

Ashfield Healthcare Limited

Ashfield House - Ashby-de-la-Zouch

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

Ashfield House is run by Ashfield Healthcare and will be referred to as this throughout this report.

Ashfield Healthcare was rated good for this inspection.

Our rating of this service was good because:

- The service had enough staff to care for patients and keep them safe. Ashfield Healthcare recruits and employs qualified nurses to deliver specialist nursing care and treatments countrywide. Staff had the knowledge, expertise and training in key clinical skills. Staff complete mandatory training modules as part their induction programme and this is signed off through competency assessments.
- Staff understood how to protect patients from abuse, and managed safety well. All staff received safeguarding training and understood the organisations' policy. Staff we spoke to knew how to raise a safeguarding concern if necessary. Safety information was used to improve the service.
- The service-controlled infection risk well with all nurses adhering to the national guidelines. All nurses had been supplied with personal protective equipment before carrying out a visit and there were no concerns with the supplies.
- Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. 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 to patients and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, Nurses supported patients 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. Staff we observed and spoke to showed kindness and respect to patients. Staff provided emotional support to patients, families, and carers.
- The service planned care to meet the needs of the local people, took account of 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 on referral to the service.
- 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. Staff were committed to improving services to ensure patients received the best possible care.

Summary of findings

Our judgements about each of the main services

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

Summary of findings

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Summary of this inspection

Background to Ashfield House - Ashby-de-la-Zouch

Ashfield Healthcare Limited is a countrywide service providing specialised nurses and clinical nursing services to the National Health Service (NHS), independent hospitals, primary medical services, and care homes.

Ashfield Healthcare offers patients the flexibility of receiving treatments, including injections and infusions at home. It provides a nursing service and education service that can be provided within a patient's home. Ashfield Healthcare Limited is commissioned to deliver a range of health care programmes to people in their own homes or remotely (via telephone) only one of which is regulated by the Care Quality Commission.

Ashfield Healthcare recruits and employs qualified nurses to deliver the specialist nursing care and treatments countrywide. Nurses administer medicines and train patients to self-administer medicines in their own homes as and when needed.

Clinical nurse support services and patient support services offers patients the flexibility of receiving treatments, including injections and infusions at home. Additional telephone

Support is provided. Qualified nurses administer medicines, assess patients clinically and monitor each patient for potential side effects or adverse reactions of any treatments.

Nurses also train patients to self-administer medicines in their own homes as and when needed.

The Care Quality Commission do not regulate all the services Ashfield Healthcare offers, as some of these are governed by different bodies. These services consist of pharmacy support services (prescription registration and management; dispensing; delivery and waste collection) and specialty wholesale of medicines, which consists of stock management, storage, distribution, and reporting.

Ashfield Healthcare have a team of nurses who work across the UK. Ashfield Healthcare was first registered with the CQC on 1 October 2010. The head office is located in Ashby De La Zouch, Leicestershire.

The service has a registered manager

It is registered to provide the following regulated activity:

- Treatment of disease, disorder or injury

How we carried out this inspection

A team of two inspectors visited the service. There was a specialist nurse advisor who telephoned and interviewed patients and staff. During the inspection, the team:

- took a tour of facilities at the head office.
- accompanied a nurse on a visit to the home of a patient.

Summary of this inspection

- spoke with 9 patients who were using the service.
- spoke with 15 staff at the service, including; nurse advisors, the quality and compliance generalist, divisional leads, project directors, the homecare operational manager and the Human Resources (HR) director.
- reviewed 14 care records in total.
- looked at a sample review of incidents, complaints, and safeguarding.
- looked at a range of policies, procedures and other documents related to the running of the service.

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

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 rated safe as good.

Mandatory Training

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

Nursing staff received and kept up-to-date with their mandatory training. The service used an electronic system to record and flag outstanding training to staff. All staff received mandatory training and kept up to date with this. The current compliance for mandatory training for staff was 100%. Training compliance was monitored by the line manager.

The mandatory training was comprehensive and met the needs of patients and staff. This included basic life support, anaphylaxis management, manual handling, diversity, equality, and inclusion, safeguarding, whistleblowing and data protection.

Managers monitored mandatory training and alerted staff when they needed to update their training. Staff told us if there were new drugs or new equipment. they would get training from external providers which meant they understood how to administer it or use it.

