Healthnet Homecare (UK) Limited

HealthNetHomecare

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

This was our first inspection of the service. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service ensured that all staff, including those from partner organisations, were up to date in their training. Staff received bespoke training in new service lines from pharmaceutical companies whose drugs they administered and carried demo devices that helped them in training patients for the same.
- The service controlled infection risk well and performed well in their audits against this. 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 had access to this learning during staff meetings, staff email updates and supervision.
- Staff provided good care and treatment. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of 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. Staff consistently met their referral to contact and treatment targets.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.
- Leaders and staff had strong working relationships with the pharmaceutical companies and referring clinics and used this to provide high standards of care for patients. They flagged any issues of concern directly to the clinic for further action and ensured that all parties involved in the patient's care had up to date information on their progress with the administration and training programme.

However,

- Staff supporting long-term patients did not always revisit the environmental risk assessment following any changes to the property or equipment.

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

Contents

Summary of this inspection

Background to HealthNetHomecare

HealthNet Homecare is operated by HealthNet Homecare (UK) Limited and is based in Swadlincote, South Derbyshire. The service opened in 2018 and has had a registered manager in post since registration. At the time of the inspection, the service provided 63 service lines or medications for which they provided training. They employed 58 staff on a national level, including Scotland. The service provides care primarily for adults, but also provides care for children via an asthma service line whereby training is provided to their parents.

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

HealthNet Homecare provides national patient support, dispensing, nursing support and controlled delivery services on behalf of the NHS, pharmaceutical companies and the private sector. Most services are 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 provides 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.

What people who use the service say

People who used the service were profoundly impressed by the nursing service. They said staff always arrived on time and scheduled appointments around their own routines. People said that staff had travelled to their college or workplace to provide services. This had helped them keep their routine disruption to a minimum.

Most people said that they had waited a long time to try the medication and without the training support would not have been able to self-administer.

How we carried out this inspection

During this inspection, we:

- Spoke with the clinical operations manager
- Spoke with the chief operating officer
- Spoke with the clinical governance manager
- Spoke with the clinical team manager
- Spoke with seven staff members
- Spoke with three patients
- Reviewed eight patient records
- Observed two virtual visits and two home visits
- Reviewed the policies and procedures of the service

Summary of this inspection

Outstanding practice

We found the following outstanding practice:

- Staff mitigated any extenuating circumstances to ensure patients received their medication in time. For example, staff told us of two occasions where they met patients while on holiday (within national limits) to deliver the training programme. Similarly, we were told of occasions where the team or clinical managers had driven for over five hours to ensure that staff sickness did not affect patients' appointments.

Areas for improvement

Action the service SHOULD take to improve:

- The service should ensure that environmental risk assessments are revisited following any changes to the property or equipment, particularly for long-term patients.

Our findings

Overview of ratings

Our ratings for this location are:

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

Good

Community health services for adults

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

Are Community health services for adults safe?

Good

This was our first inspection of the service. We rated it 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. At the time of our inspection, 97% of staff complied with their mandatory training.

The mandatory training was comprehensive and met the needs of patients and staff. This included training on health and safety, anaphylaxis, conflict resolution, data security, equality and diversity, good distribution practice, infection prevention and control, safeguarding and sepsis.

Any training relevant to a new service line was usually delivered by the pharmaceutical company who developed the medication. Staff were provided with demo training objects and devices that supported them in training patients in the use and administration of their medication.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Nursing staff received training specific for their role and how to recognise and report abuse. Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them.

Good

Community health services for adults

Staff alerted the referring clinics and local authority of any potential safeguarding issues. In the 12 months leading up to the inspection, the service had made one safeguarding referral to protect children at risk of neglect.

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.

Staff followed infection control principles including the use of personal protective equipment (PPE). The cleaning audits for the last six months showed that staff consistently performed at 100% in the use of PPE and over 95% in infection control.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well. When providing care in patients' homes staff took precautions and actions to protect themselves and patients.

