

MY NURSE Ltd

1-1813473825

Community health services for adults

Quality Report

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Summary of findings

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
1-1989571231	My Nurse		MK42 7BL

This report describes our judgement of the quality of care provided within this core service by My Nurse Ltd. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by My Nurse Ltd and these are brought together to inform our overall judgement of My Nurse Ltd

Summary of findings

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Summary of findings

Overall summary

Overall rating for this core service Inspected but not rated •

We carried out an announced inspection on 20 December 2016 to review the service arrangements for independent community health services. This was a routine planned inspection.

Due to the service still being under development, we did not inspect every key line of enquiry under the five key questions we inspected (safe, effective, caring, responsive and well led). We have therefore not rated the service for the five key questions and overall.

Our key findings were as follows:

Are services safe at this service?

- The service was planning to implement an electronic reporting system and had no reported incidents from July 2015 to December 2016.
- The service reviewed national safety databases regularly to ensure staff were updated with any changes to practice or equipment.
- The service had processes in place to escalate safeguarding concerns directly to the local authority.
- The service liaised directly with the patient's GP for the safe management or provision of medications or dressings. The service did not store, prescribe or manage any medications.
- The service used paper record to record all patient treatment. The service aimed to train staff to use the GP's electronic patient record system in 2017.
- Staff had completed all necessary training to provide safe patient care.
- The service had robust systems in place to assess patient risks on referral to the service and at regular intervals throughout their treatments. There were also systems in place to assess risks to staff attending patients' homes, or those lone working.
- The service lead assessed all business plans to identify service requirements and possible risks prior to the agreement to complete planned work.
- There was no major incident plan in place at the time of inspection.

Are services effective at this service?

- The service had limited organisational specific policies and used national guidance for the safe management of patients.
- Patients were managed by their GPs with referrals made to the patients' GP for any concerns identified relating to pain management, nutritional needs, changes to clinical condition or completion of treatments.
- Patients' records were held separately to the GP records. These were scanned into the GP electronic system on completion of treatment. There were plans in place for staff to be trained in the electronic system to enable one record of all treatments and care.
- Patient outcomes were not measured, reported or monitored.
- Staff competency was maintained through regular updates and training.
- Staff were aware of their roles and responsibilities in the assessing and recording of patient consent, mental capacity and deprivation of liberty safeguards.

Are services caring at this service?

- Patients said they were treated with compassion, respect and with dignity and staff were caring.
- Staff took time to explain treatments to patients and their relatives, offering longer appointments and written information where necessary to assist with understanding.
- Staff were responsive to the emotional wellbeing of patients, allowing additional time or support to patients when necessary.

Are services responsive at this service?

- The service used information regarding patient care and treatment to identify areas for business development.
- Patients' needs were used to arrange appointment scheduling, location and duration. This enabled bespoke appointments to suit individual needs.
- There were no systems or processes in place to monitor or track appointment scheduling, waiting times or treatment times.
- There had been no complaints for the service from July 2015 to December 2016.

Are services well-led at this service?

Summary of findings

- The service had a clear strategy for development.
- The service lead had a clear understanding of their roles and responsibilities.
- Due to the infancy of the service, there were not yet established governance meetings for the reviewing of service data, performance and risks.

We saw several areas of outstanding practice including:

- The service provided bespoke patient centred appointments, which reflected the patient's needs. For example, appointments were extended, increased in frequency, or completed within the patient's home depending on the individual's needs.
- Due to the service having a small number of employees, patients received a high level of continuity of care. The nurse/ patient relationship enhanced the therapeutic relationship, which enabled the identification of any changes to underlying physical, emotional or mental health conditions.

There were some areas for improvement. The service should take action to:

- Develop a robust governance process as the service expands, to facilitate the monitoring of patient outcomes and risk.
- Implement a service risk register to record actions taken to mitigate identified risks.
- Implement systems to systems to monitor complaints and track responses, learning and actions taken to prevent reoccurrence.
- Implement systems to monitor and track patient referral to treatment times, appointment waiting times and any delays.
- Implement systems so that patient records are accessible to the patient's GP.
- Implement systems for recording mandatory training compliance.
- Develop a business continuity plan for the safe delivery of services in the event of a major incident.
- Develop service specific policies for all developing services and the safe management of patient care.

Edward Baker

Deputy Chief Inspector

Central Region

Summary of findings

Background to the service

Information about the service

My Nurse has been registered for diagnostic and screening procedures, nursing care, personal care and the treatment of disease, disorder and injury since March 2015.

