

Lloyds Pharmacy Clinical Homecare Limited

Lloyds Pharmacy Clinical Homecare

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

We last inspected this service in November and December 2021. Following this inspection, we took enforcement action against the provider due to the concerns we identified during the inspection. We issued the provider with 2 warning notices for breaches of regulation 17 and regulation 18 of the Health and Social Care Act 2014. The service was subsequently rated as inadequate and was placed into special measures by the Chief Inspector of Hospitals.

At this inspection in October 2022, we found that the service had made significant improvements.

Our rating of this location improved. 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 on home visits. Staff assessed risks to patients, acted on them and kept good care records. Nursing staff worked within their working hours to deliver effective care at home including good Personal Protective Equipment and hand hygiene. The patient services department responded promptly to calls, the performance on the number of calls answered had improved with an average call wait time of 5 minutes. The patient support programme coordinators supported patients to administer specialist medicines safely at home
- Managers ensured that staff completed all mandatory and specialist training relevant to their roles, and had regular team meetings, supervision and appraisals. Patient facing staff completed safeguarding training. Nurses referred safeguarding incidents to the Local authority via an NHS safeguarding application on their smartphones. Managers made sure staff were competent. Incidents at home and safeguarding incidents were well reported and escalated. Outcomes of incidents were shared with commissioners such as the NHS trust, and lessons learned were shared through 'head of nursing town hall meetings'.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff reported the warehouse safety hazards via smart survey scan and actioned by senior leadership team. The service had a robust governance process and monitored its performance and risks regularly. The corporate and clinical risk registers included relevant risks and were monitored and managed effectively.

However:

- The patient's satisfaction survey was last done in 2020. This meant that the service had not captured recent views from patients.

The service had closed other registered locations in 2022 and brought all activities to the registered location in Harlow, Essex. However, there remained in Surrey, a Mobile unit, infusion centre and the healthcare centre. There was also the Patient support programme in Derby.

This report describes our judgement of the quality of care by the provider from this location. It is based on a combination of what we found when we inspected and a review of all information available to the Care Quality Commission including information given to us from patients, the public and other organisations. For this inspection, we looked at the 5 domains of safe, effective, caring, responsive and well led, and have applied ratings to each domain and an overall rating.

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

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Summary of this inspection

Background to Lloyds Pharmacy Clinical Homecare

Lloyds Pharmacy Clinical Homecare provides care to more than 100,000 patients, throughout the United Kingdom, in their own homes, places of work and in the community.

The service provides medicines to adults and children to meet their individual needs based on their prescriptions, delivers medicine for patients to administer at home and provides specialist nursing for people with complex conditions in their own homes.

The service had developed a Remote Nurse Training service for patients with long-term conditions and enabled them, through telephone training, to self-inject their ongoing subcutaneous treatments. This had facilitated greater independence for patients and reduced the risk of transmission of the COVID-19 virus to a patient group that were considered vulnerable. With a success rate of 99%, the training programme was rolled out nationally across 13 different biological therapies. As a secondary effect, the Homecare nurses had seen improvements in their working day travel time which had improved capacity to spend more time caring for patients that needed more input and support. The service was a finalist in the Nursing Times Awards 2020 in the category of Managing Long-term Conditions.

The service described the treatment they provided as high, mid and low-tech therapies. Patients who received high tech therapies were prioritised for treatment due to the complexity and risk of deterioration if they did not receive their treatments. The frequency of treatment for patients varied and depended on the type of therapy required for the condition. Some therapies were required daily whereas others were required on a weekly or monthly basis.

The therapies provided were:

Cancer Therapies

Enzyme Replacement Therapy

Growth Hormone

Home Parenteral Nutrition

IV Antibiotics

IVIG

Oral Immunosuppressants

Biological therapies

The conditions treated were:

Crohn's Disease

Cancer

Summary of this inspection

Cystic Fibrosis

Dermatological Conditions

Haemophilia

Hepatitis

HIV

Intestinal failure

Motor Neurone

Multiple Sclerosis

Osteoporosis

Parkinson's

Pulmonary Arterial Hypertension

Renal Anaemia

Rheumatoid Arthritis

Thalassemia

The service had several departments dealing with different elements of the service. This included patient services who managed inbound and outbound calls from and to patients. The compounding department managed medication which was made for individuals according to their prescription and needs. There was the pharmacy and prescription processing department where prescriptions were managed, and medicines dispensed and checked. The service had a nurse scheduling team who managed the nurse rotas and schedules and the nursing team who visited patients at home to administer treatment.

