Baywater Healthcare UK Limited

Wulvern House

Inspection report

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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	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

We have not inspected this service before. We rated it as good because: it was safe, effective, caring, responsive and well led.

- 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, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- 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:

- The provider did not monitor compliance with the Mental Capacity Act 2005.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Community health services for adults	Good	We have not inspected this service before. We rated it as good because: it was safe, effective, caring, responsive and well led. • 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, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers. • The service planned care to meet patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment. • 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:

Summary of findings

- The provider did not monitor compliance with the Mental Capacity Act 2005.

Summary of findings

Contents

Summary of this inspection

Background to Wulvern House

Wulvern House provided services to patients with long-term respiratory conditions. The services included home oxygen therapy, sleep diagnostics, continuous positive airway pressure, telehealth through remote monitoring, ventilation therapy, nebuliser therapy and recovery oxygen. All services were contracted by NHS providers.

The service received referrals from health professionals in NHS services for patients who may need to use oxygen. The service assessed referred patients for oxygen use at home, ordered oxygen, provided support and carried out reviews.

Services were provided in people's homes, through a call centre and at clinics in GP practices, health centres and other NHS premises.

The service has been registered with the Care Quality Commission since February 2014 and is registered to provide the following regulated activities:

- Diagnostic and screening procedures
- Transport services, triage and medical advice provided remotely
- Treatment of disease, disorder, or injury

The service has a registered manager.

We have not inspected this service before.

How we carried out this inspection

The team that inspected the service included two CQC inspectors and a nurse specialist advisor.

During the inspection, we:

- observed a clinic and patient appointments
- observed the call centre
- looked at six patient records
- spoke with seven people who were using the service
- spoke with the registered manager
- spoke with the chief executive officer
- spoke with the quality improvement lead
- spoke with eight staff members including nurses, team leaders and advisors.
- requested feedback from NHS commissioners of the service

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Summary of this inspection

Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. Action a provider 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 monitoring compliance with the Mental Capacity Act 2005.

Our findings

Overview of ratings

Our ratings for this location are:

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

Good

Community health services for adults

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

Are Community health services for adults safe?

Good

We have not inspected this service before. We rated it as good.

Mandatory Training

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

Staff received and kept up-to-date with their mandatory training. The mandatory training was comprehensive and met the needs of patients and staff. It included, for example, training in attitudes and behaviour, compassion in practice, bullying and harassment, conflict resolution and infection control.

Managers monitored mandatory training and alerted staff when they needed to update their training. Overall compliance with mandatory training was 98%.

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.

Nursing staff received training specific for their role on how to recognise and report abuse. All staff had completed annual safeguarding training at level two for both adults and children, and staff with lead safeguarding responsibilities had also completed level three.

The provider had a safeguarding policy that offered guidance for staff. The registered manager at the service was the safeguarding lead.

Good

Community health services for adults

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Mandatory training included equality and diversity training, which all staff had completed. The provider used a digital inclusion tool to ensure their online information was accessible and practical to use for all groups. They carried out equality impact assessments on policies and activities that affected patients, and they were developing materials to use with patients and carers living with learning difficulties and autism.

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. They gave examples of safeguarding concerns they had raised, and the provider ensured staff were also aware of national patient safety alerts.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. Staff kept equipment and their work area visibly clean.

The service generally performed well for cleanliness. We saw that cleaning records were up-to-date and demonstrated that all areas were cleaned regularly.

Staff followed infection control principles including the use of personal protective equipment (PPE). Patients we spoke with told us that staff always followed infection control procedures when they visited, including using PPE such as aprons, masks and shoe covers, and washing their hands.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. We saw examples of cleaned equipment at the clinic we visited.

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.

Staff carried out regular safety checks of specialist equipment. We saw records that confirmed this. The service had enough suitable equipment to help them to safely care for patients and had access to suitable facilities to meet the needs of patients' and their families. The premises we visited were accessible.

Staff disposed of clinical waste safely. They told us how they disposed of clinical waste when visiting patients in their homes.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.