My Nurse is a developing service, which currently completes freelance nursing projects for the local clinical commissioning group (CCG) and GP Federation. The service consists of one individual practitioner who completes all management, planning and provision of patient care. The service has business plans in place to expand, which includes the aims to provide a service for the management of long-term wounds and vaccination clinics.

The service provides care and treatment to adults only with no plans to extend services to those people under 18 years. The service currently provides ad-hoc vaccination clinic and leg ulcer clinics for long-term wounds every

Monday and Friday. This work is completed on a freelance nurse basis and is not contracted. Care is provided within the patient's own homes or within a treatment centre belonging to a different provider. These premises were not reviewed as part of this inspection.

Responsibility and coordination of treatment is managed by patients' individual GPs.

As the service is under development, there were limited systems, records and facilities for us to inspect. We did not inspect every key line of enquiry under the five key questions: safe, effective, caring, responsive and well-led. We visited the base office at the registered address. We carried out an announced inspection on the 20 December 2016 to review the service arrangements for the provision of community health services. We did not observe patient care but sought feedback from patients.

The service has not been previously inspected.

Our inspection team

Our inspection team was led by:

Lead Inspector: Justine Eardley, Care Quality Commission.

Inspection Manager: Phil Terry, Care Quality Commission.

Why we carried out this inspection

We inspected this core service as part of our comprehensive community health services inspection programme.

How we carried out this inspection

This inspection was carried out as part of our routine inspection planning of community health services.

To get to the heart of people who use services' experience of care, we always ask the following five questions of every service and provider:

- Is it safe?

- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Summary of findings

We reviewed a range of information we hold about the core service and asked other organisations to share what they knew. We completed an announced inspection on the 20 December 2016.

During the visit, we spoke with the service lead and reviewed information relating to the development of the service, business plans and service specific policies and records. We received feedback from two patients.

What people who use the provider say

We saw feedback from two patients who regularly used the service. All information recorded referred to the service being well-led, accessible and reported that care was of a high standard.

Good practice

- The service provided bespoke patient centred appointments, which reflected the patient's needs. For example, appointments were extended, increased in frequency, or completed within the patient's home depending on the individual's needs.
- Due to the service having a small number of employees, patients received a high level of

continuity of care. The nurse/ patient relationship enhanced the therapeutic relationship, which enabled the identification of any changes to underlying physical, emotional or mental health conditions.

Areas for improvement

Action the provider **MUST** or **SHOULD** take to improve

Action the provider should take to improve:

- Develop a robust governance process as the service expands, to facilitate the monitoring of patient outcomes and risk.
- Implement a service risk register to record actions taken to mitigate identified risks.
- Implement systems to systems to monitor complaints and track responses, learning and actions taken to prevent reoccurrence.
- Implement systems to monitor and track patient referral to treatment times, appointment waiting times and any delays.

- Implement systems so that patient records are accessible to the patient's GP.
- Implement systems for recording mandatory training compliance.
- Ensure that patients are aware of how to make complaints about the service.
- Develop a business continuity plan for the safe delivery of services in the event of a major incident.
- Develop service specific policies for all developing services and the safe management of patient care

MY NURSE Ltd

Community health services for adults

Detailed findings from this inspection

Are services safe?

By safe, we mean that people are protected from abuse

Summary

We have not rated the service for safe. We found that:

- Staff were aware of their roles and responsibilities in the management of incidents. The service was planning to implement an electronic incident-reporting tool during the development of the organisation.
- The service had no reported incidents from April 2015 to December 2016.
- The service did not manage medications, with supplies for clinics being provided by the treatment centre. The service liaised with the patients' GPs to discuss any medication concerns or dressing prescriptions.
- The service maintained detailed patient records, which reflected assessments and treatment plans. These were shared with other providers to ensure effective patient treatment planning.
- Mandatory training included basic life support, infection control and prevention, manual handling and clinical governance. Training was completed through external online education programmes.

- The service had systems in place to assess risks associated with patients' care and treatment and lone working in patients' homes.
- Service leads assessed all business plans to identify service requirements and possible risks prior to the agreement to complete planned work.
- There were plans in place to expand staffing in line with successful business development. Systems were in place to ensure that staff were appropriate to their role and needs of the service.

However, we also found:

- There was no internal safeguarding system in place, however, staff had access to the county council safeguarding team and were able to contact them directly with any concerns.
- There was no major incident plan in place at the time of inspection.