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.

Staff received training specific for their role on how to recognise and report abuse. All nursing staff received level 3 training in line with national guidance. Training compliance for safeguarding adults and children was 100%.

Staff knew how to recognise adults and children at risk of or suffering 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. Staff were also aware of when safeguarding concerns needed to be reported to the CQC.

Community health services for adults

Staff received training specific for their role and knew how to recognise and report abuse. Staff told us they were encouraged and supported to raise concerns.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Ashfield Healthcare had an equal opportunities policy and online mandatory training for staff.

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.

Nurses who did home visits cleaned equipment, such as thermometers after each use and wore appropriate personal protective equipment (PPE). We observed this during a home visit. Patients we spoke with also confirmed this.

Staff adhered to infection prevention and control precautions (IPC) national guidance. Ashfield Healthcare had protocols in place before visits such as Covid checks for staff and patients and clinical waste disposal guidelines.

Infection prevention and control was part of mandatory training. All permanent staff had completed this.

Environment and equipment

Staff managed clinical waste well. When providing care in patients' homes staff took precautions and actions to protect themselves and patients.

Ashfield Healthcare had processes in place to ensure that equipment provided was safe and in full working order. Staff undertook monthly audits of equipment and managers checked the condition of equipment and made sure it was calibrated regularly.

The service had enough suitable equipment to help them to safely care for patients. Patients we spoke to confirmed equipment used was clean and helped with their care.

Staff disposed of clinical waste safely. We observed staff follow IPC procedures to dispose of clinical waste. Sharp bins were used to dispose clinical waste and arrangements were made for the pharma company to collect the bins directly from the patients' home.

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.

When patients were referred to Ashfield Healthcare, they made sure all information related to a patient's risk was included. Staff completed a home environment and patient suitability assessment before accepting the patient, to ensure that the service could safely provide the care required. All care records we reviewed had these completed.

Community health services for adults

The assessment included a range of information for example, history of aggression, and if they were a smoker. The risk assessment tool used by nurses was an in-house model. Staff updated clinical records if there were any changes to risk and completed incident forms when necessary.

Staff identified and acted upon patients at risk of physical deterioration. Staff told us that if they were concerned about a patient, they would contact the patient's GP or the patient's allocated healthcare specialist. Staff identified allocated healthcare professionals who were involved in the patient's care during the referral process. If a nurse witnessed an urgent deterioration, staff would call emergency services.

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.

The service had enough nurses to support visits across the country and resource planning was used to calculate nurses' workloads. During the inspection there were 8 qualified nurses as part of the home treatment team to include nurse managers, nurse advisors and phlebotomists (people who are trained to take blood from a patient and send them off for analysis and testing).

Nurses are all Registered with the Nursing Midwifery Council (NMC) and are employed for each contract with the relevant specialist qualifications and experience which are identified by Ashfield Healthcare (provides nursing and non-nursing staff to undertake programmes for the NHS).

Ashfield Healthcare supplied nursing staff qualified to meet the patients' needs safely.

All staff had their qualifications and registration checked through the company's recruitment process.

Turnover rate was 26.9% for the Patient Solutions Team and the absence rate was 3.09 days over the year which was below the national average of 4.09 days.

Managers limited their use of bank and agency staff, however if they were used all staff received a thorough induction and understood the service.

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.

Nurses had laptops to record and input each patient visit update. Any handwritten forms were uploaded onto the system promptly.

During the inspection we reviewed 14 visit records. It was clear from evidence we saw that staff monitor patient's physical health, information on allergies and obtain and gain consent for treatment. We saw evidence of individual risk assessments.

Community health services for adults

All staff had completed data protection and GDPR (General Data Protection Regulation) privacy notice as part of their mandatory training.

Medicines

The service used systems and processes to safely prescribe, administer, record and store medicines.

Staff followed systems and processes to administer medicines safely. We saw nurses ensuring medicines were administered or training provided to patients and their carers safely.

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines. Medicines were prescribed by medical staff, once ordered they were delivered straight to patient's home. Nurses would double check the prescription against the medicines delivered. This reduced the likelihood of any medication errors occurring.

Staff stored and managed all medicines and prescribing documents safely. Staff told us there had never been an incident when the incorrect medicine was delivered to a patient although there had been occasional delays in medicines being received from the delivering company.

