Coloplast Nursing Service

Quality Report

Coloplast Nursing Service
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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

Summary of findings

Letter from the Chief Inspector of Hospitals

We carried out an announced inspection on 25 October 2016 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led? We did not carry out an unannounced inspection due to the type of service, and due to no concerns being identified during the first inspection. Due to the specialist nature of the care provided by Coloplast Nursing service we are currently unable to rate this service.

Our key findings were:

- There was an electronic patient record system and caseloads could be accessed at all times in all locations.
- Staffing levels were sufficient to meet the needs to patients by attending all appointments and clinics.
- Safeguarding procedures were clear, staff were appropriately trained and could access specialist safeguarding advice if required.
- The provider had processes in place for gaining patient consent appropriately.
- There was a lack of local audit data that could demonstrate the service was providing good patient outcomes.
- The service catered for the needs of the individual NHS trusts and CCGs dependent on the required service provision. Nurses worked across commissioning areas to provide domiciliary support to patients. There had been no delayed discharges within the service no patient re-admissions within 90 days.
- The provider had a good complaints process, and complaints were managed and responded to in a timely way.
- There was a clear leadership structure and staff felt supported by their immediate managers. There was an open culture, staff were passionate about their roles.
- Regular reports on the performance and running of the nursing service were submitted to the Coloplast Nursing Service board for Coloplast Limited, which meant there was sufficient senior oversight of the service.
- Quality assurance processes were in place, though these were limited towards patient satisfaction rather than patient outcomes.
- The format of the minutes of meetings was in an action log format. However, there was no clear detail on this of how risks were taken forward and reported on at the next meeting, or when actions were completed or closed.

We saw the following areas of outstanding practice:

- Staff moral and culture within the service was an area of outstanding practice. There was a strong sense of teamwork and staff demonstrated committed and caring attitudes throughout.
- The comprehensive clinical competency frameworks used for staff development in stoma care and intermittent self-catheterisation which had both been awarded Royal College of Nursing (RCN) accreditation.
- The service had developed the Coloplast Care Program. This is an interactive remote advice service available to patients, members of the public and healthcare professionals. This service provided people with tailored information that included self-help initiatives and reference to the latest advances in stoma care.

However, there were areas where the provider could make improvements and should:

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

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Overall summary

We carried out an announced comprehensive inspection on 25 October 2016 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led? We did not carry out an unannounced inspection due to the type of service, and due to no concerns being identified during the first inspection.

Summary of findings

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Background to Coloplast Nursing Service

Coloplast Nursing Service provides non-commissioned community-based specialist stoma, bladder and bowel management care to patients across England. The provision of care was implemented through localised agreements with both acute and primary care service providers. The nurses have established partnership agreements with NHS teams to provide ongoing support and continuity of care for patients with ostomy and continence care needs.

The specialist nurses worked with partner NHS providers and clinical commissioning groups (CCGs) in the care provision across 37 locations. The specialist nurses were integrated in to the provider NHS organisations, by means of an honorary contact, and worked to local pathways and policies. The nurses predominantly offered support in the community setting through local clinics or in patients own homes.

Our inspection team

Our inspection team was led by:

One CQC lead inspector and one CQC inspector who is a community nurse specialist.

Why we carried out this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

How we carried out this inspection

CQC inspected the service on 18 February 2013, and 6 February 2014, where it was found the provider was meeting the essential standards it was inspected against.

During our inspection, we spoke to the nursing director, two clinical lead nurses, one nurse manager, two nurses and two patients. We reviewed two complete patient records for accuracy and legibility.

The clinical lead is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

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?

We found that this service was providing safe care in accordance with the relevant regulations. Due to the specialist nature of the service we are currently unable to rate the service. Positively we found:

- There had been no serious incidents or never events reported in the last 12 months.
- The mandatory training completion rate was 100% for all modules
- There was an electronic patient record system and caseloads could be accessed at all times in all locations.
- There were comprehensive risk assessments in place to maintain patient and staff safety.
- Staffing levels were sufficient to meet the needs to patients by attending all appointments and clinics.
- Safeguarding procedures were clear. Staff were appropriately trained and could access specialist safeguarding advice if required.

However we also found:

- Infection control policies and procedures contained references that were not up to date and the service did not carry out their own hand hygiene auditing.
- Staff could not confidently talk about the duty of candour and its meaning.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations. Due to the specialist nature of the service we are currently unable to rate this service. Positively we found:

- There were staff competency frameworks in place.
- There were suitable IT systems in place, which allowed staff access to information remotely.
- The provider had processes in place for gaining patient consent appropriately.
- There was a clearly defined referral process with strict parameters for first consultations.
- In the majority policies and procedures reflected best practice guidance and legislation.