Safety performance

Are services safe?

- Due to the service being under development, there was no information regarding safety performance. The service was planning to implement an electronic system for the recording of incidents and patient feedback, which would feed into service development and learning.

Incident reporting, learning and improvement

- Staff were aware of their role and responsibilities for raising concerns, recording and reporting safety incidents, concerns and near misses, internally and externally.
- The service reported no incidents and no serious incidents from April 2015 to December 2016.
- There were no never events reported during the period of April 2015 to December 2016. 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.
- Although the service had no incidents to investigate, staff were able to describe the process of investigation, action planning to address findings and the cascading of learning across the team to prevent reoccurrence.
- Staff reported daily learning regarding the development of the service and how this changed plans for future service provision. This included the assurance that correct pathways were present prior to taking on additional roles and projects.
- The service lead had identified an electronic system for the recording and tracking of incidents and investigations, which would be implemented when the organisation had developed further.
- The service used national databases to maintain up to date knowledge of safety alerts. We saw copies of alerts, which had been reviewed by the service.

Duty of Candour

- From March 2015, all independent healthcare providers (including adult social care, primary medical and dental care) were required to comply with the Duty of Candour Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 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.

- Although the service had no reported incidents, staff were aware of duty of candour and the need to be open and transparent when something goes wrong.

Safeguarding

- Staff in the service had the knowledge in place to identify patients who may be at risk of abuse and to keep people safe.
- Whilst there was no internal safeguarding system in place, staff had access to the county council safeguarding team and were able to contact them directly with any concerns
- Staff confirmed that they had not had reasons to report any safeguarding concerns at the time of inspection but were able to describe incidents that may require a referral to the safeguarding team and detailed what actions would be taken to ensure patient safety.
- Staff had completed safeguarding adult's level two training.
- There were no services for patients under the age of 18 years.

Medicines

- The service did not directly manage any medications. Prescriptions for dressings were provided by the patients' GP and the pharmacy would ensure delivery to the treatment centre prior to the patient's appointment. Dressings were stored in locked cupboards on site.
- Medications for vaccination clinics were provided by the pharmacy directly to the treatment centre, and were stored in locked medication fridges. Staff completing the vaccination clinics would check vaccines in line with guidance prior to administration.
- Staff directly corresponded with patients' GPs, if they identified a need for any changes to medications. For example, if a patient's wound appeared infected, the service would complete a wound swab for analysis and contact the GP to arrange antibiotics.
- Prescribed dressings were stored securely at the treatment centre or the patients' home.

Are services safe?

- We inspected the service's office base and found this suitable to needs of the service. We did not inspect the treatment centre or patients' homes where the service was provided.
- All clinical materials were managed through the treatment centre or patients' home addresses. We were told that the treatment centre had separate storage facilities for the service to use, and provided waste management in conjunction with all other environmental services such as transferring of swabs and bloods for analysis.
- Staff had access to appropriate clinical waste facilities, using colour coded refuse bags for soiled dressings. Patients, who received treatment within their homes, had routine refuse collection arranged through their GP and local provider.
- The clinic manager facilitated waste management at the treatment centre.
- The service used a designated room for each clinic. This enabled patients and staff to become familiar with the clinical environment and facilities.
- The service provided appropriate uniforms and equipment to complete the tasks identified.
- The pharmacy delivered patient dressings directly to the location where treatment was completed, for example, the patient's home or treatment centre.

Quality of records

- Files for patients receiving care at the treatment centre were stored securely on site. Files for patients receiving care in their own home were stored at the base office in a secure cupboard within a locked room. The process for safe storage of information was clearly outlined in the data protection policy.
- The service was planning to use the same electronic system as the GPs for future records; however, this required external training and had not been arranged at the time of inspection.
- All records were legible, up to date and detailed name of person completing. Records were found to be descriptive of actions taken and treatment administered.

- Records audits were not completed by the service at the time of inspection. We saw that there were plans in place to complete quarterly documentation reviews as part of staff competency monitoring.

Cleanliness, infection control and hygiene

- Another provider managed the maintenance of cleanliness and hygiene needs at the treatment centre.
- We saw that policies reflected best practice for maintaining safe infection control practices, such as ensuring staff were bare below the elbow and uniforms were laundered regularly.
- Staff were responsible for the provision of safe clinical practice, such as aseptic dressing changes or wound irrigation. Staff described practices used to maintain hygiene and cleanliness, which included the safe disposal of irrigation fluids and soiled dressings during inspection.
- Personal protective equipment (PPE) was used for all interventions and disposed of appropriately after use. We were told that PPE was also used when attending patients' homes.
- Handwashing and hand gels were used between patients to reduce the risks of cross contamination. We saw that hand gel was readily available.
- No incidents pertaining to infection control issues had been reported by the service.

