

# HealthNet Homecare







## Quality Report

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

## Ratings

Overall rating for this location	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Not sufficient evidence to rate	
Are services responsive?	Good	
Are services well-led?	Good	

### Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

# Summary of findings

## Letter from the Chief Inspector of Hospitals

HealthNet Homecare is operated by HealthNet Homecare (UK) Limited.

The service has a team of nurses which provides clinical homecare services to patients in community settings who have chosen to be treated at home rather than in hospital or as outpatients. This is in line with the NHS five-year-forward view that anticipates the further extension of clinical homecare services.

The service provides specialist medicines which patients administer themselves at home with appropriate support and training. Specific services regulated were the provision of nurses to administer medications, the provision of nurses to initially administer medications until the patient is confident to undertake self-administration and guidance for patients who want to administer themselves.

Although registered in July 2018, the first HealthNet home nurse visit took place in March 2019.

We inspected this service using our comprehensive inspection methodology. We carried out an unannounced inspection on 16 August 2019.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

The service provided was community health service for adults.

We rated this service as **Good** overall because:

- The service had a training policy in place and provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff completed and updated risk assessments for each patient through individual referral forms.
- Each external provider had a signed project agreement in place, detailing the service specific requirements including associated key performance indicators.
- We saw records were clear, up to date and easily available to authorised staff. Staff recorded information in a clear and accurate way as well as consent.
- The service complied with National Midwifery Council (NMC) regulations and followed national guidelines developed by the National Institute for Health and Care Excellence (NICE).
- All staff had the right qualifications, skills, knowledge and experience to do their job at the time of appointment, when they took on new responsibilities and on a continuous basis.
- HealthNet Homecare completed competency assessments for the administration of all medicines prescribed.
- Policies and procedures were up to-date, and available to staff.
- We saw the team worked well together and observed positive communication between the chairman of the company, clinical managers, nurse manager, superintendent pharmacist, nurses, support and administrative staff.
- The service had effective links, including individual patient reviews, with homecare teams within NHS trusts and was able to discuss patient needs before and at the time of referral.

# Summary of findings

- Out of hours appointments were arranged when convenient to the patient and in different settings if safe and more convenient to the patient.
- The service had investigated complaints and learning had been identified and shared with the nursing team and external providers of service.
- Managers were approachable, supportive and effective and had the skills and knowledge to ensure patients received a quality service and we observed the registered manager promoted a positive culture that supported and valued staff.
- The service had developed a vision designed to help the NHS drive improved patient outcomes and independence for patients and their families.
- The service used technology to streamline services and had developed a portal system for patients and NHS clinicians to improve the quality and effectiveness of the service.
- All patients said they were extremely satisfied or satisfied with the homecare service received.
- The service had initiated an employee council with the aim of allowing employees to discuss with board members their views on the business and working conditions.

Sarah Dronsfield

Head of Hospitals Inspection North Region, on behalf of the Chief Inspector of Hospitals

**Professor Ted Baker**  
**Chief Inspector of Hospitals**

# Summary of findings

## Our judgements about each of the main services

### Service

**Community  
health  
services for  
adults**

### Rating

**Good**



### Summary of each main service

The service had received 165 patient referrals and had undertaken approximately 400 home visits since the service began in March 2019. The majority of referrals (92%) were for patients who needed training in the administration of asthma medicines

# Summary of findings

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### Summary of this inspection

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Good 

# HealthNet Homecare

**Services we looked at**

Community health services for adults.

# Summary of this inspection

## Background to HealthNet Homecare

HealthNet Homecare services included healthcare professionals visiting patients at home to provide support and training or regular home visits to administer the medicines until the patient is confident to administer themselves. In all cases the clinical responsibility for the patient remains with the clinical referring centre or prescriber.

HealthNet Homecare provided national patient support, dispensing, nursing support and controlled delivery services on behalf of the NHS, pharmaceutical companies and the private sector. Most services were provided for NHS patients with 80% of the clinical homecare services cost funded by the pharmaceutical company that manufactures the medicines. The remainder of the services are commissioned directly by the NHS or provided to private patients.