The service is registered with the Care Quality Commission for the below regulated activities:

- Treatment of disease, disorder or injury

For this inspection we focused on nursing care as this relates to the regulated activity, Treatment of Disease, Disorder or Injury. This is the regulated activity monitored by the Care Quality Commission.

The service had mobile units in Surrey for oncology healthcare centres and infusion centres where oncology treatment was delivered to referred patients. However, for this inspection, we did not visit them.

The service reported at board level to the parent company, Hallo Healthcare Group. They worked with the National Health Service, pharmaceutical companies, private medical insurers and consultants.

Summary of this inspection

The service has a registered manager and a nominated individual.

How we carried out this inspection

- We conducted focus group interviews with qualified nurses; there were 19 attendees, and another focus group with regional managers attended by 3 senior nurses. We conducted focus group interviews with the patient service coordinators attended by 11 members of staff.
- We interviewed the chief executive officer, director of nursing, director of patient services and the director of quality and governance.
- We spoke by phone to 37 patients and 2 carers of children who accessed the nursing service and during home visits, we spoke with 3 other patients.
- We interviewed 8 nurses from different therapies and regions.
- We attended 7 home visits on two consecutive days.
- We reviewed the electronic systems, and 12 care records of patients including the day to day operational documents stored on MS Teams.
- We Held a focus group remotely, with the Clinical Contact Centre team based in Derby.

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>.

Outstanding practice

We found the following outstanding practice:

- Carbell star trust award to recognise outstanding performance by nursing staff and to encourage staff retention.
- Colleague excellence award for all staff including non-clinical staff.

Areas for improvement

Action the service SHOULD take to improve:

- The service should ensure it responds to complaints within the timeframe set out in the service's policy.
- The service should consider how it is able to involve patients, families and carers in their investigation processes.
- The service should ensure it offers de-briefing opportunities to staff following incidents.

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 

Community health services

Our rating of safe improved. We rated it as good.

Mandatory Training

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

Staff received and kept up to date with their mandatory training. We found that mandatory training compliance had improved since the last inspection from 83%, and the current mandatory training compliance for the year up to October 2022 for nursing staff and patient services coordinators was 95%. Preventing radicalisation- basic prevention and awareness training was 40% for services coordinators and 84% for nurses. The organisation's target was 95% completion by end of December 22.

The mandatory training was comprehensive and met the needs of patients and staff. We reviewed the mandatory training programmes for all staff. Training for each staff group met the needs of the staff and enabled staff to provide the care and treatment they were commissioned to provide, safely and effectively.

Managers monitored mandatory training and alerted staff when they needed to update their training. The service utilises a Learning Management System My-Learn to launch training and track completed training. Weekly compliance reports developed by the Learning and Development Team were uploaded to a team's site for departmental managers to have oversight of their teams current training status.

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.

Community health services for adults

Staff received training specific for their role on how to recognise and report abuse. We found that the service had made significant improvements since the last inspection where we found that compliance rates for some specialist training was as low as 3%. We found that the service had improved compliance with specialist training, and it was now 99%. There were 21 specialist training courses for staff of various specialisms. Staff compliance was 100% for 11 of these courses and the lowest compliance rate was now 95%.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. We interviewed 16 staff. Staff were able to give examples of actions they take to protect patients from harm and discrimination. The nursing staff had a 95% completion rate in Equality, Diversity and Inclusion training.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. The service had an IT system which detailed nursed patients' prescriptions, risk and needs assessments including home environment risks. It also included specific therapy administered, adverse events, medicine stock check and home visit forms. The paediatric nurses had oversight for paediatric patients and worked as part of multi-disciplinary team alongside social care of the local authority multi-agency safeguarding hub.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. The service had a safeguarding lead and staff had escalated safeguarding incidents to the lead. Staff had a safeguarding app in their mobile phones linked to the IT systems which had a safeguarding alert built in. Any safeguarding concerns during home visits by the nurses were raised and were discussed at the governance meeting and quarterly safeguarding meeting. Staff had access to a safeguarding support group where they could access support and discuss any difficult safeguarding cases, they were involved in. Safeguarding reports by the safeguarding lead contained all information on children and adult safeguarding and were shared at the Board level. The 3 national operational managers were trained in safeguarding and had lead responsibility for their regions.

Cleanliness, infection control and hygiene

The service-controlled infection risk well. Staff used equipment and control measures to protect home patients, themselves and others from infection. Staff kept equipment and their work area visibly clean.