Mandatory training

- The mandatory training system was not yet established due to the service employing one individual. There were plans in place to commence a mandatory training programme once the organisation had expanded. The training would include safeguarding adults, mental capacity, infection prevention control, and basic life support.
- The current staff completed online training programmes through an external provider. These were completed annually to ensure competence and maintain up to date knowledge. We saw training records for adult and paediatric basic life support, manual handling, anaphylaxis awareness, infection control, equality and

Are services safe?

diversity, fire safety, handling medication, handling violence and aggression, first aid awareness, information governance, lone worker, and level 2 safeguarding adults and children.

- In the event whereby agency staff were to be employed, their training records would be reviewed prior to employment to ensure that they were competent to complete the tasks outlined in the role.

Assessing and responding to patient risk

- Risk assessments were completed on all patients as part of the activities of daily living assessment, at the time of referral into the service. This included a nutritional assessment, mobility assessment and falls risk assessment. The service did not use a formal tool for these assessments and used information shared by the patient in discussion of their general health care needs. It is important to note that patients attending the service are well and attended the service for long-term treatments.
- Staff used the activities of daily living assessment to identify any areas that the patient may need support with or any underlying health issues. This assessment was reviewed and updated at each visit with any changes in clinical condition.
- All patients' records contained an overview sheet, which detailed patients contact details, emergency contact number for next of kin, GP name and contact details and past medical history.
- We saw that risk assessments were completed, detailing any information pertinent to the nurse visiting. For example, poor outdoor lighting, key safe numbers and identification of the patient or relative being a smoker.
- Due to the type of service, staff were able to spend quality time with the patients and form relationships. This meant that any changes in physical or mental health were easily identified.
- All patients were given contact details for the service and were able to call for assistance at any point during the day or night. The service issued patients with a named nurse and were encouraged to contact them with any problem or concerns. We were told that if a patients dressing required changing outside the normal business hours, staff would arrange for a visit at either the patient's home or the treatment centre.

- There were no handovers in place due to the service completing individual clinics and having one member of staff.
- Patients identified as deteriorating were referred directly to their GP, or assisted to attend the emergency department at the local acute trust.
- We saw that the service had a policy outlining actions to be taken if there was no response from a patient when attending for a home visit. This included the escalation of concerns to the base office, the police and completion of an incident report.

Staffing levels and caseload

- Staffing levels were arranged around clinical activity. For example, one nurse was required to attend the dressing's clinic. If additional clinics were required, these were planned around pre-set activity to ensure adequate facilities and staff were available.
- The service had access to additional staff for periods of increased activity. These staff members were known to the service and employed as agency staff. The service lead reported regular contact with individuals who assisted with providing care on an ad-hoc basis, informing them of pressures and plans for activity.
- There were systems in place to ensure competence of agency staff, and an induction process, which included supervised practice and orientation to the clinical environment.
- A staffing review of type of qualifications and total number of individuals required had been completed for the developing services. We saw that job descriptions had been devised and advertisement for posts had been planned in preparation for the agreement of future projects.

Managing anticipated risks

- Potential risks were taken into account when planning the service. We were told that business planning was completed taking into account aspects that may delay or affect service delivery, such as recruitment of suitably qualified staff, identification of suitable premises, provision of stock (such as medications) and accessibility of services for patients. For this reason, the development of the service was reported as being slower than anticipated.

Are services safe?

- We saw that proposed work was assessed for the impact on the service to ensure the service had the capabilities to meet the demands, prior to agreement to complete the work. For example, the service could have implemented additional vaccination clinics, however, service leads wanted to ensure that there were the necessary facilities in place prior to agreeing to the additional work.
- The service had a lone working policy in place that detailed actions to be taken to maintain personal safety and minimise personal risk. This included advice on securing personal equipment, carrying mobile phones and ensure someone knew where staff were.
- Due to the service being under development, there was no major incident awareness training in place. The service strategy outlined actions to be taken in the event of a major incident. For example, in the event of adverse weather, when staff were unable to attend the planned appointments, patients should attend their nearest GP practice for completion of treatments.
- Staff were able to describe actions that would be taken to address incidents such as loss of access to the treatment centre, describing that care would be provided in the patients' home as an alternative.
- We saw that the service had a business stability and continuity plan in place.

