk management and quality measurement

- We saw that Hollister had an active risk register in place at the time of our inspection; recent additions to the

register included the risks associated with the changes from paper based records to an electronic records management system, and the potential risk to service quality and safety due to the resignation of one of the team leaders in June 2016.

- The following all formed standard agenda items for quarterly nursing team meetings; risk register; serious incidents, never events and incidents; complaints, compliments and concerns; service evaluation; recruitment and retention; education and training. Minutes of meetings we reviewed confirmed discussions on these subjects took place.
- We saw that rigorous assessment of applicants took place prior to appointment; with all disclosure and barring service (DBS) records kept at the Hollister office.
- Audits were carried out to assess the service impact on care and we were told how the new electronic management system would support improved data management to enhance the quality of auditing.

Culture within this service

- All staff we spoke with agreed that they felt valued. In addition, they also reported that there was an open door policy with all senior staff to raise any concerns. All members of staff we spoke with were passionate about their jobs and providing high quality patient centred care.
- We saw supportive practice, positive team morale and learning and development was encouraged and supported with publishing and presenting opportunities evident.

Public engagement

- The nursing team worked across a range of hospital and community settings and had established links with local patient representatives. The provider gave us examples of patient support groups and patient advocates, which were located around the NHS trust providers.
- We saw that Hollister sought patient feedback by means of regular patient satisfaction surveys. The surveys were varied to gain feedback on different aspects of the service and all the results returned positive results with a high level of satisfaction.

Staff engagement

Community health services for adults

- Hollister undertook a staff survey every 2-3 years. The results in 2015 included many positive results across the spectrum of topics in particular around being part of a team and personal growth and development.
- There was a staff recognition tool in place and for example, staff receive cards from the director of nursing for acknowledgement for good practice; we saw “just wanted to thank you for sharing your opinion and speaking up about the nursing strategy” and “just wanted to let you know you were nominated for nurse of the year”
- We saw that teams met up every couple of months for sharing experiences, stories and best practice. They review challenging situations together and some of the nurses took up the option of 1:1 clinical supervision.
- The company awarded a nurse of the year prize and we saw that the 2016 award was given to a nurse who had received excellent patient feedback, published articles in 2016, wrote four case studies and presented at the Hollister Stoma Care Nursing conference.
- The Hollister Symposium for stoma care nurses included 16 presentations on a variety of clinical topics. The symposium was organised by a small committee which included a couple of the practising nursing team. There were international key note speakers and prizes given for the best presentation. The team received lots of positive feedback from the attendees “Great meeting really amazing work from Hollister nurses”, “I thought this was a very professional day”, “One of the most interesting days I’ve had”.

Innovation, improvement and sustainability

- The secure start pathway was a proven positive experience for patients with successful clinical outcomes.
- National and international presentations ensure that the Hollister nurses continue to be recognised as leading exponents of quality stoma care.
- Data capture capability within the new electronic management system will enable improved monitoring and audit of practise.