The service provided advice in relation to treatment administration, for example, sub-cutaneous injections (under the skin), nursing advice in relation to the administration of treatment, storage of product, disposal of clinical waste and undertaking validated assessments such as patient activation measure which describes the knowledge, skills and confidence a person has in managing their own health and care.

HealthNet Homecare is operated by HealthNet Homecare (UK) Limited. The service opened in 2018. It is based in Pontefract, West Yorkshire. The service has had a registered manager in post since 2018. We inspected the service on 16 August 2019.

## Our inspection team

The team that inspected the service comprised a CQC lead inspector and a CQC medicines inspector. The inspection team was overseen by Sarah Dronsfield, Head of Hospital Inspection, Yorkshire and Humber and North East region.

## Information about HealthNet Homecare

During the inspection, we visited HealthNet Homecare main office in Pontefract, West Yorkshire. We spoke with seven members of staff including registered nurses, administrative staff, and senior managers.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection.

This was the service's first inspection since registration with CQC, which found that the service was meeting all standards of quality and safety it was inspected against.

The service did not report any never events, clinical incidents or serious injuries.

Additional homecare nursing services were provided under service level agreement.

# 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?

Good



- The service had a training policy in place and provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff completed and updated risk assessments for each patient through individual referral forms.
- Each external provider had a signed project agreement in place, detailing the service specific requirements including associated key performance indicators.
- We saw records were clear, up to date and easily available to authorised staff. Staff recorded information in a clear and accurate way as well as consent.
- The service complied with National Midwifery Council (NMC) regulations and followed national guidelines developed by the National Institute for Health and Care Excellence (NICE).

### Are services effective?

Good



- All staff had the right qualifications, skills, knowledge and experience to do their job at the time of appointment, when they took on new responsibilities and on a continuous basis.
- HealthNet Homecare completed competency assessments for the administration of all medicines prescribed.
- Policies and procedures were up to-date, and available to staff.
- We saw the team worked well together and observed positive communication between the chairman of the company, clinical managers, nurse manager, superintendent pharmacist, nurses, support and administrative staff.

### Are services caring?

Not sufficient evidence to rate



- All patients said they felt supported in starting their medicines, privacy and dignity had been maintained and they had been treated with courtesy.
- Patients said they were extremely satisfied with the professionalism and politeness of staff (89%) and the overall quality of the service they received (83%).

### Are services responsive?

Good



- The service had effective links, including individual patient reviews, with homecare teams within NHS trusts and was able to discuss patient needs before and at the time of referral.



# Summary of this inspection

- Out of hours appointments were arranged when convenient to the patient and in different settings if safe and more convenient to the patient.
- The service had investigated complaints and learning had been identified and shared with the nursing team and external providers of service.

## Are services well-led?

- Managers were approachable, supportive and effective and had the skills and knowledge to ensure patients received a quality service and we observed the registered manager promoted a positive culture that supported and valued staff.
- The service had developed a vision designed to help the NHS drive improved patient outcomes and independence for patients and their families.
- The service used technology to streamline services and had developed a portal system for patients and NHS clinicians to improve the quality and effectiveness of the service.
- The service had initiated an employee council with the aim of allowing employees to discuss with board members their views on the business and working conditions.

**Good**








# Detailed findings from this inspection

## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good	Good	Not rated	Good	Good	Good
Overall	Good	Good	Not rated	Good	Good	Good

# Community health services for adults

Safe	Good 
Effective	Good 
Caring	Not sufficient evidence to rate 
Responsive	Good 
Well-led	Good 

## Are community health services for adults safe?

Good 

### Mandatory training

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

- The 'training of nursing staff' policy (November 2018) outlined the training systems to enable nurses to acquire the skills, knowledge and qualifications to perform their duties and tasks. All nurses were required to attend induction and ongoing mandatory training and ensure all training records were up to date.
- Mandatory training relevant to the service provided had been identified and included equality, diversity and human rights, moving and handling, safeguarding, basic life support and information governance.
- Mandatory training was accessible online and face to face. The registered manager oversaw mandatory training requirements and allocated time for staff to complete.
- All mandatory training was recorded on electronic systems which identified courses attended, those planned and when individual training was needed. All staff mandatory training was up to date.