However:

Summary of this inspection

- There was a lack of local audit data that could demonstrate the service was providing good patient outcomes.
- There was no formal signing off to demonstrate staff were competent with clinical competencies.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations. Due to the specialist nature of the service currently we are unable to rate this service. Positively we found:

- We did not see patient care during our inspection; however, we spoke with two patients by telephone to ask about the care they had received. Patients informed us that their privacy and dignity was maintained by staff.
- Patients reported that they were very happy with the way staff had cared for them. Patients reported that nurses were, 'the most helpful person in the world', and that the nurses provided 'a superb service'.
- Patients told us that staff took time to explain treatment and answer any questions or concerns that they had.

Are services responsive?

We found that this service was providing responsive care in accordance with the relevant regulations. Due to the specialist nature of the service currently we are unable to rate this service. Positively we found:

- The service catered for the needs of the individual NHS trusts and CCGs dependent on the required service provision.
- Nurses provided domiciliary visits for patients that were unable to attend clinic appointments due to circumstances.
- There had been no delayed discharges within the service and there had been no patient re-admissions within 90 days between August 2015 and July 2016.
- The provider had a good complaints process, and complaints were managed and responded to in a timely way.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations. Due to the specialist nature of the service currently we are unable to rate this service. Positively we found:

- There was a clear leadership structure and staff felt supported by their immediate managers.

Summary of this inspection

- There was an open culture, staff were passionate about their roles.
- Regular reports on the performance and running of the nursing service were submitted to the Coloplast Nursing Service board for Coloplast Limited, which meant there was sufficient senior oversight of the service.
- The risk register was up to date with relevant and current service risks.
- Quality assurance processes were in place, though these were limited towards patient satisfaction rather than patient outcomes.

However:

- The format of the minutes of meetings was in an action log format. However, there was no clear detail on this of how risks were taken forward and reported on at the next meeting, or when actions were completed or closed.

Detailed findings from this inspection

Community health services for adults

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are community health services for adults safe?

Incident reporting, learning and improvement

- There had been no serious incidents or never events reported in the last 12 months. Never Events are serious incidents that are wholly preventable as guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers.
- The provider reported that nursing staff follow the local NHS policies for reporting clinical incidents across all locations.
- We spoke to six members of staff about incident reporting and all of them told us incidents were infrequent. One of the leads told us staff raised clinical incidents with the NHS partner provider and non-clinical incidents were raised to their line managers. They gave example of incidents that had been raised. Two members of staff told us that they discussed clinical incidents with their line manager and raised the incidents locally.
- We reviewed the minutes of the quarterly clinical governance nurse managers meetings for March and June 2016. We saw in both that the minutes reflected discussion recent about incidents.
- We were concerned that the provider had limited oversight of clinical and non-clinical incidents with no formalised process for incident reporting. However, the director of nursing told us that the provider planned to implement an electronic incident reporting system in the future to aid oversight of all clinical and non-clinical incidents. The minutes of the clinical governance nurse managers meeting for July 2016 confirmed this.

Duty of Candour

- Nursing staff followed local NHS policies for ensure duty of candour is performed in line with legislation. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person.
- The senior management team told us that all staff completed training in duty of candour on a yearly basis as part of the mandatory training programme. However, on review of the training records provided by the service, duty of candour training was not listed so we could not be assured that staff had received this training as necessary.
- We spoke with four members of staff about duty of candour and they could not confidently talk about the duty of candour and its meaning.

Safeguarding

- The provider training records showed that the completion rate for safeguarding adults level two training was 100% and 100% for safeguarding children level 2 training.
- The clinical staff also had nominated professional to liaise with in each NHS location for support, which included support with the local safeguarding processes.
- The senior leadership team reported that staff saw a child under the age of 18 occasionally with a registered nurse (child branch) was present at all times during consultations. The registered nurse (child branch) would be trained to level three safeguarding children to attend these consultations.

Medicines

- Clinical staff had no responsibility for the administration or prescribing of medicines within their role. However, one member of staff told us that staff addressed patient needs and medication requirements needs with patient GPs and the NHS nurses.

