

IQVIA IES UK Limited

IQVIA IES UK Limited

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

IQVIA IES UK Limited is a large multi-national organisation that has a specific unit which specialises in health management. They work alongside the NHS to provide patient education and carry out physical health observations of patients receiving treatment for a range of different diseases.

This was the first time we rated this 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 controlled infection risk well.
- 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 useful 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.
- 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 there were no waiting times for treatment.
- 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.

However:

- Staff did not always ensure that risk assessments were completed and added to patient records.
- The referral form used by the service did not include space for the referrer to record details of any existing safeguarding issues.
- Managers did not record outcomes from field visits in a consistent way.

Summary of findings

Our judgements about each of the main services

Service

Community health services for adults

Rating

Good



Summary of each main service

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- 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 useful 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.
- 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 there were no waiting times for treatment.
- 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.

However:

- Staff did not always ensure that risk assessments were completed and added to patient records.

Summary of findings

- The referral form used by the service did not include space for the referrer to record any existing safeguarding information.
 - Managers did not record outcomes from field visits in a consistent way.
-

Summary of findings

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Summary of this inspection

Background to IQVIA IES UK Limited

IQVIA IES UK Limited is a large multi-national organisation that has a specific unit which specialises in health management. This section of the business works with NHS Trusts to help deliver education and monitoring for patients with a range of diseases including multiple sclerosis, cancer and respiratory diseases. At the time of the inspection the organisation was supporting 23 different treatment programmes. The organisation's head office is in Reading, however staff work remotely and are spread out across England. At the time of the inspection there were 70 staff working for the service.

The service is registered to provide treatment of disease, disorder or injury and diagnostic and screening procedures. There was a registered manager in place.

This was the first time we had inspected this service under this provider.

What people who use the service say

People who use the service told us that staff treated them with kindness, dignity and respect at all times. They felt staff really listened to them and got to know them. They told us that staff were very knowledgeable and they felt reassured that expert advice was only ever a telephone call away.

How we carried out this inspection

Our inspection team was made up of 2 inspectors who sought advice from the CQC medicines team. During the inspection, the team:

- Interviewed the registered manager and nominated individual
- Spoke with 16 other staff members including field managers, nurse advisors and senior nurse advisors
- Spoke with 8 patients
- Reviewed 8 care records
- Collected feedback from 4 healthcare practitioners from referring NHS trusts
- Reviewed 3 recruitment records
- Observed a patient appointment
- Reviewed information and documents relating to the management of the service.

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

Areas for improvement

Action a service **MUST** take is necessary to comply with its legal obligations. Action a service **SHOULD** take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service **SHOULD** take to improve:

Summary of this inspection

- The service should ensure that risk assessments are completed in line with their policy [Regulation 12 (2) (a) Safe care and treatment].
- The service should ensure they update their referral form to capture existing safeguarding information the referring organisation is aware of [Regulation 12 (2) (i) Safe care and treatment].
- The service should consider ensuring there is more consistency in the recording of information following field visits.

Our findings

Overview of ratings

Our ratings for this location are:

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

Community health services for adults

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

Is the service safe?

Good 

This was the first time we rated this service. We rated safe as good.

Mandatory Training

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

Staff received and kept up-to-date with their mandatory training. Ninety-five percent of staff were up to date with their mandatory training.

The mandatory training was comprehensive and met the needs of patients and staff. The mandatory training programme was the same as that within the NHS. Staff also completed additional training in the specific diseases/treatments they supported people with.

Staff completed training on recognising and responding to patients with a learning disability or autism.

Managers monitored mandatory training and alerted staff when they needed to update their training. Managers kept oversight of when mandatory training was due to expire and alerted staff 60 days before this was due to ensure they had enough time to complete it.

Safeguarding

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

Staff received training specific for their role on how to recognise and report abuse. Staff completed either level 2 or level 3 safeguarding training. Staff also completed additional safeguarding training at their annual continuing professional development day.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff told us they felt confident in recognising and reporting abuse.