### Safeguarding

**Staff understood how to protect people from abuse and the service worked well with other agencies to do so.**

- The service had a 'safeguarding policy' (April 2018) in place. This aimed to ensure all staff were aware of local safeguarding guidance and reporting procedures and fulfil their role in safeguarding people at risk. The clinical operations manager was the nominated safeguarding lead, a safeguarding supervisor and trained to level 5.
- Additionally, the policy stated that safeguarding concerns must be reported immediately to the healthcare professional who had referred the patient, fully documented in the patient record and the safeguarding report form.
- Staff had access to the safeguarding policy and procedures and safeguarding training was part of the service's mandatory training programme. Staff spoken with described the escalation process if they had safeguarding concerns.
- We were assured staff had training on how to recognise and report abuse, and they knew how to apply it.
- All staff had completed safeguarding adult and children level 1 training and all nursing staff had completed safeguarding adult and children level 2 training.
- There were no safeguarding concerns reported to CQC in the twelve months before inspection.

# Community health services for adults

- The 'safeguarding vulnerable groups' policy (April 2018) committed the service to '...safeguarding the welfare of people at risk, children and young people who use its services or come in to contact with the organisation'.
- The policy identified signs that may indicate a concern and how to report these to the patient's referring healthcare professional. It also explained how to report concerns about others who were not patients to the local authority.

## Cleanliness, infection control and hygiene

### The service controlled infection risk well.

- The service had an up to date infection prevention and control policy. The policy provided guidance on the preparation and precautions to minimise the risk of spreading of infection from person to person in the delivery of care.
- Specific guidance was given on hand hygiene, personal protective clothing, aseptic techniques (using practices and procedures and applying strict rules to minimize the risk of infection) and the management of blood and body fluids.
- The clinical operations manager monitored adherence to the policy through shadowing clinical staff during their visits to patients.
- During the pre-clinical call, staff identified risks any issues which may affect the service and recorded these on the 'home risk assessment', these included issues that could impact upon care, such as patient and nurse safety, infection control and hand washing facilities. If necessary, an individual patient protocol was developed following the home risk assessment.

## Environment and equipment

### The service had suitable premises and equipment and looked after them well.

- The service operated from a large building on a business park and had internal and external security and external lighting covering the exterior of the building and car parking area.
- Office space, records storage, a meeting and training room and working areas were located within the pharmacy area of the ground floor.

- Device alerts were cascaded to the nursing team by the registered manager through team meetings and medicine alerts were cascaded by the pharmacy manager.
- The service provided uniforms and personal protective clothing for clinical staff visiting patients in their home.
- We were told staff now carried small sharps bins during their visits to dispose of waste that contains medical residue such as medically contaminated needles or syringes. This reduces the potential risk to people and the environment.

## Assessing and responding to patient risk

### Staff completed and updated risk assessments for each patient through individual referral forms.

- Patients were referred to the service by homecare teams directly through NHS trusts. Once a referral had been received the service made a call to the patient to organise the input they needed for the safe administration of their medication.
- During the pre-clinical call, staff identified risks and issues which may affect the service and recorded these on the 'home risk assessment'. These included the presence of children and pets, accessibility, building hazards, parking availability and lighting.
- Further issues were identified that could impact upon care such as floor surfaces, trip hazards, exit routes and potential unpredictable behaviour of the patient. Assessments for manual handling, lifting equipment, sharps bins and electrical equipment safety were also recorded. Individual patient protocols were developed following the home risk assessment.
- The service had responded to guidance (20 August 2019) from the Resuscitation Council (UK) on the suggested requirement for nurses conducting home visits by instigating a protocol for nurses to carry two separate doses of adrenaline in the event of an adverse reaction to medication (anaphylaxis).
- Following each visit the nurse stayed with the patient until they were confident it was safe to leave. If deterioration in the patient was identified they contacted the patient's referrer for advice or the emergency services, if necessary.

# Community health services for adults

- The service did not have any situations where emergency services were called to transfer patients to an acute trust or another healthcare provider within the twelve months before inspection.