Staff carried out daily safety checks of specialist equipment. Equipment that was carried by nursing staff was recalled every twelve months for refurbishment and calibration. Staff were supplied with new equipment in the meantime.

Staff were provided with enough suitable equipment to help them to safely care for patients.

Staff disposed of clinical waste safely. Staff provided patients with sharps bins to safely dispose of medical and other clinical waste.

Assessing and responding to patient risk

All patients were risk assessed prior to being referred into the service. Only patients who were compliant and consented to the service provisions were referred into the service. Staff completed environmental risk assessments of each patient's home. Any risks were swiftly reported to the referring clinic and mitigated.

However, we noted that environmental risks for long term patients were not always revisited following any changes to the property or equipment. For example, one patient's home was heavily cluttered, and staff had raised this as a concern. The risk assessment was not revisited once the patient's home was cleaned.

Staff identified and quickly acted upon patients at risk of deterioration. After administration, staff observed patients for between 30-90 minutes to ensure that there were no adverse reactions to the medication.

Staff knew about and dealt with any specific risk issues, such as adverse reactions, pressure ulcers or sepsis.

Staff shared key information to keep patients safe when handing over their care to others. For example, staff updated the referring clinic during and after the training programme to ensure they had the most up-to-date information about the patient's care.

Staffing

Good

Community health services for adults

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, and gave staff from partner organisations a full induction.

Nurse staffing

The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave staff from partner organisations a full induction.

The service had enough nursing and support staff to keep patients safe.

Managers accurately calculated and reviewed the number and grade of nurses required to deliver the service efficiently. Managers held daily meetings to discuss patient call allocation and staffing on a national level. Any sickness or staff absence was mitigated with staff from partner organisations or rescheduled where possible.

The service had low vacancy rates. The service had recently developed six nursing vacancies due to an expansion of the service. These were being recruited into and did not have an impact on the delivery of the service at the time of the inspection.

The service had low turnover and sickness rates. The sickness rate for the whole service was below 2%. The turnover rate was at around 3.7% on average, which included 22 leavers and 47 new starters during the last 12 months.

The service had low rates of nurses from partner organisation. Managers limited their use of staff from partner organisations and requested staff familiar with the service. Managers made sure all staff from partner organisations had a full induction and understood the service. The management team held monthly service review meetings, which included the partner organisations, and discussed staffing requirements and training updates to ensure the service had appropriate staffing numbers and skill sets to deliver its objectives.

Quality of 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.

Patient notes were detailed, and all staff could access them easily. Staff had access to remote devices and completed progress notes of each appointment at the patient's home.

Records were stored securely. They were stored on an electronic system that all staff had access to.

Medicines

The service used systems and processes to safely administer and record medicines. The service did not prescribe or store medicines as they were prescribed by the referring clinic and delivered directly by the pharmacy to the patient's home. Staff did risk assess the patient's home environment to ensure that medicines were safely stored.

Good

Community health services for adults

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines. Staff completed medicines records accurately and kept them up to date. These records were usually related to the administration of medicines at the patient's home and were completed during every visit.

Staff learned from external safety alerts and incidents to improve practice. In the 12 months leading up to the inspection, the service had not had any medication errors as all medication was sent pre-packaged and delivered to the patient's home in the correct dose. Nursing staff did, however, teach patients how to identify faulty packaging or an issue in the medication itself.

Incident reporting, learning and improvement

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. Managers ensured that actions from patient safety alerts were implemented and monitored.

All staff knew what incidents to report and how to report them. Staff raised concerns in line with provider policy. The service usually had between two to three incidents per month, and the themes were usually centred around technology issues, the process for clinical requests, and text message reminders not being sent.

Staff received support and debriefing following any incidents. The service had only had one incident that required debrief in the twelve months leading up to the inspection. This incident related to a patient behaving aggressively towards a staff member. The other incidents did not require debriefing as this was the only incident that related directly to staff wellbeing.