Community health services for adults

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff were aware of the processes to follow if they had any safeguarding concerns. They had an internal safeguarding team they could approach for advice and told us they would also inform the referring NHS Trust.

Staff told us that if there were any safeguarding concerns details of this would be recorded in the summary box on the front page of the patient's electronic notes. However, the referral forms they received did not explicitly ask for information about any existing safeguarding information and so the organisation may not necessarily be made aware of these at referral. Managers told us they would consider updating the referral form to include this.

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 visibly clean.

Staff followed infection control principles including the use of personal protective equipment (PPE). Staff had access to PPE and checked with patients whether they would like them to wear a mask before entering their home.

Staff cleaned equipment after patient contact. We observed staff wiping down equipment after use.

Assessing and responding to risk

Staff did not always complete risk assessments in line with their organisation's policy. Staff knew what to do if a patient's physical health deteriorated.

The referring NHS trust was responsible for completing risk assessments for each patient prior to them starting treatment. IQVIA had a policy which stated that staff should carry out a risk assessment prior to the patient's first appointment. This was to review any risks relating to their home environment or COVID-19. However, 4 out of 8 records we reviewed did not include a completed risk assessment. Managers told us that staff would also complete a visible risk assessment prior to entering a patient's home and if there were any concerns they would not go in and would re-arrange the visit to take place with an additional colleague. Staff had access to lone working devices which were provided and monitored by an external company. They activated the device and entered the address of their appointment and how long they expected to be there when they arrived at a patient's home and then logged out again at the end of the visit. They could also press a silent alarm button which enabled the monitoring company to listen to what was happening.

Staff were aware what action to take if there was a deterioration in a patient's physical health. Depending on the situation they would either advise the patient to contact their GP or if more urgent intervention was required, they would call an ambulance. Any concerns would also be reported back to the referring NHS trust. Patients told us that when staff had been concerned about their physical health they had stayed in regular contact to check in on them, which they appreciated.

Staffing

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

The service had enough nursing and support staff to keep patients safe. The service employed 70 staff which included 52 nurses and 4 healthcare assistants. The service did not use any bank or agency staff.

Community health services for adults

The service had low vacancy rates. They had 6 vacancies, however these were due to the expansion of the service rather than to replace staff who had left.

The service had low turnover rates. The turnover rate in the 6 months prior to the inspection was 8.4%. Many staff we spoke with had worked with the organisation for several years, and in some instances decades.

The service had low sickness rates. The sickness rate in the 6 months prior to the inspection was 2.4%.

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 comprehensive and all staff could access them easily. All staff had laptops and tablets so they could easily access records whilst working remotely.

Records were stored securely. Staff were required to use multi-factor authentication to log in to the records system, for example if they wanted to log in on their laptop a code would be sent to their work phone to enable them to do this securely. Staff completed data security training. Staff also had NHS email addresses to ensure the information they shared with NHS colleagues was sent securely.

Medicines

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

Staff followed systems and processes to administer medicines safely. Staff did not prescribe any medicines. The medicines they administered were either provided by a hospital if patients were receiving treatment there, or sent to the patient directly. One of the main roles of the nurse advisors was to educate patients in how to administer treatment safely, for example how to self-administer injections. Staff used a competency checklist to ensure that patients were safe to do this. Staff and patients told us that if patients did not feel confident to self-administer after their initial visit, then staff would offer to support them again when their next injection was due.

Staff provided advice to patients about their medicines and discussed any side effects with them on a regular basis in line with the monitoring requirements for the treatment programme they were on. Staff also encouraged patients to call them between appointments if they experienced any side effects.

