

The Practice Services Limited

1-199811862

The Practice Group Complex Care

Quality Report

Grosvenor House
Hollinswood Road, Central Park
Telford
Shropshire
TF2 9TW
Tel: 01952 802130
Website: www.thepracticegroup.co.uk

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Summary of findings

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
1-3831169441		The Practice Group Care Complex	TF2 9TW

This report describes our judgement of the quality of care provided within this core service by The Practice Services Limited. Where relevant we provide detail of each location or area of service visited.

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

Where applicable, we have reported on each core service provided by The Practice Services Limited and these are brought together to inform our overall judgement of The Practice Services Limited

Summary of findings

Ratings

Are services safe?

Good



Summary of findings

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Summary of findings

Overall summary

The Practice Group Complex Care is operated by The Practice Services Limited. The service provides complex care (this includes care such as; tracheostomy care, ventilation support and bowel and bladder management) to babies, children, young people and adults in their own homes.

We inspected this service using our focussed inspection methodology. This was in response to some information we had received from an external source that alleged poor staffing levels, poor record keeping and safety concerns.

We carried out the announced part of the inspection on 10 May 2019, along with phone calls to a sample of people who used the service and staff on 13 and 14 May 2019.

We announced the inspection the day before we visited to ensure we could access the office and speak with people who used the service and staff.

To get to the heart of patients' experiences of care and treatment, we usually ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate. As this was a focussed inspection, we only looked at the safe question in response to alleged safety concerns.

At the time of the inspection 23 people used the service, the main service provided by this provider was community health services for adults as 18 people who used the service were aged 18 and over. Due to the focussed nature of the inspection, we chose to only inspect under our community health services for adults service framework.

Services we rate

We did not rate this location with an overall rating as we only looked at the safe key question. We rated safe as 'good' for community health services for adults because:

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

- 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.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises visibly clean. They used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and looked after them well.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service followed best practice when managing medicines. Patients received the right medication at the right dose at the right time.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. 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.
- The service did not always use safety tools to monitor safety and risk. However, safety information was collected and used to improve the service.

Following this inspection, we told the provider that it should make some improvements, even though a regulation had not been breached, to help the service improve. Details are at the end of the report.

Nigel Achieson

Deputy Chief Inspector of Hospitals

Summary of findings

Background to the service

The Practice Group Complex Care is operated by The Practice Services Limited. The service registered with us in May 2017. The office is based in Telford, Shropshire. However, care and support is provided to people all over England.

Care and support was provided to people who used the service by carers who were supervised by qualified nursing staff.

The service has had a registered manager in post since it registered with us in May 2017.

At the time of our inspection, the service was registered to provide the regulated activity of, 'Treatment of disease, disorder or injury'.

This was the location's first inspection.

Our inspection team

The team that inspected the service comprised of two CQC inspectors and a specialist advisor with expertise in community nursing. The inspection team was overseen by Victoria Watkins, Head of Hospital Inspection.

How we carried out this inspection

We used information we held about the service and the provider to assist us to plan the inspection. This included any notifications the provider had sent to us about significant events at the service and any feedback from members of the public and local authorities. We also checked records held by Companies House.

We also used information the provider sent us in the Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We produced an inspection plan to assist us to conduct the inspection visit.

At the time of this inspection, 23 people were using the service across England. 18 people were aged 18 or over and five were under 18.

Inspection activity started on 10 May 2019 and ended 14 May 2019. It included a visit to the registered office and a visit to a person who used the service on 10 May 2019. We also phoned people who used the service and staff on 13 and 14 May 2019 to gain their views of the service and to check that standards of care were being met.

In total, we spoke with two people who used the service, four care staff, the clinical lead, the head of care, a director, the training coordinator, two members of human resources staff, the head of quality assurance and a project manager.

We looked at the care records of three people who used the service to see if their records were accurate and up to date. We also looked at records relating to the management of the service. These included staff files, rotas, training records and quality assurance records.

Summary of findings

Areas for improvement

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

- The provider should ensure that safety tools such as; the Waterlow score and MUST are consistently used when required to monitor people's risks.
- The provider should consider developing a 'no response' policy to ensure staff have clear guidance to follow if there is no response when arrive at premises to start a shift.

The Practice Services Limited

The Practice Group Complex Care

Detailed findings from this inspection

Good 

Are services safe?

By safe, we mean that people are protected from abuse

We rated safe as **good**.

Mandatory training

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

- People who used the service told us they had confidence in the staffs' knowledge and skills. One person said, "I feel safe because the staff know what they're doing". Another person said, "They always get it right".
- Staff told us they completed a thorough induction before they started to provide care to people who used the service. Staff we spoke with described this induction as; "Comprehensive" and, "Helpful and informative".
- We reviewed the content of the induction training which included topics such as; safe moving and positioning, tracheostomy care and supportive bladder and bowel interventions. The training coordinator for the service told us that the content of the induction was updated based on the needs of the people who used the service.

For example, when a new piece of equipment had recently been acquired for use in training as a person who used the service had started to require the use of this equipment.

- We saw that staff were only signed off as having completed their induction once they evidenced their knowledge and understanding through tests and observation.
- We saw that following the classroom-based staff induction, staff training continued within people's homes. Care staff were assigned specific people to support and nursing staff then supported care staff to learn how to meet those people's individual needs during the induction period. Care staff were then signed off as competent in meeting specific individuals' needs. A competency framework was in place that showed which staff were competent to support each individual person who used the service.
- Staff told us and we saw that refresher mandatory training was regularly completed to ensure staff were aware of any changes in practice. Mandatory training

Are services safe?

included topics such as; moving and positioning, first aid, medicines administration. A training matrix was maintained to demonstrate training compliance. We saw that training compliance was close to 100%. This matrix was monitored by office staff who sent reminders to care staff to inform them when training updates were required.