The service generally performed well for cleanliness. Carers told us that nurses had alcohol gel and washed their hands before they delivered care in the patients home, and carers of home parenteral nutrition also carried out a complete two-minute hand wash. We observed that the nurse during home visit followed correct hygiene procedures.

Staff followed infection control principles including the use of personal protective equipment. Patients told us that nurses put on personal protective equipment before they entered the house of patients, they put on face masks, face guards over the face mask, foot booties to cover their shoes and an apron. They washed their hands before they entered the house and before touching patients and equipment.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned.

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.

Community health services for adults

The design of the environment followed national guidance. Nurses arranged collection of sharps bins which were collected by the provider. For home parenteral nutrition nursed patients, their paper records were written in patients' folder and kept in the house, and every month, filled sheets were taken to base. The patient visit forms were completed and sent to management, and in turn were sent to the hospital.

Staff carried out daily safety checks of specialist equipment. We observed nurses had routinely recorded when dressings were changed in the patient's house. When home parenteral nutrition pumps were disconnected and reconnected twice a day they were recorded on paper and kept in patient's folder at home. Staff used a standard form that they used to share the information with the NHS Trust. The service used the same document as the Trust to ensure continuity.

The service had suitable facilities to meet the needs of patients' families. We observed nurses cleaning all equipment brought into patients' homes. There was no equipment left in patients' home.

The service had enough suitable equipment to help them to safely care for patients. During morning home visits, we observed when the home parenteral nutrition pump was disconnected by the nurse and was agreed to be reconnected later in the day. The home parenteral nutrition intravenous admin records, batch number, amount given, and time of the day were dated and signed.

Staff disposed of clinical waste safely. The nurse organised the collection of sharp bins by the service.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.

Staff used recognised tool to identify deteriorating patients and escalated them appropriately. Staff used the National Early Warning Score which were rated in red, amber and green (RAG-rated) or Paediatric Early Warning Score to assess and respond to acute physical illness.

Staff completed risk assessments for each patient. They were comprehensive and recorded ways in staff should manage changes to risk ensuring the safety of the patient. Staff recorded individual needs such as specialist equipment and prescriptions required.

Staff knew about and dealt with any specific risk issues. Staff had considered the home environment to identify risk, and if unsure, they escalated appropriately. During home visits, nurses uploaded risk information to electronic tablets, including specific risks identified in patient's homes.

Staff shared key information to keep patients safe when handing over their care to others. Staff shared information with local stakeholders such as the NHS Trust safely and securely. Personal identifiable information was shared electronically using secure systems in line with General Data Protection Regulation Guidelines.

Shift changes and handovers included all necessary key information to keep patients safe. Nurses met each morning at the start of each shift to share important information regarding patients care and treatment, including any changes in risk or deterioration of health. Nurses also carried electronic devices that gave them access to the electronic systems to keep up to date with patient's care and treatment. Staff in the home parenteral nutrition team had access to the patients records in the patient's home and were able to keep up to date with any changes in the patient's needs or treatment.

Community health services for adults

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.

The service had enough nursing and support staff to keep patients safe. We reviewed the national staffing figures provided to us, for the 3 months prior to the inspection. The provider had a full-time equivalent target for March 2023 of 1258 staff. Staffing figures for the 3 months prior to inspection showed an increase from 1052 in July to 1148 in September. The provider had an active recruitment plan to ensure that they had safe staffing levels. The provider had a vacancy rate of 13%. This had decreased from 16% in July to 9% in September. The service utilised bank and agency staff to maintain safe staffing levels. The service had a nurse scheduling team who managed the nurse rotas and schedules and the nursing team who visited patients at home to administer treatment. We reviewed the scheduling meeting minutes for 3 months. We found that staff had a good oversight of the staffing resources available. Staff were aware of where the gaps were in scheduling and ensured they had enough staff to cover the visits.

Managers accurately calculated and reviewed the number and grade of nurses needed for each shift in accordance with national guidance. The service held daily operations meetings led by a senior manager and transport and attended by all operational departments. This focused on daily safe workforce requirements and priorities to provide care to patients across all departments, and the previous days performance.

Managers could adjust staffing levels daily according to the needs of patients. The daily operations meeting was held, which included staff from all operational services, where staffing levels were adjusted daily. We reviewed the March 2022 nurse rotas across various therapy areas and regions. We found evidence that some staff were still working over their contracted hours. However, records showed that staff were not breaching the work time directive of working an average of over 48 hours over a 17-week period. We reviewed the work time directive data which showed 11 out of 18 staff working over their contracted hours, with the highest average of 47.6 hours per week over the 17-week period. Senior leaders had placed staffing concerns on the providers corporate risk register. Leaders had oversight of staffing issues and had taken action to mitigate the risk. The providers risk register analysis showed that the risk level had reduced from the first quarter of 2022 to the second quarter.