Staff followed national practice to check patients had the correct medicines. The service had systems in place to ensure staff knew about safety alerts and incidents, so that patients received all medicines safely. Staff learned from safety alerts and incidents to improve practice.

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.

Staff knew what incidents to report and how to report them. Staff we spoke to gave examples of incidents which they were required to report and were familiar with the electronic reporting system. Senior staff analysed all incidents monthly across different departments to review any themes and identify areas of risk.

Staff met to discuss the feedback and looked for areas for improvement. Senior staff discussed this information during monthly compliance meetings, quarterly patient safety meetings and clinical governance meetings. Nursing managers shared relevant information to nurses and fed back during team meetings, through supervision or general catch-up calls.

We reviewed 10 incidents across the service. We found accurate reporting and follow up actions. We found incidents were investigated and root causes identified. Staff recorded all findings in an incident log and lessons shared in staff meetings.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation when things went wrong. All staff undertook duty of candour training as part of their induction.

Community health services for adults

The service had not had any never events or serious incidents. Ashfield Healthcare had a policy in place which clearly identified what staff should do if such incidents occurred. Staff were aware of this policy. There were processes in place to support staff following any serious incidents, which included a de-brief and additional support if needed.

Are Community health services for adults effective?

Good 

We rated effective as good.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice.

Staff provided a range of care and treatments suitable for the patients in the service. Nursing staff delivered care in line with best practice and national guidance, such as the National Institute for Health and Care Excellence (NICE).

Managers and staff carried out regular audits to review quality and patient outcomes. Examples of monthly audits staff undertook included medical equipment audits, clinical evaluation form audits (quality of these and time taken to submit to healthcare providers) and cannulation (insertion of a tube into a vein) attempts audit. The Clinical Governance and Quality team meetings facilitated the sharing of audit outcomes to enable learning across the service.

Patients had support for their physical health needs from their GP or community services. However, nursing staff could and did act when patient's physical health deteriorated. Staff informed the patients GP of any interventions and recommendations.

Staff used technology to support patients. The head office had a full electronic monitoring and computing equipment to deal with and log calls from patients. Managers had supplied the nursing team with laptops to enable access to patient records when required.

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.

Managers made sure staff had the right skills, qualifications, and experience to meet the needs of the patients in their care. Every new staff member received a full induction to the service before they started work. Staff we spoke with told us that induction was comprehensive. All staff had induction booklets and mandatory online training which they completed.

Nursing staff could shadow nurses before working independently. Staff completed mandatory training. Senior nurses or nurse managers assessed clinical competencies in different areas, such as cannulation, venepuncture (taking blood) and administrations of medicines to include intravenous (injections into a vein) subcutaneous (under the skin), and administration of specific prescribed infusions.

Community health services for adults

Managers supported staff to develop through yearly, constructive appraisals of their work. Appraisals and performance and development reviews occurred every 6-8 weeks to discuss goals and professional development.

Staff had the opportunity to discuss challenges, achievements, feedback as well as learning and development and future career aspirations. All permanent staff had received an appraisal.

Staff reported having monthly clinical supervision and line management supervision every three months and this was recorded.

Staff stated that audits are carried out by quality department and any lessons shared during monthly managers meetings and to frontline staff through team meetings and emails.

Managers we interviewed talked about ongoing recruitment, and the importance of finding nurses with the right attitude and values as well as skills and experience to join the team. Staff told us there were opportunities for development. For example, a manager told us they had started as a nurse and had been promoted to a team manager.

Staff had the opportunity to discuss training needs, including specialist training, with their line manager and were supported to develop their skills and knowledge. Staff told us they could discuss training needs in their one to one supervision meeting, and they could access specialist training. Some of it was online and other training facilitated by external people.

Managers recognised staff poor performance and worked with the human resources department if needed.

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 made sure they shared clear information about patients and any changes in their care. Staff used electronic recording systems and ensured that patients records were available to GPs and other healthcare professionals involved in their patients' care.

Staff had effective working relationships with other teams in the organisation. The staff worked together closely and with a strong team work ethic to get good outcomes for patients. During the inspection, we saw how each part of the service worked well together, which meant each patient had their needs met in a timely and safe way.

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.

All staff completed Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) training as part of their induction.