Managers investigated incidents thoroughly and staff received feedback from investigation of incidents. There was evidence that changes had been made as a result of feedback. For example, in January 2022, the service experienced an IT issue which meant that the service was not receiving all referrals that required nursing input when they were initiated by a clinic or pharmacy. A fix was implemented, and staff introduced monitoring of the IT system to ensure it continued to perform as it should.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. There had been no incidents that triggered duty of candour in the twelve months leading up to the inspection. However, when we spoke with staff, they were clear on what duty of candour is and how to apply it.

The service recorded any adverse reactions to the medicines they administered and fed any learning back to the referring clinic and pharmaceutical companies. They had an 'adverse event' team who guided nurses in responding to adverse reactions in patients and ensuring appropriate actions were taken to maintain patient safety.

Are Community health services for adults effective?

Good

This was our first inspection of the service. We rated it as good.

Evidence-based care and treatment

Good

Community health services for adults

The service provided care and treatment based on national guidance and evidence-based practice. Staff protected the rights of patients in their care.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The service developed a new Standard Operating Procedure for each medication which utilised the latest guidance when planning and implementing a new service line. This document was used in training staff in delivering the new service line.

The service did not monitor the performance of the medicines, other than adverse effects. All clinical responsibility was held by the referring clinic and they regularly monitored the patients' response to the medicines they prescribed.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients.

Managers gave all new staff a full induction tailored to their role before they started work. This included time to complete training, and the shadowing of two experienced nurses at work to gain an understanding of the workplace processes and procedures.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. Staff had access to monthly staff meetings, and the minutes were saved on a shared drive.

Managers supported nursing staff to develop through regular, constructive clinical supervision of their work. Staff were provided with monthly supervision and two face to face meetings with their clinical manager every six months. The clinical and team managers also carried out monthly spot checks on nursing staff at random, which included auditing infection control, the working environment and equipment. Staff received feedback from the spot checks and learning was shared via direct feedback, staff meetings and in supervision.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Staff had access to range of specialist training which included training on new service lines, auditor training, dermatology, motivational interviewing and the Edward Jenner Leadership course. Staff with specific specialisms shared information with colleagues for training purposes.

Staff had access to the Internal Nurse Queries network for any queries and sharing expertise across a national level.

Multidisciplinary working and coordinated care pathways

All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.

Staff worked with other agencies when required to care for patients. Staff were in regular contact with the referring clinics to receive and provide feedback on the patient's care and updated them after every appointment.

Good

Community health services for adults

Staff told us that the clinics were highly approachable and had a direct line for ease of access.

Health promotion

Staff gave patients practical support and advice to lead healthier lives. For example, staff supported patients to receive advice on the effects of nutrition on the medicines they were prescribed and gave them information leaflets where these were available. Staff also encouraged patients to maintain a healthy lifestyle, which included a varied diet and exercise.

Consent, Mental Capacity Act and Deprivation of Liberty Standards

Staff supported patients to make informed decisions about their care and treatment.

The service usually only received referrals for patients who had capacity to consent. The service only sought consent for administration as the consent to treatment was completed by the referring clinic who held overall clinical responsibility. In the eight records we reviewed, we saw that staff had completed this in their initial consultation with the patient.

Are Community health services for adults caring?

Good

This was our first inspection of the service. We rated it as good.

Compassionate care

We spoke with three patients during this inspection. Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

Staff took time to interact with patients and those close to them in a respectful and considerate way. Patients said staff treated them well and with kindness. Patients told us they felt listened to and were able to raise any concerns or questions without delay. They told us staff were kind and approachable and tried to make the administration and training as simple and smooth as possible. Patients felt that staff went the extra mile to give them time to understand the training. If a patient needed more than the allotted time for the appointment, staff were often happy to accommodate and stay longer or book another visit. Staff usually stayed with the patient after administration for between 30-90 minutes to ensure that the patient was comfortable and did not have any side effects.

Staff followed policy to keep patient care and treatment confidential. Staff carried remote working devices with them when out and about and all access to the electronic notes was protected with personal log-in details for each staff member.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. For example, staff ensured that patients received a female nurse when this was requested for personal or cultural reasons.