## Staffing

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

- The service was managed by a clinical services director, a clinical operations manager and a nurse manager, supported by an administrator. The service was provided by a team of eight nurses. The number of patients assigned to each nurse was monitored by the clinical operations manager and nurse manager based on the needs of the individual patients and geographic location.
- We saw that all employees were subject to employment checks defined by the 'clinical recruitment procedure for nursing staff' (November 2018). This required the service to advertise vacancies, require completed application forms, confirm NMC registration, details of RCN membership, professional employment history, undertake enhanced disclosure and barring service (DBS) checks and references.
- Further to the directly employed team, the service had service level agreements (SLAs) with external providers to supply nursing services. These SLAs had been developed due to the geographical spread of the service's contracts with referrers. All staff provided were subject to HealthNet Homecare policies and procedures.
- As part of the nursing provider selection process, the service requested completion of a comprehensive due diligence assessment and a self-declaration form by the prospective partner organisation. As part of the provider set up process, a master services agreement was in place, and a data sharing agreement for transfer of patient information.
- NMC registration was re-checked on an annual basis and a new DBS disclosure initiated when the employee's disclosure was two years old.

- The service had developed a pre-placement health questionnaire, a new starter checklist and a five-day induction programme for newly recruited clinical staff.

## Records

**Staff kept detailed records of appointments, referrals and completed consent documents.**

- Under agreements with the referring hospitals and the patient, the service received contact details to arrange nurse visits and/or calls to support the patient with their treatment and ascribed a unique identifier to each patient.
- The service worked with the referring hospital team to ensure they were fully aware of an individual's treatment. The individual nurse recorded and provided feedback to the referring hospital team after every visit or call in relation to the service.
- Confidential information about the patient, their medical condition and treatment was held in an individual patient file. This included the initial registration form, home risk assessment, consent and nurse reports.
- Care and treatment at each visit was recorded on the home visit record and the clinical evaluation form. These were then sent to the patient's referrer.
- The service did not have access to patients' medical records with the exception of individual patient details (name, age, address, contact details, medication prescribed), this was treated as personal and/or sensitive data.
- We saw records were clear, up to date and easily available to authorised staff. Staff recorded information in a clear and accurate way which included consent.
- Records were securely stored and managed on a database and paper records within locked cabinets.

## Medicines

- The service had a medicine policy (November 2018). The policy identified the scope and responsibilities of each member of the nursing team and procedures to follow during a patient visit.
- The policy identified that the nurse must make a clear, accurate, legible and immediate record of all

# Community health services for adults

medicines administered by the nurse or the patient, if self-administered. Further the policy required the nurse to contact the emergency services immediately in the event of an emergency situation.

- The nurse must also report any adverse event/product technical complaint immediately in accordance with service procedure.
- Transport and delivery of medicines was made by another part of the company (HealthNet Logistics) direct to the patient's home.
- The service provided home visit nursing services for a range of specific and separate medicines for the treatment of asthma, inflammation, primary immunodeficiency, angioedema and hereditary angioedema (rare diseases resulting from the lack of production of a key regulator in the production of bradykinin, leading to significant swelling of extremities).
- The home visits provided training in subcutaneous injection administration, subcutaneous infusion administration and intravenous injection.
- The service had received 165 patient referrals and had undertaken approximately 400 home visits since the service began in March 2019. The majority of referrals (92%) were for patients who needed the administration of asthma medicines.

## Incident reporting, learning and improvement

### The service had appropriate processes for staff to raise concerns and report incidents.

- The service had a clinical incident reporting procedure (November 2018). This policy contained guidance to 'report, log and review clinical incidents, significant clinical incidents and near miss situations'.
- The clinical services director was identified as responsible for ensuring all incidents were investigated and that findings and learning was communicated to the clinical team to reduce the chance of recurrence.
- The service had recorded six incidents that were reviewed to evidence policies and procedures had

been followed. These related to issues with treatment administration (x5) and one occasion where the nurse was asked to leave the patient's home before the end of the post injection observation period.

- These resulted in seeking advice from the referring healthcare professional and in one case a retraining session for the administering nurse. There were no circumstances where the service had to seek advice from medical professionals who requested the service users to get immediate medical attention.
- 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. Staff were aware of this duty and the need to be open and honest with patients where incidents occurred.
- The service had not applied the duty of candour as there had been no incidents when this would be required.