Community health services for adults

All staff we spoke understood the importance of gaining a patient consent before any treatment or interventions given. Patient consent was also sought upon referral to the service by their GP or healthcare professional, which was recorded. Nursing staff explained to patients that they could withdraw their consent at any time.

All patients reported that the treatment plan was started promptly.

The service had a policy around consent and the Mental Capacity Act which offered guidance for staff. Nurses we spoke to said they would contact the patients' GP or relevant healthcare professional if they felt that the capacity of a patient had changed.

Are Community health services for adults caring?

Good 

We rated caring 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. Patients told us that the nurses did not rush and took time to interact with them during their visits. Some patients explained that the nurses would stay after they had administered their treatment to make sure that they were ok. Patients we spoke with reported that staff take time to explain their treatment to them in a way they could understand.

Patients said staff treated them well and with kindness. All patients and carers we spoke to said staff were polite, kind, respectful and are treated with compassion. 'One patient told us that staff were outstanding and wonderful.'

Staff understood and respected the personal, cultural, and social needs of patients and how they may relate to care needs. All 9 patients we spoke to felt that nurses were respectful and met their needs with care. Patients told us; staff take their time to explain the treatment to them. For example, how medicines work in the human body and the potential side effects.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and needs.

Staff gave patients and those close to them help, emotional support and advice when they needed it. Assessments we looked at showed staff had considered the patient's family dynamics and used a person-centred approach to providing care. Staff understood that some illnesses and treatments could emotionally affect a patient's wellbeing and those close to them. From patients' experience, we saw evidence that staff also provide emotional wellbeing and reassurance to patients and carers during treatment.

Community health services for adults

Staff consistently gave patients time during face-to-face appointments to express how they were, and to voice any concerns. All patients we spoke with told us that the nurses were supportive and talked to them about many aspects of their life and not just the treatments they were receiving or their illness.

We attended a home visit where the nurse demonstrated excellent communication, built a rapport with the patient, and asked about all aspects of their health. The nurse took time to explain the patient's treatment and side effects. They also made sure the patient had contact details should they need 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 treatment. With the patients' consent, staff explained care and treatment to carers as well as patients. Staff provided relevant written information where appropriate and signposted patients to relevant organisations.

Staff talked with patients, families, and carers in a way they could understand, using communication aids where necessary. Staff told us a translation service was accessible for staff to request if necessary.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. This was explained in each patient's welcome pack. Staff encouraged patients to complete any feedback in a variety of ways, whether in written form, verbally to the service, through the provider website, or through the CQC.

Patients gave positive feedback about the service. All patients we spoke to had no complaints and spoke positively about the staff always being on time and there never being any issues. All patients knew how to make a complaint if they needed to.

Are Community health services for adults responsive?

We rated responsive 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. Patients reported that appointments were flexible in terms of location and time. For example, one patient on holiday in the UK was able to arrange an appointment at this location as opposed to their home address.

Facilities and premises were appropriate for the services being delivered. Most patients found home visit appointments were more convenient as travelling could be challenging when unwell.

Community health services for adults

Staff told us their caseloads were manageable and allocated based on proximity to the patient, but staff could be deployed where necessary to meet clinical demands. All patients we spoke to had contact details of their respective consultant or named nurse. Some patients told us staff responded to them quickly when they texted them for advice or support.

All patients told us that the nurses ring them the day before each visit to confirm. Visits were offered 7 days a week. Appointments usually ran on time and staff informed patients of any delays.

Patients told us there were no cancellations for their home visits. Evidence we saw from the weekly visits, were that out of 37 referrals in June 2022 all 37 were accepted and only 2 were cancelled by the patient. In July 2022, 76 referrals were made of which 73 were accepted and 58 completed. Again, these were cancellations by the patient not Ashfield Healthcare.

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.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. Staff told us there was a telephone contact number to request an interpreter if needed which was identified during the referral process.

Access and flow

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

Staff supported patients when they were referred. The staff team dealt with new referrals quickly. Staff told us some urgent referrals were requested on the same day.

The provider used technology that helped the teams across the organisation to track their targets which meant they could check if they were on track to deliver timely care to patients. The referring healthcare provider informed Ashfield Healthcare as and when patients no longer needed the service. When patients were discharged, nurses completed a summary of care and treatment provided for the referring healthcare provider.

Nursing staff ensured that any home record notes were returned, along with any medical equipment or devices.