The service had reducing vacancy rates. We reviewed the vacancy data for the 3 months prior to the inspection. The service had a vacancy rate of 13% which was 167 staff. This had decreased from 16%, 205 staff in July to 9%, 110 staff in September. Senior leaders told us they had a target of 5% vacancies by March 2023. Senior leaders told us that if the vacancy rate trend continues as it is, they are in line to meet their target.

The service had reducing turnover rates.

The service had low sickness rates. In the last 12 months, the average staff sickness rate between September 2021 and August 2022 was 6%. This was slightly above the services target of 4.5%. The sickness rate had been dropping with a pique of 10.4% in December 2021 due to COVID-19, to 4.7% in August 2022.

Medical staffing

The service did not directly employ medical staff. The service relied on doctors from the referring organisations to prescribe medications and to send prescriptions to them for patients.

Community health services for adults

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. We reviewed care records on the patient information system, and there were notes on patients, and their management plans. The patient information system was accessible to all staff members. Nurses had access to a shared drive in the central computer systems where patient care plans and risk assessments were kept. Records were detailed and comprehensive. Care plans were reviewed quarterly and reflected changes in needs. Staff completed a weekly nursing report which showed which interventions had been used and how many times that week that intervention had been used and sent it to senior managers.

Records were stored securely. The service had an electronic record system for staff to access. The system only allowed staff to access the information they had a right to view.

Medicines

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

Staff followed systems and processes to prescribe and administer medicines safely. The pharmacy staff reviewed patients' medication and prescription practices regularly. The nursing staff across the different therapy areas in the service provided specific advice to patients and carers, and training on drug administration at home.

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines. The patient services department made regular calls to patients and enquired about medicines and stocks at home.

Staff completed medicines records accurately and kept them up to date. Prescriptions were screened before dispensing them, to ensure they were accurate and that there were no contraindications or risks to the patients if they had any medication allergies. General Pharmaceutical Council audits were completed quarterly.

Staff stored and managed all medicines and prescription documents safely.

Staff followed national practice guidance to check patients had the correct medicines when they were accepted into the service. Pharmacy staff followed current National Institute for Health and Care Excellence and Royal Pharmaceutical Society guidance when dispensing medication. There was on call pharmacy support for any queries on medications.

Staff learned from safety alerts and incidents to improve practice. The service had a risk register for pharmacy to review risks from prescription errors. Managers had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely. Managers ensured staff received information related to medical alerts and recalls. The service's policy clearly defined timeframes for actions and staff responsible to oversee the process.

Incidents

Community health services for adults

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. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

All staff knew what incidents to report and how to report them. There were decreasing number of patient safety incidents in the last 12 months, the average was 112 between October 2021 and September 2022. Incidents were reported by all staff via the service's intranet into the incident management system. We reviewed incidents and found staff were reporting incidents in line with the providers policies and procedures.

Staff raised concerns and reported incidents. There were decreasing number incidents which were not acknowledged within 3 working days and responded to within the 30 working days in line with the services key performance indicators. In the last 12 months, the average number of incidents were 7 between October 2021 and September 2022.

The service had no records of never events. The three top serious incidents between February 2022 and October 2022 were drug administration issues, line infections and delivery issues. On the Duty of Candour Register, investigations for some serious incidents had commenced but not yet concluded. In the incidents log, investigations on some incidents had not commenced. However, the service had a risk register for pharmacy with the lead risk manager who reviewed risks.

Staff understood the duty of candour. The service had a duty of candour register that captured patients incidents that occurred in houses, including incident number, description of the incident, notifications to statutory bodies, escalation meetings held and the action plans that followed.

Staff received feedback from investigation of incidents internal and external to the service. Senior nurses met monthly in the integrated clinical governance forum. They reviewed incidents including, National Framework for Reporting and Learning from Serious Incidents harm and outcomes reportable incidents, top three risks, and they discussed action plans and shared lessons learned through emails and notifications.

Staff met to discuss the feedback and look at improvements to patient care. The pharmacy governance forum met monthly and reviewed the services pharmacy service performance including medicines management and lessons learned from incidents.