Staff used a nationally recognised tool to identify deteriorating patients and escalated them appropriately. They completed risk assessments for each new patient and reviewed this regularly, including after any incident. Staff knew

about and dealt with any specific risk issues. They completed initial risk assessments within two days of referral prior to ordering oxygen, then again after four weeks, six months and annually, or whenever need indicated re-assessment at any other time. This is in accordance with British Thoracic Society (BTS) guidelines. The risk assessment included concerns such as smoking, fire risk, falls, risk of repiratory failure, safeguarding and mental capacity. It also considered the equipment being used, any other existing health conditions, medicines and allergies. Patients and their families were given a self-management plan for guidance.

Staff shared key information to keep patients safe when handing over their care to others. After each appointment, they shared relevant information with other services involved with the patient's care, such as GPs or other health professionals. The telehealth service took oxygen level readings remotely and sent them to other relevant health professionals.

Staffing

The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.

The service had enough staff to keep patients safe. The number of staff matched the planned numbers. Roles included specialist nurses, healthcare assistants, healthcare technicians and physiology staff. They were supported by administrators and managers.

The service had low vacancy and turnover rates. No staff had left the service in the 12 months before this inspection.

The service had low sickness rates. Sickness in the 12 months before this inspection was 1%.

The service had not used bank or agency nurses in the 12 months before this inspection.

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.

Staff used tablets and records were stored securely on an electronic system. Patient notes were comprehensive and relevant staff could access them easily.

The provider carried out annual audits of care record audits, and recorded the findings and any actions needed.

Medicines

The service used systems and processes to safely order oxygen. They did not prescribe any other medicines.

Staff followed systems and processes to order oxygen safely. They completed oxygen records accurately and kept them up-to-date, and they stored and managed all oxygen and documents safely. The provider ensured staff were competent to order oxygen in accordance with BTS guidelines. Competency included assessment of blood gas levels in health and disease, understanding normal ranges for oxygen saturation and variations, for example, during sleep.

Good

Community health services for adults

The Department of Health permits oxygen supplied in the community to be ordered via a 'home oxygen order form' (HOOF), a 'home oxygen consent form' (HOCF) and a completed safety assessment called an 'initial home oxygen risk mitigation form' (IHORM). No prescription is required.

Staff reviewed each patient's oxygen regularly and provided advice to patients and carers, following national best practice. They carried out regular assessments in accordance with BTS guidelines, to ensure the oxygen was effective.

Staff learned from safety alerts and incidents to improve practice. The provider reviewed NHS safety alerts regularly.

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.

All staff knew what incidents to report and how to report them. They raised concerns and reported incidents and near misses in line with provider policy. Incidents were reported via an electronic system. All staff were able to report and they described the types of incidents they would report. We were told about some examples of reported incidents.

The service had no never events in the 12 months before this inspection.

Staff understood the duty of candour. There was a policy that provided guidance for staff, and we saw the duty of candour applied in investigation reports.

Staff received feedback from investigation of incidents, both internal and external to the service. They met to discuss the feedback and look at improvements to patient care. Managers shared learning with their staff about never events that happened elsewhere. Managers debriefed and supported staff after any serious incident. There were no serious incidents in the 12 months before this inspection. However, there were established processes for debrief and support.

Learning was shared through team meetings, reflective practice sessions, supervision, updates to policies and procedures, and 'red border' reports disseminated to all staff that explained what had happened, described what should have happened and changes being made as a result. Learning was also shared externally where appropriate, with NHS stakeholders.

There was evidence that changes had been made as a result of feedback. For example, the provider made changes to identify patients who had changed GP practices into a different location, which allowed staff to identify new patients to their service on clinical review.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations. We saw examples of investigations that had been carried out.

Good

Community health services for adults

Are Community health services for adults effective?

Good

We have not inspected this service before. We rated it as good.

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 up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Care and treatment was based on national guidance from the British Thoracic Society (BTS), which is accredited by the National Institute for Health and Care Excellence (NICE). Managers checked that the care and treatment staff provided followed the guidance.

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 participated in relevant national clinical audits, such as the NHS England Chronic obstructive pulmonary disease audit.

Outcomes for patients were positive, consistent and met expectations, such as national standards. Ninety four per cent of patients had expressed satisfaction with the service they received.