Environment and equipment

- Some clinical staff held clinics within NHS premises by most completed domiciliary visits to patients' own homes.
- The nursing staff used bladder scanners whilst in the community. We were provided with a calibration log, which demonstrated that each scanner was monitored and serviced in line with manufacturing guidance.

Quality of records

- Staff used electronic patient records and had access to the records via a tablet devise or laptop at all times. Staff had the ability to download their caseload to ensure they had access to patient records in areas with no internet connection.
- We saw two sets of patient records, which were well completed, accurate and legible.
- The senior leadership team reported that the management team undertook documentation audits.
- Information sent to us from the provider showed that the documentation audit April 2016 met the internal compliance standards.

Cleanliness, infection control and hygiene

- We saw that the provider had a policy for infection prevention and control in place for staff to reference. However, we found that the policy referenced out of date information for example the Health and Social Care Act 2001. The last update for this legislation was 2012 and in addition a prior update in 2008.
- Whilst detailed guidance had been provided to staff on the importance of hand washing and the correct hand washing techniques to be used, this was not monitored by the service. No spot auditing of hand hygiene was undertaken. We asked to see any audits and were told that these were not undertaken. However, the management team told us that staff participated in hand hygiene audits conducted by partner NHS organisations.
- Staff were provided with infection control and prevention training on an annual basis and records confirmed that 100% of staff were compliant with this training.
- There had been no infection control incidents attributable to the service in the past year.
- Staff wore uniforms for all clinical work, comprising of a branded short-sleeved tunic and trousers to ensure that staff were bare below the elbows during clinical practice.

Mandatory training

- The senior management team told us that all clinical staff received mandatory training over two days allocated every year to complete the required modules.
- The mandatory training completion rate was 100%. The mandatory training modules included immediate life support, mental capacity act, data protection, record keeping, infection prevention and control, health and safety, safeguarding adult's level two and safeguarding children level two.

Assessing and responding to patient risk

- The nursing staff did not routinely undertake risk assessments, such as pressure ulcer risk assessments, or the malnutrition universal standardised tool with patients. One nurse told us that concerns were discussed with either the patient's GP or the referring professional. Nursing staff referred patients to local community nursing service in the event of concerns relating to pressure ulcers.
- The referring professional undertook patient risk assessments as part of the referral process. The specialist nurses completed a holistic assessment of each patient at the first face-to-face appointment.
- We spoke to two members of staff about assessing patient risk. Both members of staff reported that they contacted the referrer or arranged to have the patient seen by a consultant if they had concerns.

Staffing levels and caseload

- The provider had 40 whole time-equivalent specialist nurses that worked across 37 partner NHS locations in England.

Community health services for adults

- Information submitted by the provider showed the staff turner over rate was 7.5% for the last 12 months. The staff vacancy rate was 5.0% for the last 12 months. This meant that three staff members left in the last 12 months.
- The provider had two vacancies, which were being recruited to.
- We saw that the staff sickness rate was 5.0% for the last 12 months.
- There was no agency or bank staff usage in the last 12 months. Two of the team leaders told us that staff covered each other for leave and sickness to maintain continuity of care to patients.
- The senior management team monitored the referral rates for each location to ensure that staffing levels remained at a safe level. The senior management team gave an example of a business plan to increase staff numbers in one of the locations due to a sustained increase in referrals.
- Staff had honorary contacts with the partner NHS providers in all locations The senior management team told us that at least two members of staff held an honorary contract in each location to enable teams to manage holidays and sickness internally.

Managing anticipated risks

- The senior leadership team reported that an external consultant had completed most of the risk assessments for the nursing service. The nursing leads held completed risk assessments for example lone working in each location. The leads accessed the risk assessments through a shared computer drive which their staff could access on request.
- We saw the risk assessment for lone working in relation to staff working alone in localities. The risk assessment comprehensively noted all of the anticipated risk associated to lone working and action to mitigate the risks and we had no concerns.
- Managers told us that they discussed risk assessments and business continuity at quarterly team meetings with staff to update them with any changes or new risks. Minutes of these meetings confirmed what we were told.

Are community health services for adults effective?

(for example, treatment is effective)

Evidence based care and treatment

- We saw that the provider had various clinical policies that staff had access to through a shared computer network drive. We saw that the policies had a review date and referred to best practice guidance and legislation such as that issued by the National Institute of Health and Care Excellence (NICE), The European Association of Urology Nurses and the Nursing and Midwifery Council (NMC).
- The majority of the policies we reviewed which included the equality and diversity policy, the Mental Capacity Act policy and the safeguarding policy were in date. However, we found that the infection prevention and control policy referenced out of date legislation.
- The provider told us that nurses attended regional and national meetings to share best practice and new initiatives in stoma care, continence and urostomy care.
- In addition, the lead nurse for the service was a committee member of the Association of Stoma Nurses and contributed to national drivers and guidance on stoma care.