There was evidence that changes had been made as a result of feedback. In the incidents raised for the transport team between January and May 2022, the most reported complaint was the failure in the delivery of total parenteral nutrition because the delivery standard operating procedure was not followed by the patient support officers. The service acted on the concerns and retrained patient support officers. Logistics trainers carried out quality checks of patient support officers. The nursing team recorded a high number of medication errors. The service scheduled training into nurses working day and ensured training was completed promptly to improve nurses' skills and reduce incidents.

Managers investigated incidents thoroughly. Staff investigated a nursing administration error where there were no electrolyte-free home parenteral nutrition bags given to patients. The service held an escalation meeting the next day and a verbal duty of candour was given, and a letter was sent to the patient for feedback.

Patients and their families were not always involved in investigations. We spoke to patients and carers who told us they were informed and had been asked about incidents. However, staff had not involved the patient or family during the investigation process.

Community health services for adults

Managers had not debriefed and supported staff after any serious incident. We reviewed the serious incident escalation log. There were incidents of line infections, enzyme replacement therapy drug administration errors, missing home parenteral nutrition delivery where patient was left without stock. There was no evidence where staff members were debriefed and supported following the investigation other than discussion of outcome in the Head of Nursing town hall meeting.

Are Community health services for adults effective?

Good 

Our rating of effective improved. We rated it as good.

Evidence-based care and treatment

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.

We reviewed the services policies and found that they were up to date and reviewed regularly. The service reflected national guidance such as, National Institute of Health and Care Excellence guidance, General Medical Council and Nursing and Midwifery Council guidance in their policies.

Nutrition and hydration

Staff regularly checked if patients were eating and drinking enough to stay healthy and help with their recovery. They used special feeding and hydration techniques when necessary.

Staff made sure patients had enough to eat and drink, including those with specialist nutrition and hydration needs.

Nursing staff supported patients with a variety of conditions who required home parenteral nutrition, used for people whose digestive systems either cannot absorb or cannot tolerate adequate food eaten by mouth. A specialised form of food is infused intravenously with the goal of treatment to correct or prevent malnutrition. Nursing staff met the specialist nutrition and hydration needs of patients as prescribed by the referring service. Home parenteral nutrition patients had tailor made prescriptions based on their individual nutritional needs. Staff monitored patients for any increase in requests for additional IV fluids, informed the referring hospitals who reviewed the patient and amended the prescription as needed. The referring hospitals would regularly review all their patients receiving home parenteral nutrition.

The service had an agreement with the referring hospitals to weigh patients receiving specific therapies such as Patisiran. Patisiran is a medicine used to treat nerve damage caused by hereditary transthyretin (hATTR) amyloidosis, a disease in which abnormal proteins called amyloids build up in tissues around the body including around the nerves) and oncology treatments. The frequency would depend on the type of therapy being administered and weights were shared with the referring hospital.

Community health services for adults

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice.

Nursing staff completed pain and toxicity assessments for oncology patients during their visits. Staff completed pain assessments on commencement of treatment for patients requiring other forms of therapies and as when required. The service liaised with the referring hospital to prescribe pain relief if required.

Patient outcomes

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

During COVID-19 pandemic the service developed a remote nursing training service for patients with long-term conditions. The service became a finalist in the Nursing Times Award 2020 for management of long-term conditions. The remote nursing training service facilitated independence for patients with chronic conditions and reduced the risk of transmission of the COVID-19 virus to the patient group that were considered vulnerable by training patients to manage their treatment independently at home.

The service participated in relevant national clinical audits. The service participated in external audits from pharmaceutical companies to ensure that their products were being used safely and effectively. Managers used the outcome of these audits to improve the care and treatment given to patients. The service provided a proactive telephone-based patient support programme for patients taking cladribine tablets in the UK. The recent addition of the tablet to the treatment of relapsing forms of multiple sclerosis, as one cumulative dose over a two-year period had been shown to achieved optimal clinical and economic outcomes. The service in partnership with drug manufacturer had provided medication reminders during treatment days to patients who had been enrolled by their hospital clinical team into the patient support programme.

The service healthcare centre team came second place in the British Journal of Nursing award 2021 which recognised clinical excellence in nursing.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. We reviewed the equipment audit, clinical and corporate risk register, staff pulse survey, specialist and mandatory training audit for all staff including nursing, patients' services, transport staff, and the warehouse safety audit. Staff completed audits appropriately and followed up on any issues that were identified. The quarter two pulse survey result showed improvements in staff engagement rate of 58% compared to 28% last year, and overall participation rate of 86% compared to 52% last year.