Staff mitigated any extenuating circumstances to ensure patients received their medication in time. For example, staff told us of two occasions where they met patients while on holiday (within national limits) to deliver the service programme. One patient told us that staff travelled to the Isle of Wight to deliver the service programme.

Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it. Patients had access to the nursing team via the customer service contact and were able to raise any questions or queries about the treatment or adverse reactions. Staff were able to arrange urgent visits to ensure patients felt confident about their medication and training.

Staff were able to provide travel letters and advice to patients about travelling with their specific medication.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. One patient was experiencing a lot of distress due to their condition and staff worked to see them urgently, provided emotional support and signposted them to support groups for extra support.

In addition, staff supported the parents of children who partook in the asthma service. They provided parents with information leaflets, diagrams and were happy to answer any questions parents might have about the treatment of their child. Staff were empathetic to patients and their carers' situation and provided emotional support and encouragement to both.

Understanding and involvement of patients and those close to them

Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

Staff made sure patients and those close to them understood their care and treatment.

Staff talked with patients, families and carers in a way they could understand. Staff supported patients to make informed decisions about their care. We saw that patients and their families felt comfortable asking questions about the treatment to staff, and staff usually answered or signposted them in the right direction for further information.

Staff ensured that patients understood the instructions given in the training and were competently able to repeat the administration steps for the medicine.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Patient and their families could provide feedback about the service by direct contact with the nurse manager, and the service was working to develop an app on which users could rate and provide feedback about their experience.

Patients gave positive feedback about the service. Patients told us staff were 'wonderful' and 'really listened'.

Good

Community health services for adults

Are Community health services for adults responsive?

Good

This was our first inspection of the service. We rated it as good.

Planning and delivering services which meet people's needs

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.

The service received referrals primarily from specialist clinics in hospitals, such as dermatology, oncology, gastroenterology and rheumatology.

The service received between 70 to 150 new referrals a day. The referral to contact time was five days and the service compliance with this target was 91% at the time of inspection. Where the target was missed, this was normally due to patient contact failure.

The service sought to book the patient in for training routine within one to two weeks of contact. Patients could choose their appointment times based on their needs.

The service had systems to help care for patients in need of additional support or specialist intervention. Any patients requiring more urgent care were prioritised. For example, if a patient had been discharged from hospital and required their next dose of medication within days of discharge, they were prioritised to ensure their treatment plan was not affected.

Managers monitored and took action to minimise missed appointments. Managers ensured that patients who did not attend appointments were contacted. Staff made three attempts to contact patients once a referral was received and followed this up with email and written correspondence. They aimed to reschedule any missed appointments within five working days. If the patient still did not respond, they were referred back to their clinic.

Any new service lines were implemented efficiently over a period of six weeks. A new standard operating procedure (SOP) was written and co-signed with the potential clinics. The service started training staff in conjunction with the pharmaceutical company and only signed off the process if at least three nurses were trained. This included one nurse in each of the North, Central and South regions so that the service was able to provide the service on a national level from the onset.

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.

The service had information leaflets available in languages spoken by the patients and local community. Staff had access to interpreting support from the Language Line and could request literature in different languages if needed.

The service did have some young people on its caseload, primarily for the Asthma service line. Any training related to this service line was delivered directly to the parents so that they could administer to the child.

Access and flow

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

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. At the time of the inspection, there were no patients on a waiting list.

All patients had access to specified number of training visits, as per the service specific requirements, in which nursing staff sometimes administered the medication as a demonstration. These often ranged between one to six visits depending on the therapy, administration route and complexity of self-administration training. Any patients, such as vulnerable elderly patients, who were unable to self-administer were given longer term support. One patient had been with the service for over two years.

Managers and staff worked to make sure patients did not stay longer than they needed to. Patients who had completed the administration training were discharged back to the referring clinic once a competency appointment had been completed.