Staff stored and managed all medicines safely. Nurses carried adrenaline and hydrocortisone in case of patients experiencing anaphylaxis. Anaphylaxis is a severe, potentially life-threatening allergic reaction that can develop rapidly. The organisation kept a supply of these at head office. Nurses were required to check the expiry date on these emergency medicines each week and contact the administration staff to request more be sent to them if they were approaching expiry. There was a protocol for nurses to follow to dispose of any out of date stock. Nurses received annual training in Basic Life Support and anaphylaxis in line with Resuscitation Council UK guidelines (2021).

Staff had access to equipment required to monitor the effects of medicines on a patient's physical health. Each nurse had their own equipment such as blood pressure monitors and electrocardiogram (ECG) machines where they were trained to use these. Managers kept a central log of equipment and when it was due to be calibrated. Staff sent equipment to head office for calibration and an external company re-calibrated it.

Community health services for adults

Incidents

Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

All staff knew what incidents to report and how to report them.

Staff raised concerns and reported incidents and near misses in line with organisation policy. Staff had reported 4 incidents and 1 near miss in the 6 months prior to the inspection.

Staff understood the duty of candour. They were open and transparent and gave patients a full explanation if and when things went wrong.

Staff received feedback from investigation of incidents.

There was evidence that changes had been made as a result of staff reporting incidents. For example there had been a near miss incident on a project where patients voluntarily gave blood. A staff member realised that the field that recorded the date they had last given blood on the electronic recording system was not mandatory to complete, and that if it was missed then there was potential for the patient to give blood again before an adequate amount of time had passed between donations. The IT system was therefore updated to make this field mandatory.

Is the service effective?

Good 

This was the first time we rated this service. We rated effective as good.

Evidence-based care and treatment

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

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Staff followed clear protocols for each treatment programme which were devised by the pharmaceutical companies and agreed with NHS partners.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.

Staff were involved in monitoring outcomes for patients. Every time a staff member reviewed a patient's treatment they fed back to the referring NHS trust so that any concerns or adverse events could be factored into their treatment plan.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time.

Managers used information from the audits to improve care and treatment. Where improvements were identified these were recorded on a spreadsheet which was regularly reviewed.

Community health services for adults

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. One of the senior nurse advisors took a role on developing the induction programme. Staff told us this was comprehensive and provided plenty of opportunities for them to shadow other members of the team before they started working alone.

Managers supported staff to develop through yearly, constructive appraisals of their work. All staff had received an appraisal within the last year.

Managers supported staff to develop through regular, constructive supervision of their work. All staff received regular supervision. Managers conducted field visits with staff every 6 weeks where they shadowed staff for the day to observe their practice. We found that documentation following the visits was inconsistent in detail and it could be unclear whether the nurse had worked in line with expected procedures or not.

Staff were required to complete an annual clinical assessment record to evidence that they were competent and practising safely. The records we reviewed for 2023 had lots of gaps but managers told us staff had until the end of the year to complete them and were able to show us some completed records from 2022.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. Staff attended regular meetings specific to the treatment programmes they were working on, as well as meetings within their sub-teams.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge.

Managers made sure staff received any specialist training for their role. This included training in the specific treatment programmes staff were involved in delivering.

Managers identified poor staff performance promptly and supported staff to improve. They provided additional training for staff where this was an identified need.

Multidisciplinary working

Staff worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.

Staff worked closely with the referring NHS trusts to provide effective care for patients. Professionals we spoke with from NHS organisations told us that the IQVIA nurses were very responsive and worked well alongside them to ensure that patients received high quality care. They told us that without the support of the IQVIA nurses it would not be possible to deliver such a comprehensive treatment programme. The nurses fed back to the referring team on the same day of each appointment so the NHS trust were able to consider any concerns or schedule any required follow-ups promptly. NHS partners told us they found the communications from IQVIA nurses to be comprehensive and effective and that staff worked in a consistent way, so if a nurse was covering when their designated nurse was on leave, they knew exactly what to do and followed all the same protocols.

Community health services for adults

Health promotion

Staff gave patients practical support and advice to lead healthier lives.