Managers used information from the audits to improve care and treatment. Managers reviewed the results of call monitoring audits and found calls were not being answered within the 5-minute target time. The managers introduced learning lunches which provided learning opportunities for staff to improve performance. This resulted in an improvement in answering times compliance to within the 5-minute target time of 80%.

Community health services for adults

Managers shared and made sure staff understood information from the audits. Managers shared information within team meetings and highlighted areas of concern and positive performance. Staff then used the information to make improvements to the performance of teams.

Improvement is checked and monitored. We reviewed the Patient service department call log and saw evidence of a call-quality check tracker for improvements in answer rates and call waiting time, and lesson learned.

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. We reviewed the services October 2022 specialist training report. overall compliance was 99%. Mental health and wellbeing, oxygen therapy, intermediate life support and immuno-oncology were among 11 of the 22 specialist training courses that had a 100% compliance rate.

Managers gave all new staff a full induction tailored to their role before they started work. The service had two main elements of a new colleague's induction experience: a Lloyds Pharmacy Clinical Homecare induction which introduced them to the services business and ways of working, and a role specific induction.

Managers supported staff to develop through yearly, constructive appraisals of their work. We reviewed the appraisal records which showed that staff were 100% compliant with annual appraisals.

Managers supported nursing staff to develop through regular, constructive clinical supervision of their work. We reviewed the supervision policy which showed that the service was changing their supervision process. Prior to September 2022 patient services coordinators had a formal 1 to 1 supervision a minimum of every 6 months and clinical supervision offered every month. In September 22 the service introduced a new supervision process which includes 1 to 1 supervision every 8 weeks. We reviewed the supervision tracker and saw that staff had received supervision and future dates had been booked.

The clinical educators supported the learning and development needs of staff. The education team had supported the home care nurses with up-to-date electronic learning which they accessed via intranet.

Managers had not ensured full staff attendance at team meetings. There were challenges in attendance as the team is a national team and there was poor attendance during the pandemic. However, managers ensured minutes were shared in order for information to reach nursing staff.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Staff told us they had access to a range of specialist training and were supported and given time to access this to improve their skills and knowledge.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Managers used the supervision process to identify areas of improvement or gaps in knowledge of staff. Staff would also discuss areas of interest and where they would like to develop their skills and knowledge further.

Community health services for adults

Managers identified poor staff performance promptly and supported staff to improve. Poor staff performance was identified through supervision, clinical audit and incident reporting. Managers were able to support staff to improve their performance through training and further supervision.

Multidisciplinary working

The service worked with doctors, nurses and other healthcare professionals from referring NHS trust hospitals and private hospitals to benefit patients. They supported each other to provide good care.

Staff had regular multidisciplinary meetings to discuss patients and improve their care. Staff had daily handover meetings in which they discussed patients care and treatment. Staff shared information on any changes to patients' health and needs and get advice and support to make changes to treatment plans.

Are Community health services for adults caring?

Our rating of caring stayed the same. We rated it 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 discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. We observed 7 home visits. We saw good rapport with patients during home visits by the nurses. The nurse discussed the treatment plan with the patient and what to expect of the process and recorded on their electronic tablet. We were told by one of the carers, that nurses made courtesy calls prior to home visits if they were to arrive late.

Patients said staff treated them well and with kindness. We spoke with 37 patients. Patients reported that staff were kind and respectful and treated them with dignity.

Staff followed data protection 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. 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 and carers told us that staff were very empathetic towards them and took time to listen to their concerns or worries.

Community health services for adults

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. Patients and carers told us that staff were very knowledgeable and understood the impact of treatment on the patients and carers lives. Staff provided support and advice where appropriate.

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 provided patients with information and advice about their care and treatment. The service had introduced the remote nursing training service who trained and supported patients to administer their treatment themselves safely at home.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. The remote nursing training service sought feedback from patients on medicines the patients had been taught how to administer.

Patients gave positive feedback about the service. The service sent out patient satisfaction surveys once a patient had been discharged from the service. We reviewed the results of the patient satisfaction survey which showed that 98% of patients would recommend the service to family or friends.

Are Community health services for adults responsive?

Our rating of responsive improved. We rated it 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 local population. The service had a scheduling team that planned and scheduled patient visits and ensured that resources were adequate to meet the needs of the local population.

We did not have access to data which showed how many occasions nurses had failed to visit patients when planned in the last 12 months.

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.

Community health services for adults

The service could access information in languages spoken by the patients and local community. Staff could access translation services and could access written information in different languages.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. The service had access to a translation service to support patients and their carers. The translation service provided face to face as well as a telephone translation service so staff could get support in the community.