Technology and telemedicine

- The senior management team told us that staff provided telephone consultations. Two specialist nurses reported that they had contact with patients via the telephone for some consultations. All patients had telephone contact with a specialist nurse within 48 hours of receipt of the referral.
- We saw two patient records that showed telephone consultations clearly in the electronic record with an account of the discussion and the outcome.
- The provide had electronic patient records that were accessed securely by most of the partner NHS trusts to aid continuity of patient care across the wider team

Patient outcomes

- Two members of staff we spoke to about patient outcomes reported that they had both contributed to

local and national patient outcome audits in collaboration with partner NHS providers. Both staff members reported that no current audit work was in progress.
- The senior management team reported that partner NHS providers monitored patient outcomes for their individual patient pathways. The nurses worked to the local NHS pathways in each location.
- The provider held an anonymised database to collect data set out in the individual service level agreements with partner NHS providers. The database allowed staff to run reports based on one NHS trust or clinical commissioning group and individual nurses providing services.
- However, there was no performance data available, which demonstrated how the service had improved patient outcomes.

Competent staff

- The provider told us that all nurses had a monthly meeting with their line manager, a yearly appraisal and a mid-year review.
- We spoke to two nurses about appraisal and both of them confirmed that they had received an appraisal and a personal development plan (PDP) in the last 12 months. Competencies such as business acumen, self-management and professional skills were monitored as part of this process. We reviewed copies of completed PDPs and saw that this took place.
- The staff survey for 2016 showed that staff felt that they were able to access education relevant to their clinical practice.
- The provider encouraged staff to attend conferences related to their clinic practice. The senior management team gave us examples of poster submissions and presentations at conferences.
- We spoke to two members of staff about education and both members of staff reported that the provider supported them to attend university education and courses relating to their specialist practice.
- We saw comprehensive clinical competency frameworks used for staff development in stoma care and intermittent self-catheterisation. These had both been awarded Royal College of Nursing (RCN) accreditation. Competencies covered areas such as gaining consent, marking stoma sites, medicines management and providing patients with relevant teaching and information.
- However, there was no formal sign off which demonstrated staff were competent with each competency required within these frameworks. This meant we could not be assured that each member of staff was compliant with them.

Multi-disciplinary working and coordinated care pathways

- The senior management team gave us examples of multi-disciplinary working in various locations. For example, the Worcester team held multidisciplinary team meeting every Monday morning to discuss their caseload with the wider multidisciplinary team.
- We spoke to two members of staff about multidisciplinary working and both members of staff told us that they had regular contact with local GPs and the local hospital teams. Both members of staff reported that they had a close working relationship with wider clinical team involved in the care of their patients. They gave us examples of working with community nursing teams to address needs of their patients.
- One member of staff told us that she had recently contacted a patient's GP to review pain relief for the patient. She reported that the GP was happy to discuss the patient and follow up on a review of pain relief.

Referral, transfer, discharge and transition

- The provider had a referral form completed electronically or in the areas where electronic information sharing was not in place this was hand written. The form requested set information required from the referrer to communicate patient needs effectively and to maintain patient safety.
- The senior management team told us that all patients received a telephone call from the nursing team within 48 hours of the receipt of the referral. All patients had a face-to-face consultation with one of the nursing team within five working days of the receipt of the referral. The team leads monitored referral to treatment times for their teams to ensure they were met.
- One of the continence nurse managers told us that discharged patients had the ability to self-refer to the service if they needed further support. In addition, staff enrolled all bowel management patients in to the telephone supports service for advice.

Access to information

Community health services for adults

- The nursing staff had access to electronic patient records and were able to download their individual caseloads, to ensure they had access to patient information in areas with limited or no internet coverage. Some of the partner NHS trusts also had secure access to the provider's electronic records to maximise continuity of care.
- We spoke to two nurses about information sharing; both reported that they had communication with local NHS trust and GPs via the telephone or letter.