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. All patients we spoke to were given information regarding the complaint's procedure as part of their welcome pack to the service, but none had the need to raise concerns.

Community health services for adults

Staff understood the policy on complaints and knew how to handle them. The service had a complaints policy. Staff told us they were not aware of any recent complaints, but learning would be shared in monthly managers meetings and shared with wider teams through team meetings, supervision, internal newsletters, and bulletins.

Managers investigated complaints and identified themes. They followed the provider's policy, investigated complaints, identified any learning and feedback to the complainant.

Managers shared feedback from complaints with staff and learning was used to improve the service. Senior staff regularly reviewed any complaints. Complaints were discussed in clinical governance meetings and learning shared in team meetings. There were 4 complaints made since January 2022 of which each was thoroughly investigated and closed.

For example, in April 2022 a patient complained to the hospital that they had not received an appointment. The hospital contacted Ashfield and explained only 1 of 3 had been contacted for treatment. Ashfield checked the referrals inbox and confirmed the details of the 3 patients were received however only one patient was contacted and booked in by the nurse. This occurred due to human error. Apologies were made to those impacted and the nurse to take necessary steps to avoid this happening again. Lesson learnt were shared with the teams.

Positive feedback was shared with staff. For example, one team had won the Quarterly Ambassador Award for dealing with complaints in the month prior to our inspection visit. This award is voted on by all managers within Ashfield Healthcare and was given in recognition of all the positive feedback they had received from patients.

Are Community health services for adults well-led?

Good 

We rated well-led as good.

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.

There was compassionate, inclusive, and effective leadership at all levels. Leaders had the skills knowledge and experience to consistently deliver high quality personalised care. Leadership development was embedded into the service and there was a strong culture of staff development across all levels of the service.

Staff told us that their strengths were recognised, and managers supported staff if a problem was reported. Staff told us the leaders were visible and approachable and that there was a 'family feeling' in Ashfield. Ashfield are good at saying 'thank you' to their staff and supported their career progression.

Leaders had a clear in-depth knowledge of the priorities, risks and challenges within the service and used this to continuously develop and improve service delivery. It was clear through interviews that staff wanted the best possible care and outcomes for patients.

Community health services for adults

The leadership team met weekly, monthly, and quarterly to review compliance, quality, governance, and risk. All key areas of the business featured on a rolling programme to ensure that all aspects of the service were discussed, reviewed and actions owned to drive improvement and quality for patients. Staff told us leaders were very transparent and there was an open-door policy whereby staff do not hesitate to speak to seniors and the Managing Director.

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.

There was a systematic and integrated approach to monitoring, reviewing, and providing evidence of progress against its plans and strategy. Staff told us they were proud to work for the organisation because of the importance it placed on 'patient care.'

Ashfield's overall strategic direction included an overview of how it delivers solutions to meet the needs of internal stakeholders, patients, care partners and healthcare providers to improve the treatment experience and outcomes. It aims to improve patient engagement programmes and provide care and treatment to patients effectively using a person-centered approach.

Senior staff told us Ashfield was more than just a financial organisation as its aim is to have more responsibility of all the home visits to patients. Currently there are other organisations involved such as referring organisations and the delivery of equipment and medicines. Ashfield have a standard agenda item as part of the quality and compliance meetings. The quality learning system is discussed under innovation and this is constantly being improved.

The overall mission was to make excellent healthcare easily accessible for all patients and communities and ensure organisational patient centred culture. Staff we spoke to knew and understood the provider's vision and values and how they were applied to their work.

The providers values included dedication, innovation, care, a quality learning system. Senior staff we spoke to worked hard to implement these values in action across the workforce. They told us they were trying to fill the gaps by engaging with staff and patients to drive improvements.

News is shared across the service every two months. Staff told us they could give feedback on services and input into service development. For example, there are field engagement forums that take place every couple of weeks where any topic or information is shared that staff may think others would benefit from. Staff can email their topic suggestions to a dedicated email address.

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.

Community health services for adults

Staff that we spoke to were very proud of the service and spoke highly of colleagues and managers at all levels. Teams worked well together to deliver consistently high-quality care. There was a strong organisational commitment and effective systems and processes in place to ensure that equality and inclusion underpinned the service.