The service ensured patients receiving home parenteral nutrition were aware of support they could receive from charitable organisations. The service signposted patients to the charity, 'patients on intravenous and naso-gastric nutrition treatment, so that they could seek additional support with adapting to life at home with artificial nutrition.

The service made oncology patients aware of the support they could receive from charitable organisations.

Access and flow

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

Most patients were discharged from NHS trusts and private hospitals for home care nursing. A discharge planning meeting was attended by doctors from the referring hospital and nursing staff from the service, where they assessed the medical needs of the patient, including social care needs.

The service did not have a waiting list for treatment. Patients were able to access care and treatment in a timely manner.

The service had addressed concerns from patients and carers relating to the responsiveness from on call services. Call handlers responded to calls from patients in a timely manner. The patient services call answering time improved from 52% in October 2021 to 85% in September 2022. The patient services department at Harlow received about 1,100 inbound calls from patients daily. In the last 12 months between October 2021 and September 2022, more than 80% of calls were answered under five minutes call wait time in line with the service key performance indicators. In the last 3 months from July to September 2022, the service had quality checks on all calls received by the patient's services department to improve call wait time.

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. The service had received 360 complaints nationally, in the past 6 months. In the same period, the total number of formal complaints which were not acknowledged within three business days according to their policy was 56 which is 15% and the number where there had been no response within 30 business days was 19 which is 5%. The number of complaints received had declined by 67% over the past 12 months.

Staff understood the policy on complaints and knew how to handle them. Staff we spoke to were able to explain the process if a patient raised a complaint with them.

Community health services for adults

Managers investigated complaints and identified themes. Managers undertook investigations following receipt of complaints. Managers would undertake fact finding and speak to all involved before writing the investigation report. Once complete this report would then be shared with the person who made the complaint including the outcome and any actions to be taken following the investigation.

Managers shared feedback from complaints with staff and learning to improve the service. Managers held learning lunches with staff where learning from complaints were discussed. We reviewed monthly minutes of the clinical governance meetings attended by national therapies and education lead nurses where key performance indicators, regional training and developments, compliances, clinical education project and updates were reviewed.

Are Community health services for adults well-led?

Good 

Our rating of well-led improved. We rated it as good.

Leadership

We previously rated well led as inadequate and issued a Section 29 Warning Notice for breaches of Regulation 17 of the Health and Social Care Act regulations 2014. We found significant improvement in the governance of the service including and improved audit process that allowed leaders to have a good oversight of the performance of the 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 take on more senior roles.

The provider had 10 members in the senior leadership team which comprised of those with clinical and operational experience backgrounds, and we spoke to the chief executive, the head of patient services, the head of nursing, the pharmacist superintendent and the director of quality and governance. the director of human resources had oversight on equality and diversity issues. Following the warning notices from last inspection and breaches around governance, the service had employed a director of quality and governance.

Challenges to quality and sustainability and actions that addressed them were done through various regulatory meetings and business review meetings. We reviewed minutes of meetings from May to July, and September 2022.

In the services people update and metrics staff pulse survey in September 2022, staff participation in the overall business improved from 52% in January 2021 to 86%, and staff engagement also improved from previous 28% to 58%.

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.

Community health services for adults

The provider had a board approach succession planning for leadership positions. We saw evidence of this in the talent management succession action tracker for October 2022. Selected staff members performances were categorised with priority actions and due by dates.

The provider had the My Learn systems to input staff objectives and development. Objectives were reviewed as part of staff's annual appraisal and 6 monthly reviews.

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, their families and staff could raise concerns without fear.

Staff were aware of the whistle blowing process and how to use it to raise concerns anonymously. The provider ensured that the services of the whistleblowing team were provided within the legal and compliance team.

Staff had access to leadership training and development opportunities. We saw evidence of advanced access to advanced courses in oncology for nurses and access to Edward Genner leadership programme.

Staff reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. We were told that staff nurses were able to access master's degrees in professional practices and there were two nurses identified to commence in January 2023. Healthcare assistants were able to access secondment opportunities to undertake nurse training.

The provider recognised staff successes of 80% and 20% split recognition for staff of non-financial and financial awards respectively. The provider sent eCards as non-financial awards to say thank you and happy birthdays.

Governance

Leaders had operated effective governance processes, throughout the service and with partner organisations. Not all staff at all levels were clear about their roles and accountabilities and had no regular opportunities to meet, discuss and learn from the performance of the service.