Consent, Mental Capacity act and Deprivation of Liberty Safeguards

- The senior management team told us that nurse gained written consent from all patients at the start of their care. In addition, they also told us that in the event of a patient unable to consent to treatment that staff referred to the local NHS policies relating to mental capacity act and deprivation of liberty safeguards. However, staff working for Coloplast Ltd would work within a multidisciplinary team environment and work with other healthcare professionals where a person lacked the capacity to consent to their on-going care.
- We reviewed two patient care records and saw correctly completed consent forms in both cases.
- We saw that 100% of clinical staff had completed the Mental Capacity Act training in the last 12 months as part of their required mandatory training.

Are community health services for adults caring?

Compassionate care

- We did not see patient care during our inspection; however, we spoke to patients by telephone to ask about the care they had received.
- We spoke to two patients about the care they had received and both patients reported that they were very happy with the way staff had cared for them. In addition, both patients reported that the nurses had maintained their privacy and dignity at all times.
- One patient told us that they lived alone and the nurse that came to visit was the 'most helpful person in the world'.
- Another patient told us that the nurses provided a 'superb service'.
- The patient survey showed that 98% of patients felt reported good care. Of those 98% felt that their privacy and dignity was maintained by the nursing staff.

Understanding and involvement of patients and those close to them

- Patients told us that staff took time to explain treatment and answer any questions or concerns that they had.
- One patient told us that the nurses gave advice in a pleasant way and it was easy to understand.
- The patient survey results showed that over 95% of patients felt the nurses gave explanations about their condition in a way that was helpful and easy to understand. In addition 98% of patients felt the nurses listened to them.

Emotional support

- One patient told us 'any time I have been worried I call and they call back, all of my concerns have been addressed.'
- One of the nurses we spoke to told us that they had enough time with patients to support them physically and emotionally. They also reported that this was important to ensure that patients were emotionally strong to manage their physical condition.
- The patient survey results showed that 97% of patients reported that they did not feel hurried during their appointments.

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

Planning and delivering services which meet people's needs

- The provider planned services across England in conjunction with clinical commissioning groups (CCG) and NHS trusts. This tailored specialist nursing service catered for the needs of the individual NHS trusts and CCGs dependent on the required service provision.
- Nursing staff worked under a service level agreement in each location and held honorary contracts with the partner NHS trusts or CCGs. The service level agreements had a standardised format but could be adapted to meet the needs of the partner organisations and the local population.

Community health services for adults

Equality and diversity

- The provider did not exclude patients from services on the grounds of age, religious beliefs or gender.
- The service cared for all patients referred to them for stoma, urostomy and continence care.

Meeting the needs of people in vulnerable circumstances

- Nurses provided domiciliary visits for patients that were unable to attend clinic appointments due to vulnerable circumstances.
- Two of the nurses we spoke to told us that they worked in collaboration with community nursing teams and GPs, to ensure that patients in vulnerable circumstances had the required assessments and care outside their scope of practice.
- Nurses had access to translation services and leaflets through the local NHS or CCG provider when the patient's first language was not English.

Access to the right care at the right time

- Information sent us from the provider showed that there had been no delayed discharges within the service and there had been no patient re-admissions within 90 days between August 2015 and July 2016.
- The nursing staff in all localities worked to strict response time on receipt of a patient referral. Nurses contacted patients by telephone within 48 hour and had a face-to-face consultation within five working days. The referral was logged electronically on receipt and the telephone and face-to-face contacts where logged. These fed into an electronic report which was monitored by the team leads. We saw a live electronic spreadsheet for one of the teams and had no concerns.
- The senior management team told us that the nurses had flexibility to prioritise their workload to accommodate urgent follow up consultations. We spoke to two members of the nursing team who confirmed this.
- Continence patients had access to self-refer back to the service if they required further nursing support.
- The patient survey showed that over 90% of patients asked found their nurses to be punctual and offering a stoma review at a convenient time and location.

Learning from complaints and concerns

- The provider received three complaints in the last 12 months. Two of the complaints had resulted from issues around communication. The other complaint related to a delay in a patient follow up following discharge from hospital. We saw the outcome of each investigation and found satisfactory resolution in all cases.
- Nurses provided information about the complaints process to at the point of access to the service. We saw the provider complaints leaflets, they had clear information written in an easy to understand format.
- There was a complaints procedure and the provider aimed to acknowledge the receipt of complaints within three working days.
- The senior management team reported that the nursing managers follow up all complaints and discussed any complaints at the quarterly nurse management meetings. They also reported that staff discussed complaints within staff team meetings.
- We spoke to two members of staff about complaints and both staff members reported that learning from complaints formed part of their quarterly team meeting agenda.

Are community health services for adults well-led?