## Are community health services for adults effective?

(for example, treatment is effective)

Good 

## Evidence-based care and treatment

### The service provided care and treatment based on national guidance and evidence of its effectiveness.

- The service complied with National Midwifery Council (NMC) regulations and followed national guidelines developed by the National Institute for Health and Care Excellence (NICE), for example, the management of asthma.
- Standard operating policies and procedures were available to all staff and they knew where to access guidance and policies if they needed clarification.

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- HealthNet Homecare was a member of the National Clinical Homecare Association (NCHA) representing and promoting organisations whose primary activity is to provide medical supplies, support and clinical services to patients in the community.
- The NCHA ensures standards are applied through working closely with the NHS National Homecare Medicines Committee, NHS Commercial Medicines Unit, NHS England, NHS Scotland, NHS Trusts, and commissioners to ensure patients who wish to receive homecare can access high quality clinical homecare services.
- The registered pharmacy complied with guidelines from NHS England (last inspection July 2015), the General Pharmaceutical Council (last inspection June 2017), Medicines and Healthcare products Regulatory Agency (last inspection July 2017) and the Home Office (pharmacy licence renewed May 2018).

## Pain relief

- Nurses did not administer pain relief but referred the patient to their medical professional if needed.

## Patient outcomes

### Staff monitored the effectiveness of care and treatment and used the findings to improve them.

- Patient outcomes across the company were formally captured and reported in a series of operational and governance key performance indicator (KPI) reports that were provided to the NHMC, regional homecare service leads and trusts. This included company-wide information, such as pharmacy performance, number of clinical incidents ascribed to the prescribing process and financial returns.
- Those relevant to the regulated service included number of patient safety incidents (none), number of duty of candour incidents (none), total number of reported adverse drug reaction incidents (none) and total number of safeguarding incidents (none).
- Where more specific therapy related outcomes were required, these were measured and reported through bespoke reporting mechanisms to trusts, for example the asthma control questionnaire (ACQ6), and these were then audited and used for patient specific assessment by the referring clinical teams.
- We saw that action had been taken immediately when an audit by one particular referrer had shown that the ACQ6, although completed, had not been returned to the referrer. This involved further written instructions, face-to-face meetings with nurses and further training.
- HealthNet Homecare worked as an extension of the referring homecare team, within detailed service specifications, and provided patient data relevant to the patient pathway provided within the patient's care.

## Competent staff

### The service made sure staff were competent for their roles

- The service employed staff in compliance with the 'clinical recruitment procedure for nursing staff' that clarified the processes followed for all recruitment and selection in relation to securing approval to recruit, advertise a post, short-list, select and appoint candidates.
- All staff had the right qualifications, skills, knowledge and experience to do their job at the time of appointment, when they took on new responsibilities and on a continuous basis. We saw the service had completed training needs analyses on an individual and team basis.
- The service had systems to ensure new staff had read and understood the contents of the staff handbook and had accessed, read and understood policies and procedures.
- Adherence was checked through shadowing patient visits, clinical supervision and appraisals. All staff had received an appraisal within the last twelve months.
- The employee handbook provided for new staff included the company values, standards, whistleblowing policy, equal opportunities policy and training policy.
- The service checked the Nursing and Midwifery Council (NMC) register to confirm nurses had maintained their registration.
- The service 'training of nursing staff' policy outlined the training systems to enable nurses to acquire the skills, knowledge and qualifications to perform their duties and tasks. All nurses were required to attend induction and ongoing mandatory training.



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- The service had developed a process of clinical supervision to identify additional training needs and to ensure continuing professional development in accordance with NMC requirements.
- HealthNet Homecare completed competency assessments for the administration by the patient of all medications prescribed.

## Multidisciplinary working and coordinated care pathways

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

- During the inspection, we saw the team worked well together and observed positive communication between the chairman of the company, clinical managers, nurse manager, superintendent pharmacist, nurses, support and administrative staff.
- The service ensured patients were suitable for the service through visits to the healthcare setting before the start of homecare and discussion with the referring clinical team.
- Regular reviews were held with referrers to discuss the progress of each individual patient receiving the homecare service.