The provider's governance fed into the parent company corporate governance, at the board level. There was evidence of clinical governance meetings by senior nurses and managers, and some minutes at the board level of senior leadership team meetings.

Staff undertook and participated in clinical audits and acted on the results when needed. We reviewed the outcomes of audits and saw that they were shared with the leadership team so managers were aware of the performance of teams.

Staff understood arrangements for working with external teams from the NHS hospital and internal teams at Derby patient support programmes, with drug manufacturers of oncology, multiple sclerosis patients and support infusions and medicines administrations at home.

Management of risk, issues and performance

Community health services for adults

Leaders and teams used systems to manage performance effectively. Following our last inspection, we issued the provider with a Warning notice for a breach of regulation 17 of the Health and Social Care Act 2014. We found that the provider had made significant improvements in their governance processes. Staff identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Nursing managers contributed to decision-making to help avoid financial pressures compromising the quality of care.

Staff maintained and had access to the corporate and clinical risk registers. We reviewed the providers risk register. This showed that the senior leaders had oversight of risks to the organisation such as staffing and that they had action plans to mitigate such risks. Staff could escalate concerns when required to their manager who would ensure that is appropriate risks were put on the risk register. We saw evidence of this in the monthly clinical governance meetings of regional nursing managers and therapies leads.

The service had monthly governance meetings attended by senior managers from each region, where they reported actions plans on CAIs raised. The service also held integrated governance meetings attended by patient services department and transport where risk managements and patient's management areas and feedback were discussed including lesson learned to improve patient care services. The service had monthly bulletin where action plans, learning from incidents and serious incidents were shared with the service general staff.

Information Management

The provider 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.

The provider used systems to collect data. The service used a specialist online recording system for oncology home patients which staff could use to collect various data and information regarding patient treatment.

Staff had access to the equipment and information technology needed to do their work. Home care nurses were provided with electronic tablets, mobile phones and lone working device. The lone working device allowed their presence to be tracked for their safety while home visiting. Clinical care for patients receiving Home Parenteral Nutrition is documented in patient's paper records, kept in the patient's homes and were transported in red envelopes after three months and the information was then inputted in the services systems in Harlow.

Information governance systems included confidentiality of patient records. The evaluation of care was documented in nurses' notes and included care management. Records were detailed and comprehensive.

Team managers had access to information to support them with their management role. Nurse managers had access to nurses s-drive which detailed the therapy delivered, and information on the performance of the service, staffing and patient care. Staff had safeguarding apps on their smartphones. Safeguarding interactions were raised on the electronic systems where managers were alerted.

Information was in an accessible format, and was timely, accurate and identified areas for improvement. Oncology nurses had an electronic system which detailed infusion therapy, date of infusion, start time and length of nurse visits, and alternating dose. Staff had to tick box to confirm that at least two previous doses were checked. Post infusion drugs were documented and reminders for extra visit, delivery of medicine confirmed, pre and post stock list checked.

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.

Staff, patients and carers had access to up-to-date information about the work of the provider and the services they used. The provider communicated up-to-date therapy information through newsletters, intranets and bulletins.

Patients and carers had opportunities to give feedback on the service they received in a manner that reflected their individual needs. The service sent patients and carers satisfaction surveys to complete. These were available in various formats to meet individual needs.

Managers and staff had access to the feedback from patients, carers and staff and used it to make improvements. Staff had access to the previous feedback from patient's survey in 2020, however there had been no recent patient survey.

Senior leaders engaged with external stakeholders, such as NHS trust hospitals and private hospital doctors, drug manufacturers and local authority safeguarding teams.

Learning, continuous improvement and innovation

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 and participation in research.

Staff were given the time and support to consider opportunities for improvements and innovation and this led to changes. Remote nursing therapy services during COVID-19 national lockdown, led to the training of patients on how drugs were administered at home, which helped mitigate the risk of COVID-19 transmission. Staff had opportunities for specialist training in relevant therapy areas such as medicines for multiple sclerosis and growth hormone drug applications, and advanced communication skill courses in oncology.

Staff had opportunities to participate in research. Following previous Care Quality Commission inspection, the service partnered with an NHS trust and redesigned injection treatments from a case study in 2019, and resultant development of the services infusion and injection clinics, which led to reduced hospital visits, and decentralisation of hospital care into the community.

Innovations were taking place in the service.

Staff used quality improvement methods and knew how to apply them. The provider had improved on the call waiting time of less than five minutes by the patient services department, and numbers of calls answered within the target time.