Leadership of this service

- The service was led by a nurse director and a team of nurse managers.
- The nursing managers reported to the nurse director. We spoke to three nurse managers who reported that they had regular contact with the nurse director either face-to-face or via the telephone. They felt well supported by the nurse director and had regular one-to-one meetings.
- The nurse director was also visible out on the ground. They informed us that they spent a clinical day once a year with each of the nursing staff employed. We saw the minutes for the senior leadership board meeting in April 2016 which confirmed this.
- The senior management team reported that all new managers to the organisation had access to the internal leadership programme.

Service vision and strategy

- The provider of the nursing service Coloplast Limited had a clear strategic plan. This was supported by six key themes, which were monitored through the Board and encompassed all of the Coloplast business (including non-registerable business services).
- The nursing team at Coloplast Nursing Service had developed their own vision and developed four key priorities to support the overall business strategy and growth of the service. These priorities included, developing and supporting NHS partners, the development of the Coloplast care program (a self-help and information initiative available to professionals). To drive clinic opportunities to improve patient access and service efficiency, and to raise the services profile through attending local events.
- This vision was monitored at local level via nurse managers and their team meetings and through the performance and appraisal system.

Governance, risk management and quality measurement

- Regular reports on the performance and running of the nursing service were submitted to the Coloplast Nursing Service board for Coloplast Limited, which meant there was sufficient senior oversight of the service.
- We reviewed clinical governance minutes from March and June 2016. We noted that relevant quality assurance indictors were monitored and discussed this included; incidents, risk, complaints, audit data, staff performance, health and safety and patient feedback.
- The minutes of the senior leadership board meeting from February and April 2016 detailed discussions related to risk, and service delivery. This was linked to the clinical governance meeting where any issues from the meeting would be taken to the senior leadership team meeting.
- We saw the March 2016 risk register for the service and found the management team had included appropriate risks to the register. In addition, we saw completed risk assessments for each of the risk entries on the risk register.
- The provider had completed audits in relation to staff satisfaction, patient satisfaction and documentation. In all cases, we saw that the audits had met internal compliance in each measure. However, audits on patient outcomes of care did not take place.
- The format of the minutes of meetings was in an action log format. However, there was no clear detail on this of how risks were taken forward and reported on at the next meeting, or when actions were completed or closed.

Culture within this service

- We saw nurse managers cared for their staff and staff welfare. We spoke to three nurse managers who reported that they had regular contact with the staff within their teams.
- We spoke to five members of staff about the working for the provider and all of the staff reported that they felt valued. In addition, they also reported that there was an 'open door policy' to raise any concerns. All members of staff we spoke with were passionate about their jobs and providing high quality patient centred care.

Public engagement

- The nursing team worked across a range of hospital and community settings with established links with local patient representatives. The provider gave us examples of patient support groups and patient advocates, which were located around the NHS trust providers.
- We saw that the provider sought patient feedback by means of a patient satisfaction survey every year.

Staff engagement

- We saw that the provider had completed a staff survey in 2016, the survey aimed to gain feedback on staff opinion regarding leadership and management engagement with staff. There was a 100% response rate and findings demonstrated that 85% of staff thought the provider engaged well with them.
- We spoke to two staff members about team and management communication and both staff members reported good communication links between the managers and staff. We saw the senior leadership team discussed the staff newsletter in the minutes for the senior leadership board meetings in April and July 2016. We did not ask to see meeting minutes for staff team meetings but these were available during the inspection on request.

Innovation, improvement and sustainability

Community health services for adults

- In order to grow the service and become more efficient and sustainable plans were in place to look at developing more nurse-led stoma clinics within GP and community healthcare settings.
- The service had developed the Coloplast Care Program. This is an interactive remote advice service available to patients, members of the public and healthcare professionals. This service provided people with tailored information that included self-help initiatives and reference to the latest advances in stoma care.

Outstanding practice and areas for improvement

Outstanding practice

- Staff moral and culture within the service was an area of outstanding practice. There was a strong sense of teamwork and staff demonstrated committed and caring attitudes throughout.
- The comprehensive clinical competency frameworks used for staff development in stoma care and intermittent self-catheterisation which had both been awarded Royal College of Nursing (RCN) accreditation.
- The service had developed the Coloplast Care Program. This is an interactive remote advice service available to patients, members of the public and healthcare professionals. This service provided people with tailored information that included self-help initiatives and reference to the latest advances in stoma care.

Areas for improvement

Action the provider SHOULD take to improve

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