Major incident awareness and training

Are services effective?

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Summary

We have not rated the service for effective. We found that:

- The service used current evidence based guidance to develop patient pathways and provide patients' care and treatment.
- Pain was appropriately assessed and managed by the service, with referrals made to patients' GPs for additional support.
- Nutritional assessments were completed on referral to the service and reviewed at regular intervals. Patients identified as at risk of malnutrition were referred to their GP.
- Staff were assessed for competence to ensure that they were suitable for their role. The service maintained links with specialist advisors and providers to ensure that they remained up to date with treatments and techniques.
- The patients' GP managed patients' care and treatment. The service coordinated referrals through the GPs where necessary.
- Staff were aware of their roles and responsibilities in the assessing and recording of patient consent, mental capacity and deprivation of liberty safeguards.

However we found that:

- Patient outcomes were not monitored or tracked by the service.
- Due to the service being under development, there were a limited number of service specific policies in place.
- Patients records were paper based and were scanned in to the GP electronic record once discharged from the service.

Evidence based care and treatment

- The service used current evidence based guidance, standards and legislation to develop the service and provide safe care and treatment. Guidance on practical skills was sought from the Royal Marsden Handbook, and through external specialist training.

- Due to the service being under development, there were a limited number of service specific policies in place. We were told that policies were created as necessary to meet the needs of the service. We saw that policies reflected guidance from national databases and reference guides to ensure patient and staff safety.
- Patients attending the service were assessed on referral and goals identified. Staff planned implemented and evaluated care regularly to ensure effectiveness. When necessary treatment was changed to address any changes in clinical condition.
- Patients were treated without discrimination, and this was evident from the variety of patients treated by the service.
- Staff were aware of the Mental Health Act 2005, and were able to describe how this affected patient care and treatment planning.

Pain relief

- Staff assessed pain during each treatment and advised patients accordingly. For example, patients were encouraged to take pain control prior to their appointment for dressing changes. Pain was recorded within the patient's records on each visit.
- Staff liaised directly with patients' GP to ensure pain was well controlled. We were told that one patient's pain was poorly controlled when first referred to the service. The patient's GP was contacted and asked to review the pain medication and an alternative medication was prescribed. Pain was reported to have improved during following treatments.

Nutrition and hydration

- Staff assessed patient's nutritional needs on referral to the service. This included questioning on their ability to shop, cook meals as well as diet and nutrition.
- The service would contact the patients' GP with any concerns regarding diet and nutrition, and request a referral to the local dietetics service. For example, one

Are services effective?

patient was referred to their GP and dietician following a review of nutritional needs for diabetes and long-term leg ulcers. The patient received additional nutritional support, which assisted with the healing process.

Technology and telemedicine

- The service had no technology or telemedicine services at the time of inspection.

Patient outcomes

- The service did not formally measure patient outcomes, however, it recorded information relating to the total numbers of patients seen and discharged. The service reported that 30 patients were referred into the service from April 2016, with five patients receiving treatment at the time of inspection.
- The service did not currently participate in any organisational or national audits.
- The service had commenced the long-term leg ulcer clinic in April 2016. Information regarding patient progress was monitored and recorded in patients nursing records.
- The clinical commissioning group and patients' GPs were informed of discharges from the service by email. GPs confirmed that they received regular feedback about treatment plans and outcomes.
- The service had introduced a patient questionnaire, which was based on the friends and family test. These were issued to patients regularly to capture any concerns or comments. Feedback was noted as being positive.

Competent staff

- The service lead was a registered nurse, who had the right skills, knowledge and experience to do their job when they started their employment and take on new responsibilities.
- Competencies were assessed by appropriately trained colleagues or assessors during training.
- The service had an induction programme in place for when staff were recruited. This included health and safety training, basic life support and safeguarding children and adults.