The provider had developed a three year patient involvement strategy that set out their commitment to improving patients' experience and that of their families and carers. The strategy described the steps they were taking to achieve that, such as working with patients to plan the future service, developing easy read literature and promoting the patient participation group and patient forum.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. Managers shared and made sure staff understood information from the audits at team meetings, and they used it to improve care and treatment. The electronic patient management system recorded information from quality questions that formed part of the assessment process, focused on outcomes essential to patient experience, such as physical activity, mental well-being, relationships, socialisation, personal development, and fulfilment. Two five-point scales categorised how important topics were to the patient and whether their needs had been met. The questions also enabled discussion, depression scoring, referral to partners such as GPs, mental health services, signposting to social groups in the local community, befriending services and provision of portable oxygen equipment meeting individual lifestyle needs, including going to work, college or university.

Outcomes were reviewed and audited, enabling managers to improve service provision based on patient expectations and needs. For example, this had led to review of document control, processes, algorithms, staff competency, and training and coaching. Mental capacity assessment had been included in risk assessment.

The service held several accreditations, such as Investors in People, and was a Disability Confident Committed employer and a local authority social value organisation. They also held British Standards Institution accreditation in information security management and quality management.

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.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Managers gave all new staff a full induction tailored to their role before they started work. There were training plans that included induction for new staff in different fields. All staff had a training passport that included a regular review of their competencies and details of all training completed. Staff development included coaching and mentoring, external training and apprenticeships in, for example, health care, leadership, coaching and bid writing.

Managers supported staff to develop through regular, constructive appraisal and clinical supervision of their work. Staff had the opportunity to discuss and identify training needs with their line manager and were supported to develop their skills and knowledge, including any specialist training for their role. Staff told us they had regular one-to-one meetings with their managers, where they could discuss training needs and plan their objectives. They told us they felt supported to progress, build on their skills and knowledge and improve their performance. In addition to clinical supervision, staff also participated in reflective practice meetings where they discussed how issues had been dealt with and what could have been done differently.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. Full meetings of all the teams were held every month.

Managers identified poor staff performance promptly and supported staff to improve. Areas for improvement were identified through regular supervision. Where improvement was not sufficient, the was a performance management process that provided guidance for managers.

Multidisciplinary working

Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. We saw notes from multidisciplinary meetings that included detailed discussion of each patient's condition, needs and risks, including safety concerns. The team developed a plan to address the issues discussed and the patient was involved in decision making. Other health services, such as GPs, were involved where needed to meet the patient's needs.

Health promotion

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

The service had relevant information promoting healthy lifestyles, such as smoking cessation and nicotine replacement. There were leaflets available that offered information, such as infection prevention and how oxygen helped the body to work.

Good

Community health services for adults

Staff assessed each patient's health when admitted and provided support for any individual needs to live a healthier lifestyle. They supported patients to manage their condition and keep their independence.

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 understood how and when to assess whether a patient had the capacity to make decisions about their care. They made sure patients consented to treatment based on all the information available and they clearly recorded consent in the patients' records. There was guidance for staff within the safeguarding training and policy. Staff carried out capacity assessments as part of their assessments prior to ordering oxygen. They monitored and documented patients' mental capacity. They escalated any concerns to the patient's GP, and they made referrals for capacity assessments when capacity was uncertain or fluctuated.

However, managers did not monitor how well staff complied with the Mental Capacity Act.

Are Community health services for adults caring?

Good

We have not inspected this service before. We rated it as good.

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. All staff completed training in compassion in practice and customer service skills, such as dealing with people who felt angry and active listening. We observed one clinic session where we saw staff interacting with patients respectfully and kindly. Staff introduced themselves and explained their role, and they took time to understand the patient's needs and to explain their treatment clearly.

Patients said staff treated them well and with kindness. The patients we spoke with told us they were pleased with the care they received. They told us that staff were always respectful and polite. They said that staff went above what was expected and that they went out of their way to help them. For example, two patients told us how staff had liaised with their doctor for them to help them resolve issues.

Staff followed policy to keep patient care and treatment confidential. There were policies that provided guidance for staff in confidentiality and protecting and sharing patients' information.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. All staff had completed training on equality, diversity and human rights.