Staff provided support for people to live a healthier lifestyle. Staff provided patients with education on how lifestyle factors could affect their illness.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

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

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Consent was obtained by staff from the referring NHS trust however this was re-visited by staff at initial patient contact.

Staff received and kept up to date with training in the Mental Capacity Act. Staff completed this once a year.

Is the service caring?

Good 

This was the first time we rated this service. We rated caring as good.

Compassionate care

Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

Staff were responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. The patients we spoke with told us that staff had spent plenty of time with them and that they made an effort to really get to know them.

Patients said staff treated them well and with kindness.

Patients told us that staff made sure that any issues causing them concern were promptly addressed, for example when one patient was concerned they hadn't yet received an appointment for a scan, the nurse chased this up for them directly and was able to provide an update.

Staff followed policy to keep patient care and treatment confidential.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress.

Community health services for adults

Staff gave patients emotional support and advice when they needed it.

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. Staff were aware of the impact being diagnosed with a new condition could have on patients and were able to spend the time patients needed answering questions and offering them support.

Understanding and involvement of patients and those close to them

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

Staff made sure patients understood their care and treatment. Patients told us that staff gave them plenty of opportunities to ask questions and that they explained things in ways they could clearly understand.

Patients could give feedback on the service and their treatment and staff supported them to do this. Feedback was routinely collected from patients on each treatment programme.

Patients gave positive feedback about the service. Both the feedback collected by the service, and the feedback collected as part of the inspection process, was very positive.

Is the service responsive?

This was the first time we rated this service. We rated responsive as good.

Service planning and delivery to meet the needs of the local people

The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

Managers planned and organised services so they met the changing needs of the population they served.

Managers monitored and took action to minimise missed appointments. Staff sent text message reminders to patients the day before their appointment to try and minimise the risk of missed appointments.

Managers ensured that patients who did not attend appointments were contacted. Staff attempted to contact patients by telephone or email if they did not attend a planned appointment. If this contact was unsuccessful they would let the referring NHS trust know that the appointment had not gone ahead.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.

Managers made sure patients could get help from interpreters or signers when needed. Staff had access to a translation app and could also access interpreters via the referring NHS trust.

Community health services for adults

Staff had access to communication aids to help patients become partners in their care and treatment. Staff could provide information in large print or braille if required.

Access and flow

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

There was no waiting time for the service. Patients who were referred to the service were contacted in line with the timeframes specified depending which treatment programme they were on. Staff also took action to reduce the waiting time for people to receive results. For example, they would take blood samples to the main hospital within a county rather than the one closest to them, as they knew this would enable the patient's referring team to receive the results quicker.

Where the treatment programmes were for a fixed duration of time, such as one year, patients were referred for were discharged back to the care of the NHS. Patients were informed of this from the outset of treatment.

Managers worked to keep the number of cancelled appointments to a minimum. The service had cancelled 17 appointments in the 6 months prior to the inspection. Managers had processes in place to cover any unplanned absences from work and worked with staff to re-prioritise patients to ensure as many appointments as possible could go ahead. Where cancelling appointments was unavoidable, managers ensured they were rearranged as soon as possible.

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.

Patients knew how to complain or raise concerns. Patients told us staff provided them with written information about how to make a complaint.

Staff understood the policy on complaints and knew how to handle them.

Managers investigated complaints and identified themes. The service had received 3 complaints in the 6 months prior to the inspection. Two of these were partially upheld and 1 was not upheld.

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. Managers provided feedback to staff regarding the 2 complaints which had been partially upheld.

Is the service well-led?

This was the first time we rated this service. We rated well-led as good.

Community health services for adults

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service. They supported staff to develop their skills and take on more senior roles.

The leaders of the service were all experienced registered nurses who had been working in managerial roles for several years. They had a good understanding of the service and the issues faced. For example, staff felt one thing that could be most improved within the service was their IT systems and the leaders were already looking into how they could be improved.