## Health promotion

- The service did not take part in formal or specific health promotion activity with patients.
- However, we were told nurses had received training in patient support and motivational interviewing. As part of these, staff were encouraged to discuss with asthma patients the impact on their health of looking after pets, and the consequences of smoking, in relation to self-management of their disease

## Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

- Following referral, verbal consent to begin care and treatment was during the initial patient telephone contact.

- Written consent was obtained from all patients at their first visit and following completion of an initial registration form and home risk assessment completed.
- The responsibility for undertaking mental capacity assessments and placing deprivation of liberty safeguards on a patient were the responsibility of the referring hospital and healthcare professional. However, members of the team received mandatory training on capacity assessments, were aware of patient needs and alerted the referrer where necessary.
- The service had not had any patients referred who had mental health needs. We discussed this with senior managers who said all patients would be assessed on an individual basis with the referrer and would not be accepted if the nursing team did not have the required skills and competence.

## Are community health services for adults caring?

Not sufficient evidence to rate 

## Compassionate care

### Staff cared for patients and their families with compassion

- During inspection of the service we were not able to observe patient visits.
- The service had carried out a patient satisfaction survey (May 2019). Responses had been received from 18 patients.
- All patients said they felt supported in starting their medicines, privacy and dignity had been maintained and they had been treated with courtesy. Patients said they were extremely satisfied with the professionalism and politeness of staff (89%) and the overall quality of the service they received (83%).

## Emotional support

- During inspection of the service we were not able to observe patient visits and were unable to evidence emotional support.



# Community health services for adults

## Understanding and involvement of patients and those close to them

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

- The patient satisfaction survey showed all patients were fully informed in decisions about their care and treatment and had their treatment explained so they could understand it.
- All patients said they felt supported in starting their medication, privacy and dignity had been maintained and they had been treated with privacy and dignity.

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

Good 

## Planning and delivering services which meet people's needs

### The service planned and provided services in a way that met the range of needs of people accessing homecare services.

- The service had effective links with homecare teams within NHS trusts and was able to discuss patient needs before and at the time of referral.
- Agreements with the referring hospitals and the patient included arrangements to tailor nurse visits and/or support calls to the needs of the individual and at the time to suit the patient. Out of hours appointments were arranged where more convenient to the patient.
- Any issues identified by the clinical team during visits or through telephone contact were reported back to the referring hospital team to ensure they were fully aware about an individual's treatment.
- The individual nurse recorded and provided feedback to the referring hospital team after every visit or call.

- Home risk assessments identified the suitability of undertaking patient visits within their own environment, but if safe and more convenient to the patient appointments took place in different settings, for example, halls of residence, GP surgeries.

## Meeting the needs of people in vulnerable circumstances

### The service took account of patients' individual needs, it had a proactive approach to understanding individual needs and promoted equality.

- Information about the services available, how to be referred to the service and treatments available were displayed on the website and provided during telephone enquiries. The outline of the service explained that the patient will be fully involved in planning their care following agreement with the referring hospital.
- The service had access to translation and telephone interpreting services, and in exceptional circumstances, the service used nominated family members, care workers and social workers to communicate with patients whose first language was not English.
- The service provided patients with a 'patient, carer, service user information leaflet'. This detailed the nursing team and their adherence to NMC codes of practice including the needs of people in vulnerable circumstances.
- Information provided committed the team to work with the referring hospital team, to make sure they were fully aware about an individual's treatment on the homecare service and to support this, the nurse provided feedback to the referring hospital team after every visit or call in relation to the service.
- During the initial telephone contact with the patient, staff identified the right level of support for an individual patient.
- The 'equality and diversity' policy (May 2018) stated the service provided equality of opportunity and promotes equality of opportunity and diversity with all customers, suppliers, sub-contractors, partners and workforce.

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- The service was committed to treat customers fairly and with respect and promoting an environment free from discrimination.