Good

Community health services for adults

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 provided a range of support, including referrals to other organisations and support for patients' families and carers.

Staff demonstrated empathy when having difficult conversations. They understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. Training for staff included examples of patient and carer experiences, to improve awareness about the experiences of living with long-term conditions and develop empathy.

Patients we spoke with told us how staff supported them with information about how using oxygen equipment could affect their day-to-day lives.

There was a patient participation group and patient forum where support was offered.

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 treatment. Staff supported patients to make informed decisions about their care. The provider made a range of information available about treatments. Staff were well-informed and explained to patients in ways that made the information easy to understand. Information was available on the service website, and the provider also had information about financial support due to the costs of using oxygen at home.

The patients we spoke with told us who they would get in touch with if they had concerns. They said staff responded quickly and gave them information that they could understand easily.

Information about the service was also disseminated to patients via an e-newsletter and the provider's Sunshine magazine.

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. Staff used clear language when they were speaking with patients, and they took steps to ensure the patient had understood what they said. The provider used a digital inclusion tool to ensure their online information was accessible and practical to use for all groups, and there were easy read leaflets available.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Patients gave positive feedback about the service. The provider sent a digital survey to 10% of their patients every day. We saw survey results that showed 94% of patients were satisfied with the service they received. The provider had considered the points that did not meet patients' expectations and taken steps to address those concerns. For example, they had introduced additional training, with the aim of improving understanding of patients' clinical needs and to communicate and handle challenges more positively and effectively.

Good

Community health services for adults

Are Community health services for adults responsive?

Good

We have not inspected this service before. We rated it as good.

Service planning and delivery to meet the needs of the local people

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 changing needs of the local population. There was a patient participation group and patient forum that met with managers and shared experiences and information.

Facilities and premises were appropriate for the services being delivered. Most appointments were facilitated via home visits, and staff also ran clinics in local health centres.

The service had systems to help care for patients in need of additional support or specialist intervention. Patients told us they could contact the nurses for support if they needed to. Some of them described instances where they had received extra support when they needed it. The provider also operated a helpline that patients could contact.

Managers monitored and took action to minimise missed appointments. Managers ensured that patients who did not attend appointments were contacted. The provider monitored appointments. Staff would text patients to remind them about their appointments. There were processes for staff to escalate missed appointments or patients who did not engage so that they could be contacted and offered appropriate support, such as reassuring them and calming any fears they may have. There was a policy that provided guidance for staff.

Meeting people's individual needs

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 provider had easy read documents and information available for patients who needed it. They were developing audio and video materials that showed, for example, how to clean and adjust different types of equipment.

The service had information leaflets available in languages spoken by the patients and local community. Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. The provider used a digital inclusion tool to ensure their online information was accessible and practical to use for all groups, and staff had access to interpretation and translation services. There was an equality and diversity policy that provided guidance for staff. The provider carried out equality impact assessments on policies and activities that affected patients. Staff identified these needs during the initial assessment.

Good

Community health services for adults

Access and flow

People could access the service when they needed it and received the right care in a timely way.

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes. The provider was complaint with key performance indicators. Standard referrals were seen within five days. Urgent referrals were seen within two days. There were no waiting lists.

Managers worked to keep the number of cancelled appointments to a minimum. Staff sickness was managed within the team and appointments covered, to lessen any impact on patients' needs as far as possible. If any appointments had to be cancelled, they were rearranged quickly.

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. The service included patients in the investigation of their complaint.

Patients, relatives and carers knew how to complain or raise concerns. Some people we spoke with told us they had raised concerns and they had been dealt with efficiently and effectively.

The service clearly displayed information about how to raise a concern. There was information on the provider's website, and a patients' charter that explained what patients could expect from the service and how they could be involved in shaping the service.

Staff understood the policy on complaints and knew how to acknowledge and handle them. They told us what they would do if a patient raised a concern or complaint with them.

Managers investigated complaints and identified themes. Patients received feedback from managers after the investigation into their complaint. We saw examples of complaints that managers had looked into, the lessons learned and what action they took to address the concerns, such as a revised process for checking devices when servicing them in people's homes. The examples we saw included feedback to patients about the manager's findings when they had looked into issues raised.