Staff told us there was a respected, open, and transparent culture and they felt comfortable sharing any concerns. Nurses told us they could contact their team easily and everyone was very friendly. Staff told us there was always scope for development and they were encouraged to attend training sessions.

Staff we spoke with said they could raise concerns without the fear of repercussions. The service had a whistleblowing policy and was covered during the induction for all staff. The provider operated telephone helplines staff could call anonymously if they wished to. These were managed and escalated by the parent company of Ashfield to allow staff to discuss concerns in confidence.

Staff had access to an employee assistance programme, access to a GP, and a mental health first aid team. External support was also available to all staff and to their dependents. All members including family members could have remote access to yoga and mental health talks.

Senior staff told us they had an external speaker in team meetings to discuss health and wellbeing and to encourage managers to talk about health and wellbeing to their staff. Short bite size courses were also available.

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 robust governance processes in place which leaders had embedded into the service. Senior staff routinely reviewed the quality of the service through clinical governance meetings which staff recorded. We reviewed minutes of these meetings that included incident reporting, complaints, audits, lone working, and risk assessments. Senior staff shared required actions and learning to relevant staff and teams.

The service used key performance indicators to drive performance, as well as keeping relevant stakeholders and healthcare services informed of progress

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.

The organisation had effective systems and processes in place to manage current and future performance. There was an effective and comprehensive process to identify, understand, monitor, and address current and future risks. The organisation reviewed its processes and ensured that staff at all levels had the skills and knowledge to use all systems effectively. Where challenges arose, leaders dealt with them quickly and effectively.

Community health services for adults

The electronic monitoring and information system enabled staff to enter records in real time. Each nurse had a laptop computer that was able to access relevant information and allowed for easier access to GP and secondary care providers to alert them of any changes required in treatment or problems encountered. Nurses uploaded relevant information and sent documents via attachments electronically to relevant professionals.

The service had a risk register that staff could submit items to, through their line manager or the senior management team. We reviewed the provider's risk register which showed risks identified according to their level (low, medium, high). Risks included environmental risks as part of the service and clinical risks. These were discussed in the clinical governance meetings in which actions and learning outcomes were shared.

Information Management

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 consistently submitted to external organisations as required.

The information used in reporting, performance management and delivering quality care was consistently found to be accurate, valid, reliable, timely and relevant.

There was a demonstrated commitment to sharing data and information proactively to drive and support internal decision making as well as system-wide working and improvement. For example, staff we spoke to told us in addition to internal audits, there was also a global information systems audit. Examples included an internal pressure test, a finance audit and an inhouse payroll audit to ensure accuracy.

Minutes of strategy and clinical governance meetings that we reviewed demonstrated that audits were regularly discussed.

Engagement

Leaders and staff actively and openly engaged with patients, staff, They collaborated with partner organisations to help improve services for patients.

Staff we spoke with said that senior management was always open to listening to suggestions and feedback on how to improve the service. For example, when the work phone stopped working, staff reported the issue and it was resolved promptly which meant it did not impact on their ability to carry out their work safely.

Ashfield had staff engagement surveys quarterly. We reviewed results from the August 2022 staff survey. Staff told us their managers are looking at further insights to make any necessary changes or improvements from the feedback.

We saw an overall 85% good engagement result score in August 2022. For example, 95% of staff said that they were proud to work for Ashfield Healthcare, 92% said they would recommend Ashfield Healthcare as a great place to work in, 91% said they agree they have access to the things they need to do their job well and 80% said, the leaders at Ashfield Healthcare had communicated a vision that motivated them.

Community health services for adults

The results showed Ashfield Healthcare were able to implement some positive changes from the feedback received. For example, launching their new learning and development site to make it easier to access training resources all in one place. This site also allowed staff to build their own personal development plans.

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.

There were organisational systems to support the improvement and innovation work. These included individual and team staff objectives and ways of sharing improvement work.

Senior leaders shared quality improvement initiatives from head office to staff through bi-monthly news bulletins and at staff meetings.

Innovation was a standard agenda item at the quality and compliance meetings which meant the organisation kept innovation at the forefront of their work.

At the time of our visit, Ashfield Healthcare were piloting two new digital platforms. The first used patient data to identify gaps in patient care and drive improvement. The second used patient data to improve understanding of patient welfare to improve their care. Ashfield Healthcare aim to use these new digital platforms to help the NHS by reducing the time people wait to receive care safely and effectively.