Managers worked to keep the number of cancelled appointments to a minimum. When patients had their appointments cancelled at the last minute, managers made sure they were rearranged as soon as possible. The service had a good attendance record for appointments and ensured that any staff absence was quickly covered, or appointments rescheduled where necessary.

Staff supported patients when they were referred or transferred between services. Staff offered their contact details to patients who were close to discharge so that they could approach the service for advice on administration of medication, even after discharge.

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. They were provided with these details at the initial consultation.

Staff understood the policy on complaints and knew how to handle them. Managers investigated complaints and identified themes. Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. Managers shared feedback from complaints with staff and learning was used to improve the service. This was through staff supervision and staff meetings. If a complaint was related to a specific staff member, then managers would contact the staff member to discuss the findings and learning from the complaint. The service had received 64 complaints in the twelve months leading up to the inspection. The service received a large number of complaints due to an IT issue in January, and the other themes of complaints focused on cancelled appointments due to COVID or delayed nurse visits due to initial registration errors. All of the complaints were of low or no harm level.

Good

Community health services for adults

Are Community health services for adults well-led?

Good

This was our first inspection of the service. We rated it as good.

Leadership of service

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 developed further in their profession.

For example, staff were supported to have time to study and develop their skills in new areas, such as phlebotomy, tissue viability and auditing.

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.

Staff we spoke with enjoyed working for the service and said that they discussed the organisation's vision and values during their supervision. Staff were asked to input into the organisation's direction and strategy during staff meetings.

Culture within the service

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

Staff told us that they felt able to approach management with any issues, including work or personal life and that they felt supported throughout. They said managers listened to them and tried to work around their work life balance and family commitments. For example, one nurse staff told us that if their child was not well and they needed to stay at home, managers were supportive and would give them tasks they could easily complete from home, instead of carrying out home visits. This might include updating patient records or patient phone calls.

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.

Good

Community health services for adults

The service was operated smoothly and effectively, with leaders having good oversight of how their service was running. Management used daily quality meetings to ensure that the service had sufficient staffing levels to meet the appointments booked for the day and reviewed staffing on a monthly basis to ensure that it met service lines demand.

The clinical and governance leads attended monthly meetings with partner organisations providers to ensure that all their staff were up to date in their training requirements and that each service line had sufficient cover when needed.

They also attended monthly clinical governance and quality management meetings at which they discussed incidents, training, safeguarding, staff meeting actions, audits and how they performed against their key performance indicators. These meetings were often an opportunity to discuss learning from recent events, internal or external, and share ideas to make improvements to the service.

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.

Management carried out regular audits of their referral to appointment times, infection control and kit bag contents. For example, in the 12 months prior to inspection, the service had met their referral to patient contact target (which was five days) for 91% of all cases referred into the service. The results from such audits were shared in staff email updates, staff meetings and during supervision.

Managers ensured that staff kept their equipment and demo training devices in good condition and ensured that any equipment carried by staff was recalled every 12 months for calibration and refurbishment. Staff received new equipment in the meantime.

Information Management

Staff could find the information 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.

External notifications included safeguarding and contact with pharmaceutical companies about any patient outcomes for their medicines, such as adverse effects.

Engagement

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

Staff worked well with referring clinics and hospitals and maintained direct clinical contacts for any urgent concerns.

The service had developed good relationships with pharmaceutical companies who delivered the training for their products to staff.

Good

Community health services for adults

The service held regular meetings with its partner organisations to discuss any governance or policy updates, staffing, key performance indicators, clinical platform review, complaints and training needs. They were also involved in carrying out regular audits of their partner organisations to ensure that they meet the same standards of care provision as HealthNet Homecare.

Innovation, improvement and sustainability

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.

The service had introduced virtual appointments for patients who preferred virtual contact. Some patients received their first appointment face to face and any follow-up appointments were carried out virtually. This allowed the service to see more patients and save time in travel.

The service was developing a patient portal so that people were able to book their visits online.

Management at the service attended the Nursing and Clinical Services Project Group meeting, at which a network of homecare companies and nursing providers met and discussed national practice and shared learning.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.