Managers shared feedback from complaints with staff and learning was used to improve the service. Staff could give examples of how they used patient feedback to improve daily practice. We saw notes from meetings with staff and managers where they shared feedback about complaints and concerns raised, including trends, learning and action taken. Managers encouraged staff to see complaints as positive and to be learned from.

Are Community health services for adults well-led?

Good

We have not inspected this service before. We rated it as good.

Good

Community health services for adults

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

Staff knew who the senior managers were and had access to an electronic organisational structure chart. They said the leadership team was open and approachable and they felt well supported.

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 vision and strategy had established a recognised culture across the service. The five values, which were:

- customer focus
- always be caring
- growth
- lead the way and
- make it happen

were visible in all the provider's locations, for example as screensavers and on stationery that staff used, and communicated via the provider's internal social media platform. The social media platform was used to acknowledge values based performance through a rewards programme that recognised individual behaviours aligned to the values, and to deliver messages from the leadership team about the vision and values.

Culture

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.

Staff told us that managers listened to their views and they felt respected. They had a range of opportunities to raise concerns, such as one-to-one meetings with managers, team meetings, an employee forum and human resource procedures. There were mental health first aiders who had links with services that could provide assistance, and the provider offered other employee benefits such as a health insurance plan.

Staff described how they were involved in developing the services they were part of through an ideas and innovations scheme. Some were champions in different fields, such as safeguarding and diversity and inclusion, and some were trained in audit processes. The roles included involvement in organisational decisions.

The chief officer did a live chat on the internal social media platform every week to update staff on developments in the service.

Staff said they had not seen any bullying or harassment in the service. There was an attitudes and behaviour policy that provided guidance.

Governance

Leaders operated effective governance processes, throughout the service and with partner organisations. 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.

There were monthly governance meetings that reviewed all service issues, including quality, competencies and performance.

The provider monitored the service to ensure that outcomes met care pathways and expectations. They used key performance indicators to measure achievement, such as the numbers of patients in the service, numbers of complaints or concerns raised, numbers of staff trained in safeguarding and times taken to respond to telephone calls from patients.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

There was a business continuity policy and a crisis management plan that set out clear response strategies, led by a named crisis management team.

The governance team met every month. They reviewed risks across the service every quarter and the risk register was updated accordingly.

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, and to make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

The provider used systems that maintained confidentiality. Data and records were protected and all staff had followed a log in process to gain access. There was a data protection policy that provided guidance for staff. They also received training in data protection, and there was a data protection officer with responsibility for compliance within the service.

The registered manager was also the Caldicott Guardian and was responsible for protecting the confidentiality of people's health and care information and making sure it was used properly.

Engagement

Good

Community health services for adults

Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

Managers planned the services so patients' needs were met. There was a patient participation group and patient forum that shared their knowledge and experience with managers.

There was a three year patient involvement plan that set out the provider's commitment to improving patients' experiences and those of their families and carers. It set out the process for realising that, such as working with patients to plan the future service, developing easy read literature and promoting the patient participation group and patient forum.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

The provider improved services through a culture of learning from incidents and achievements, and encouraging training and innovation. Managers shared learning and used it to inform improvement. Any initiatives introduced were audited within three months for effectiveness.

Staff gathered patients views and considered points that needed to be addressed. Patients were involved in addressing issues, via the patient participation group and the patient forum.

The provider was involved in local and national NHS research projects, such as NHS data collection to baseline community services, telehealth research for learning disabilities benefits in care homes, and learning disabilities improvement in communications.

During the COVID pandemic, in collaboration with a clinical commissioning group (now integrated care boards), the provider set up a virtual ward to support people who tested positive for COVID-19 in their own homes. Patients were monitored through pulse oximeter readings and the information recorded was used to offer specialist support towards patients making a full recovery after being diagnosed with COVID-19, to support the NHS with the pressures faced during the pandemic. As a result of this work, the provider was selected as a finalist for the Academic Health Science Networks Awards in the category 'Outstanding Collaboration with Industry'.