- As the service provided speciality services, staff training needs were easily identified. External training was sought in wound dressings and tissue viability. This included staff being involved with national forums for dressings and wound management. These forums were managed by specialist companies and shared learning regarding wounds, their dressings, new technology and patient outcomes.
- Staff were given the opportunity to develop with the service. New plans for projects required staff to gain additional skills, and prior to starting the project, staff were trained to perform the role.
- Staff planned to commence roles within the service were kept informed of project progress and potential start dates.
- There was an appraisal policy in place, which detailed that each new member of staff would have a one-year probationary period, during which regular meetings with their line manager would occur. Following that initial period, staff would have annual appraisals to identify any learning objectives or needs.
- We saw that there was a system in place to check staff compliance every quarter through an unannounced field compliance check. The process for which was clearly outlined, and included an unannounced visit by a manager to assess that the individual was using the correct processes in line with policy, wearing the right uniform and documenting appropriately. This process was not in use at the time of inspection, due to there being no current employed staff, apart from the service lead.

Multi-disciplinary working and coordinated care pathways

- The patients GP had overall responsibility for the management of the patient's condition, their treatment and coordinated all necessary activities or referrals to manage the individuals care needs.
- The service liaised with the patients' GPs when necessary, informing them of any changes to their clinical condition, any identified concerns or when treatment was completed.
- Staff were involved with the planning of the treatment only. For example, the planning of wound dressing frequency and dressing type.

Are services effective?

- Any changes to treatment were discussed with the GP to ensure that treatment was appropriate to clinical needs. For example, the service would liaise directly with the GP and pharmacy to ensure adequate supplies of the most appropriate dressings.
- The service lead reported that the administration team at the treatment centre assisted with the planning of patients' care by assisting with patient diagnostic results and contacting GPs.

Referral, transfer, discharge and transition

- GPs or district nurses referred patients directly to the service for management of long-term wounds. The first appointment with the service would be completed within two weeks of referral.
- The service worked collaboratively to plan ongoing care and treatment in a timely way. Patients were referred and discharged to their GP when their clinical condition allowed.
- All patients attended the service as an outpatient, and therefore the decision to discharge from the service was not affected by the time of day.
- Staff were able to increase the number of visits if patients' needs suddenly increased, or the patients deteriorated suddenly. We were told that all patients were allocated a named nurse to contact at any point if they became concerned about their dressing or condition.
- As patients' wounds improved, the service would inform the patient that attendance at the clinic would not be necessary and informed that if symptoms returned they should contact their GP for re-referral.

Access to information

- The service had access to all the information needed to deliver effective care and treatment. This included risk assessments, care plans, case notes and test results. Patients' notes were held where the treatment was delivered, in either the treatment centre or their home.
- The treatment centre used reported that the service provided clear communication to the GP for after-care treatment and corresponded through secure networks.
- The service did not have access to the electronic patient records held by the GPs, but could access any

information through the assistance of the clinics' administration team. Currently paper notes were scanned into the system when treatment was completed, which meant that the GP did not have access to patients' treatment records until scanned onto the electronic system. To provide the GP with some information, the service would contact the GP when changes to treatment occurred. This included, changes to dressing type, frequency of appointments, required additional interventions, and when patients were discharged.

- The service had an information system policy, which outlined actions staff should take to ensure they were able to access relevant patient information safely.
- The service was not currently registered with the Information Commissioner's Office, however this was planned to be completed once the service was established as a contracted provider.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff had an understanding of consent and decision making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- Patients were supported to make decisions regarding the care and treatment they received. This included the introduction of new types of dressings, frequency of attendance and changes to medications.
- We saw that consent was recorded at the time of each treatment.
- The service reported infrequent exposure to patients with the inability to consent, but was able to describe the differences between lawful and unlawful restraint and the process of completing care in the patients' best interest, in line with legislation.
- Patients with dementia were escorted to the appointments and given longer appointments to allow time for explanations.
- The service did not have a restraint policy, and reported that patients would not require restraint for treatments.
- There was 100% compliance with Mental Capacity Act 2005 training.

Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

Summary

We have not rated the service for caring. We did not observe any interactions with patients and feedback was provided through written comments. We found that:

- Patients said that they were treated with compassion and respect and staff were caring.
- Patients' dignity was maintained.
- Staff took time to explain treatments to patients and their relatives, offering longer appointments and written information where necessary to assist with understanding.
- Staff were responsive to the emotional wellbeing of patients, allowing additional time or support to patients when necessary.

Compassionate care

- Staff understood and respected patient's personal, cultural, social and religious needs, and considered these when planning all treatments.
- Due to the nature of the service, staff were able to spend additional time with patients and their loved ones to discuss treatments and concerns. Additional time was offered to help support patients and we were told that staff continued to have contact with patients after discharge to provide social interaction.
- Staff treated all patients and their relatives in a respectful and considerate manner.
- Patients were asked to comment on whether they would recommend the service and whether there were any areas for improvement. We saw two responses from patients that identified that the service was "excellent", and "would be recommended". Patients were very positive about the service, stating that the staff were "lovely" and "caring".