## Learning from complaints and concerns

**The service had a complaints policy and treated concerns and complaints seriously. Complaints were investigated and lessons learned from the results and shared with all staff.**

- The service had received ten complaints in the twelve months before inspection, three were about services provided directly by HealthNet Homecare and the other seven related to services from external providers.
- Complaints related to incorrect referral (four), process not followed (three), delays in beginning treatment (two) and nurse competence. All complaints had been fully investigated and those relating to external providers of services had been discussed at regular meetings through service level agreements. The outcome of each investigation was shared, and none had resulted in a complaint to the ombudsman.
- Learning had been identified and shared with the nursing team and external providers of service. All outcomes had been shared with the referring trust.
- All patients had been informed of complaint processes through the 'patient, carer, service user information leaflet'. The service provided patients with information about giving feedback, Patient Advisory and Liaison Services and complaints processes.
- All staff were made aware of service standards and complaint processes through the induction programme developed by the service.

## Are community health services for adults well-led?

Good 

### Leadership of services

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

- The service's managing board was committed to serving the interests of the company and achieving sustainable growth. Members of the board were responsible for the management of the company, business policy and corporate strategy. An initial board assurance framework and action plan toolkit (based on SMART principles) had been designed and was being further developed at the time of inspection.
- The management structure consisted of the chairman, members of the board, directors and senior managers. The registered manager oversaw operational managers, the nurse team and administrative staff and was responsible for the everyday running of the service.
- The registered manager was contactable to answer queries or for discussion about all services and procedures. The registered manager had the skills, knowledge and experience needed to effectively manage the service.
- At the time of inspection, the registered manager was about to change, the clinical operations manager was due to take on the role and following interview this was confirmed.
- Staff told us managers were approachable, supportive and effective and had the skills and knowledge to ensure patients received a safe quality service. We were told, and observed the registered manager promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service operated a 'no blame' culture to encourage team working both within the service and with external organisations. There was a team culture with a focus on professional standards, continuous professional development and appraisals.

### Service vision and strategy

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

- The service had developed a vision and a strategy to achieve its goals.
- The service vision recognised the needs of the patient by providing a direct to patient model offering:

# Community health services for adults

- Service excellence based on reliability, flexibility, transparency and convenience;
- Delivery of services that are safe, effective, caring, responsive and well-led;
- Services that are easy for the NHS to implement and monitor; and
- Services that are cost effective and sustainable.
- The vision was designed to help the NHS drive improved patient outcomes and independence for patients and their families.
- The associated strategy aimed to facilitate the use of technology to ‘...deliver support programmes tailored to the needs of the patient, the NHS and pharmaceutical clients’.
- To achieve this the service used technology to streamline services, enabled direct data access, flexibility and reliability in line with patient expectations, virtual clinical support services, face to face nurse training and support.
- Managers and staff understood how to apply the strategy and monitor progress.

## Culture within the service

### **Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.**

- During the inspection we discussed the service with the chairman, clinical director, clinical operations manager, nurse manager, superintendent pharmacist and members of the team. We saw staff worked together well as a team and there was an open culture.
- We saw a ‘no blame’ approach to the investigation of complaints and the clinical operations manager addressed performance issues through one to one feedback with staff and on a team wide basis where learning had been identified.
- Staff spoke positively about their roles within the service and staff felt supported in their work. Staff told us they felt valued and supported by colleagues and the registered manager. There was a strong emphasis on the care and treatment of patients, carers and their families.

- Staff promoted openness and understood how to apply the duty of candour. Staff were aware of what the term duty of candour meant.
- Throughout our inspection, the registered manager responded positively to feedback. This demonstrated a culture of openness and willingness to learn and improve.

## **Governance, risk management and quality measurement**

### **The service systematically improved service quality and safeguarded high standards of care by creating an environment for good clinical care to flourish.**

- Managers operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities, and they had opportunities to meet, discuss and learn from the performance of the service.
- The ‘corporate governance’ policy (April 2018) defined the principles of governance used within the service – openness and inclusivity, integrity, accountability – and the governance framework.
- One aspect of the framework concentrated on improving patient safety through maintaining confidentiality, information governance, robust service delivery processes, clear roles and responsibilities and risk management.
- Each external provider had a signed project agreement in place, detailing the service specific requirements of each programme, including associated key performance indicators. Service performance was discussed at regular review meetings, the frequency determined by performance and complemented by ongoing and continued communication between service managers and directors.
- Board minutes (December 2018, March 2019) showed discussion of governance and risk issues and the service had developed a ‘business impact analysis and risk register’ (May 2019).
- The ‘business impact analysis and risk register’ identified general risks and those associated with

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utilities, plant and equipment, telecoms and information technology. The registered manager explained that this was being developed and identified high level risks only.