Staff told us that leaders were approachable, open to suggestions and that they could call them for advice at any time. NHS partners told us that when they contacted leaders they were responsive and keen to provide prompt solutions in the event of any problems.

Leaders supported staff to progress within their roles. There was a senior nurse advisor position which staff were able to tailor depending on their interests. Leaders were aware that not all nurses wanted to take on managerial roles and so the senior nurses were able to tailor their programme of development depending on what they were interested in.

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. Leaders and staff understood and knew how to apply them and monitor progress.

The service's strategy was to "work in collaboration with the NHS and develop new and innovative approaches to aiding patients in the community and closer to home to support them and carers in the management of their diseases". The strategy also set out clear aims and ambitions for the service and how these could be achieved.

Culture

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

Staff told us that they felt very well supported in their roles and that there was an open culture. All staff we spoke with told us they would not hesitate to raise concerns if necessary. Staff also told us there was a supportive culture among peers and that colleagues would often help each other.

The organisation had a range of initiatives in place to support staff wellbeing. These included a wellbeing committee, wellbeing ambassadors, a wellbeing helpline and activities such as a wellbeing triathlon that people could take part in. There were also a series of wellbeing talks on different topics such as menopause, managing stress and dementia. These talks were recorded so staff could watch them later if they were unable to attend. Managers had also recently introduced 'kudos boards' where staff could leave positive messages for their colleagues electronically.

There were opportunities for career development within the service, nurse advisors could progress to the senior nurse advisor role and then to the field manager role. As the service was involved in 23 different treatment programmes which all worked differently, there was also the opportunity for learning and development across these. Staff were also supported to attend external conferences which provided further opportunities for learning and development.

Community health services for adults

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.

Managers responsible for individual projects held project-specific meetings. Each treatment programme had a monthly report which looked at patient satisfaction, quality checks, key performance indicators, complaints and outcomes. Any issues were then recorded on a log which was reviewed in a central patient engagement services governance meeting which took place every 6 weeks.

The service had agreed partnership working arrangements in place with the NHS organisations they worked with.

The service had policies in place to support their ways of working. Staff could access these on the intranet. There was a quality circle in place to review policies. Policies included a date they were due to be reviewed.

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.

Leaders monitored key performance indicators for each project.

The organisation had a corporate risk register in place. Leaders told us that the key risk for the service was staffing, and although they were not experiencing staffing issues at present, they were aware of the competitive nursing market and how this could potentially impact the organisation in future.

The organisation had business continuity plans in place on global, European and local scales.

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

Staff had good access to all of the relevant information they needed to carry out their roles effectively. They could only access information/data relevant to the specific projects they were involved with.

The information systems were secure, with multi-factor authentication in place.

Staff were aware of the data they were required to submit to external organisations, such as reporting adverse events to pharmaceutical companies and the NHS within 24 hours of identification. Staff saved confirmation of adverse events being reported in the patient's electronic record. However, in 1 care record we saw that an adverse event had been reported to the NHS but not the pharmaceutical company. This was discussed with a manager who advised they would ensure this was reported. They also told us that they were working to make the notification to the pharmaceutical company automatic when the form summarising the visit was completed to reduce the risk of human error. Reporting of adverse events was a key performance indicator for the service, with a 99% target rate of compliance.

Community health services for adults

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.

The organisation regularly collected feedback from patients and referring healthcare practitioners on each project. They also met regularly with healthcare practitioners to discuss what was working well and whether anything could be improved. Healthcare practitioners we spoke with felt there were ample opportunities to raise feedback and that this would be listened to and addressed.

The organisation also carried out regular staff surveys and sent staff monthly newsletters with key information.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. Leaders encouraged innovation.

Managers encouraged innovation. Patients on some of the treatment programmes had access to an app which enabled them to access a range of information and resources relevant to their treatment and a tracker to help patients adhere to their treatment programme. Patients told us they found this helpful.