- Staff maintained patients' privacy and dignity by single appointment scheduling, do not disturb signs and ensuring that notes and personal identifiable information was secure.
- Staff maintained patient confidentiality at all times.

Understanding and involvement of patients and those close to them

- Staff communicated with patients in a manner that they would understand. Time was taken to ensure patients and their relatives understood what was happening and planned.
- Patients who required additional support to understand, such as interpreters, advocates or specialist advice were offered support in pre-arranged clinics by staff. Staff identified any specialist needs prior to the initial appointment through the referral process.
- Staff contact numbers were provided to patients, with instructions to call them at any point to discuss any concerns.

Emotional support

- Staff had an understanding of the impact of care and treatment on the patients overall wellbeing. This was particularly relevant to patient with long-term leg ulcers as some patients wounds were over one year old.
- Staff ensured that all aspects of the patients' wellbeing was discussed during their appointment, as this enabled patients to gain emotional comfort and support.
- We were told that one patient had been discharged from the service, however their only outside contact was their attendance at the clinic. In response to this, staff attended the discharged patients' house to complete a social well-being call.

Are services responsive to people's needs?

By responsive, we mean that services are organised so that they meet people's needs.

Summary

- We have not rated the service for responsive. We found that:
- The service was under development at the time of inspection.
- The service was utilising information collected from patients to identify areas where business plans could be developed to provide care.
- The service took into account patients' vulnerability and complex needs and arranged appointments to suit the demands of each individual.
- There had been no complaints for the service from July 2015 to December 2016.

However, we also found:

- The service did not record referral to treatment times or appointment waiting times.
- There was no formal system in place for the recording of patient complaints.

Planning and delivering services which meet people's needs

- The needs of the local population were used to inform how the service was planned and delivered. For example, current business plans included the implementation of vaccination clinics for overseas holidays coordinated with religious festivals and events.
- The service had regular contact with the local commissioners and stakeholders to discuss the needs of the local population. This included facilitating additional patients for the leg ulcer clinic and the planning of new services.
- As the service was small, there was flexibility to enable patient choice and continuity of care. The service lead planned to facilitate continuity of care through the provision of a named nurse for each patient.
- The facilities and premises were appropriate for the service. We were told that an alternative office had been identified as a base, for when the organisation expanded.

- The service did not have clear admission criteria, however only patients with leg ulcers were referred into the service for treatment.

Equality and diversity

- The service provided care and treatment to any patient requiring long-term wound management without regards to their age, gender, religious beliefs or ethnicity.
- Patients identified as having a disability were able to attend the clinics or have their treatments completed at their home.
- The service had access to telephone translator services; however, staff reported that there had been no occasions where this had been used.
- Patients attending the service were offered written information about their treatment and care plans, which could be translated into non-English languages if necessary.
- Staff reported that patients whose first language was not English often attended the service with an English-speaking relative and translator and written information was used to ensure that patients had an understanding of their treatment.

Meeting the needs of people in vulnerable circumstances

- The service offered a bespoke appointment system, which enabled additional time to be spent with patients with complex needs. This meant that patients living with dementia or those with a learning disability had longer appointments to enable familiarisation with staff, the environment and treatment.
- We saw that service policies reflected the needs of patients with a disability. The disability discrimination policy outlined the key principles of maintaining patient's dignity, and promoted fair treatment of staff and patients.

Are services responsive to people's needs?

- Patients in vulnerable circumstances were assessed for safety for home visits, or alternative clinic appointments. Staff had an understanding of the needs of people living with a dementia and would provide flexible appointments around these patients' needs.
- Patients with limited access to the service were seen within their homes following a completed risk assessment.
- Patients attending the leg ulcer clinic often had additional health needs for long-term conditions. If, during patients' assessments, staff identified any additional areas for concern, staff contacted the patients' GP or local authority informing them of the concerns and the suggestion for additional services to meet the patients' individual needs. For example, staff had identified one patient who required additional support through a care package. The patient was referred to the local authority and a care package implemented.
- Staff at the treatment centre reported that the service positively contributed to patients' health stating that treatment and care provided "made a dramatic difference to improving the quality of life for patients".
- The service did not record patient arrival times and times of commencement of treatment, although reported that there were very few delays. Waiting times were not recorded by the service.
- Appointments were scheduled with sufficient intervals to allow for changes to complex dressings or the patient's condition, without affecting the next patients' appointment time.
- Patients referred to the service were deemed fit and therefore prioritisation of treatment was not necessary. Staff told us that if patient's conditions changed they were able to rearrange or increase the frequency of visits to meet the changes in clinical demands.
- We did not see the appointment system in use during this inspection.
- Care and treatment was not cancelled. Alternative practitioners would cover the service to ensure that patients continued to receive their treatment, when needed.