- The service had developed a portal system for patients and NHS clinicians to improve the quality, flexibility and effectiveness of the service and an educational resource and had developed a 'Future Digital Roadmap' leading to the provision of a suite of complementary information technology innovations.
- The service was working towards offering '...fully integrated multi-dimensional healthcare solutions' tailored to the needs of the individual through patients having access to clinical professionals and appropriate support and information when they need it.
- Information governance was complied with and defined by the 'information governance and patient confidentiality' (July 2018), 'HealthNet privacy notice' (May 2018) and 'information governance; dealing with a subject access request' (April 2019).
- Policies and procedures were for the operation of the service and these were up-to-date, compliant with review dates and available to staff.

## Public and staff engagement

**The service engaged well with patients to plan and manage appropriate services and collaborated with partner organisations effectively.**

- Patients were asked to complete a patient/carer feedback questionnaire at specified nurse visit timepoints. This enabled patients and carers to comment upon the individual nurse performance, privacy and dignity and patient involvement in decisions about their care and treatment. A similar questionnaire was used to obtain feedback on individual nurses from other healthcare professionals.
- During the inspection, we saw the provider carried out a patient satisfaction survey (May 2019). All patients said they were extremely satisfied (83%) or satisfied (17%) with the homecare service received.
- Further, 78% of patients said they were extremely likely to recommend the service to family and friends if they needed similar care and 22% were likely to do so.

- The service had plans to repeat the patient satisfaction survey and introduce patient support groups.
- The service had initiated an employee council in September 2018 with the aims of allowing employees to discuss with board members their views on the business and working conditions. A member of the nursing team attended the employee council.
- The employee council had discussed the results of the employee survey conducted across all areas of the business and developed actions in response.
- The survey showed 89% of staff were 'clear about what I am expected to achieve in my job', 68% had 'clear, measurable work objectives', 79% said their 'team is well managed' and 87% said 'senior managers are sufficiently visible within the business'.
- However, the employee survey also identified that only 36% For all staff said they 'receive regular and constructive feedback on my performance' and 48% said that morale was good where they work. It was not possible to identify whether these applied to the nurse team.

## Innovation, improvement and sustainability

**The service was committed to improving services by learning from when things went well or wrong and promoting training.**

- The service had developed a portal system for patients and NHS clinicians to improve the quality, flexibility and effectiveness of the service and an educational resource.
  - **Patients:** enables patients to choose their method, location and time of delivery to suit their particular needs. The portal allows the NHS to place therapy-based training videos, or patient-specific information online for patients and their families to access. The portal was being enhanced and upgraded to reflect the ideas and feedback from patients and book nurse visits online.
  - **Clinicians:** enables registration of patients directly on the HealthNet system, and allows clinicians to create prescriptions, providing real time visibility for the homecare team ensuring

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patient transition to homecare is seamless and timely. This reduces the workload for clinical staff, improves convenience and lowers costs, significantly enhances patient safety through the reduction in transcribing errors and lost/mislaid prescriptions through the postal system. The

clinician portal was being further developed so that nurse visit reports and delivery information can be automatically uploaded securely so that any hospital clinical team can log on and see all of the nursing and medication delivery activity relevant to their patients.

# Outstanding practice and areas for improvement

## Outstanding practice

- Following risk assessments, the service offered patient appointments in different settings, for example, halls of residence, GP surgeries.
- An initial board assurance framework and action plan toolkit (based on SMART principles) had been designed and was being further developed at the time of inspection.
- The service had developed a portal system for patients and NHS clinicians to improve the quality, flexibility and effectiveness of the service and a 'Future Digital Roadmap' leading to complementary information technology tailored to the needs of the individual patient.