Learning from complaints and concerns

Access to the right care at the right time

- The referral to treatment time was not recorded by the service; however, we were told that patients were seen within two weeks of referral from their GP. It is important to note that patients referred into the service were already receiving treatment from another provider, such as the district nurse prior to referral, and therefore there was no delay in treatment.
- Patients were able to arrange appointments to suit their needs or arrange alternative appointments if they were unable to attend. Although the clinics were open on Monday and Friday mornings only, appointments could be scheduled outside these hours at the patients' home.
- The service reported no complaints from April 2015 to December 2016.
- The service did not have a system in place for recording complaints or concerns, although, it had commenced a process whereby patient feedback was being collected. Data collected was not yet analysed at the time of inspection. If patients had a concern about the staff in the service, they would normally make a complaint via their GPs.
- Patients who wished to complain about the service were encouraged to do so through the treatment centre or their GP. The service lead told us that patients were informed of the process for escalating concerns during patient's initial appointments. We were told that the treatment centre displayed complaints and compliments posters.

Are services well-led?

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Summary

We have not rated the service for well-led. We found that:

- There was a clear strategy for the development of the service, with the service lead completing business plans and implementing new patient pathways in a systematic approach.
- The service lead had a clear understanding of their roles and responsibilities.

However we also found:

- There was no risk register or governance process in place, due to the infancy of the service.

Leadership of this service

- A nurse practitioner who had the appropriate skills, knowledge and experience managed the service. The individual completed all aspects of the service including business development, writing and development of patient pathways, policies and providing patient care.
- The service lead had an understanding of the challenges facing the service and had plans in place to address the challenges ahead. This included recruitment of staff, systems for recording risks, incident management and training.
- There was an operational team structure planned. We saw that an external marketing company filled the position of director of marketing.

Service vision and strategy

- The service had a clear vision and set of values based on the quality of patient care. We saw that the philosophy referred to an integration of health and social care services to provide care within the patient's home.
- We saw that the service had a robust and realistic strategy, which prioritised quality care. The strategic plan outlined details of the strategic focus, mission statement, purpose, goals, target customers, industry analysis and a marketing plan.

- To ensure that this was achieved, we were told that organisational expansion would not occur until after all requirements were addressed.
- Due to the service being under development, the service and strategy were under constant review to identify progress. Business planning was dependent on additional agencies approving the business cases put forward by the service, which meant that the service could not continue onto the next stage of their plan until approval was granted. This was reflected in the recruitment of staff, the proposed move to a purpose built office and commencement of additional patient services.

Governance, risk management and quality measurement

- The service did not yet have a governance process in place. There was limited evidence to support that performance was reviewed as part of development planning. Due to the small size of the service, governance meetings to identify risks and learning, the collection of performance related data for analysis and monitoring purposes and a risk register were not yet in place. This was largely due to the service having one employee who was responsible for the planning, implementation and review of all patient services and treatment.
- The service lead was aware of their role and responsibilities and understood their accountability.
- The service maintained contact with the clinical commissioning group through a designated individual. This individual was contacted at regular intervals to update on patient's progress and any planned discharges.
- The main aims of the service were to provide treatments that resulted in the healing of long-term wounds. The service lead considered the improvement in patient health as a result of the healing wounds as a key performance indicator.

Culture within this service

Are services well-led?

- We were unable to gather evidence for this part of the inspection due to the service currently employing one member of staff.

Public engagement

- We saw that the service collected patient feedback through regular questionnaires. The information collected was positive about the service.

Staff engagement

- We were unable to gather evidence for this part of the inspection due to the service currently employing one member of staff.

Innovation, improvement and sustainability

- The service lead used information gathered through their current workload and experience to devise a sustainable business plan for the provision of wound care. This meant that the service was unique and specific to needs within the geographic area.
- The service was in discussions with the commissioning group to identify how the service could expand and improve.