- Additional one-off training was also completed by staff. This training included topics such as; care of people living with spinal injuries, skin care and data protection.

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 we spoke with told us they had completed safeguarding children and adults training. They told us how they would identify and report safeguarding concerns and we found that this was in line with local and national guidance.
- Training records we viewed confirmed staff had completed the appropriate level of safeguarding training. This included the completion of level two or three children's safeguarding training, dependent on their role. In addition to this, the safeguarding lead for the provider had completed their level four safeguarding training which meant they could advise and support staff with safeguarding concerns.
- Staff gave us examples of safeguarding concerns that had been reported which showed that safeguarding concerns were escalated appropriately.
- We saw that recruitment checks were completed before staff were employed by the service. This included a criminal records check known as a Disclosure and Barring Service check (DBS) to ensure staff were suitable to work with vulnerable people.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.

- The service had a recently reviewed infection prevention and control policy. This outlined the procedures staff needed to follow to ensure people were protected from the risks associated with infections.
- Staff we spoke with showed they were aware of this policy and best practice. They also confirmed they had access to the personal protective equipment (PPE) they required to comply with the service's infection prevention and control policy.
- People who used the service told us staff wore appropriate PPE when delivering personal care.
- Effective systems were in place to monitor staff compliance with the service's infection prevention and control policy. Audits showed that action was taken to improve compliance as required. For example, a recent infection control and prevention audit that looked at equipment, the environment and staff practice had identified that spill kits were not always available to staff. As a result of this audit, we saw that action had been taken to address this and spill kits were now available to staff when needed.

Environment and equipment

The service had suitable premises and equipment and looked after them well.

- The office environment was accessible for people who used the service to access if they wished to do so. However, care and support was provided to people who used the service in their own homes.
- Staff told us that people were prescribed and supplied with the equipment required to meet their needs by registered health and social care providers such as occupational therapists who worked for other providers.
- Staff told us they received training in the use and checking of equipment. Care records showed that safety checks were completed on a regular basis by care staff to check equipment was safe to use. For example, we saw records to show that one person's ventilator, suction unit and nebuliser were checked daily by care staff.
- Staff also told us how they would report any safety concerns relating to equipment if this was required.

Assessing and responding to patient risk

Are services safe?

Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.

- Care records contained up to date risk assessments that identified and planned for risks associated with each person's individual needs. For example, we saw risk assessments relating to; moving and positioning, falls, the home environment.
- A robust assessment procedure was in place that ensured staff could meet the needs of any potential new users of the service before a support package was offered.
- Guidance was in place to help staff identify and escalate health concerns and we saw this guidance was followed when people's health deteriorated. For example, records showed that staff appropriately called 999 in response to an acute change in a person's health. This change in health prompted a review of the person's needs and resulted in changes being made to their care plan and risk assessments.
- Staff told us and we saw that sepsis training was included at induction and mandatory training. This ensured staff had up to date information about how to identify and respond to potential cases of sepsis.
- Staff told us how they would appropriately respond if they arrived at a person's home and were unable to access the property. However, the service had no formal 'no response' policy in place. The project manager we spoke with about this told us they would develop an appropriate policy to ensure staff had clear guidance to follow in the event of 'no response'.

Staffing

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

- People who used the service told us they received care and support from a team of consistent staff. Staff and staff rotas confirmed this.
- Daily care and support was provided by care staff who had been assessed as competent to meet specific

people's needs. This care and support was overseen by a qualified nurse who regularly assessed and reviewed people's needs and assessed and monitored staff competencies.

- In addition to each person's assigned care team, a team of carers known as the 'rapid response' team filled any staffing gaps in times of leave or when posts were waiting to be recruited to. The rapid response team completed all the training that the regular care staff completed and their competencies were also assessed and monitored on a regular basis.
- Staff told us that occasionally agency staff (temporary staff employed by another provider) were used when staffing gaps could not be covered by the rapid response team. This ensured people's care needs were met in times of staff sickness, leave or when there were staff vacancies. Staff told us that when agency staff were used full handovers and introductions were facilitated by a nurse.
- Staffing numbers were calculated using people's individual commissioned hours. Many people who received care and support from the service were commissioned to receive care 24 hours a day.
- Staff told us and we saw that the service worked closely with service commissioners to ensure people had the right amount of support. For example, records showed that staff had evidenced the need for more care hours for a person and the commissioners had approved this request.

Records

Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.

- Accurate, up to date and legible records were maintained that showed people's care needs and the care they received.
- Care plans were located in people's homes and in a secure location at the office so that care staff and appropriate office-based staff could access these as required. Daily care records were also maintained that recorded the care people received. These were kept in

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people's homes for short periods of time to enable staff to handover people's care needs. Daily records were then returned to the office for auditing purposes and safe storage.

- We saw that care plans were person centred and informative and staff told us they had time to read care plans and write daily care summaries.
- Both electronic and paper records were being used. The service was working towards fully implementing electronic care records.
- Regular care record audits were completed to monitor staff compliance with care planning and record keeping. We saw that appropriate action was taken to make improvements to care records as required.

Medicines

The service followed best practice when managing medicines. Patients received the right medication at the right dose at the right time.

- Medicines administration records (MAR) were in place that detailed the medicines each person required, how much was required and when and how they should be administered. Where possible these were pre-printed by the dispensing pharmacy. Effective procedures were in place to ensure any hand written MAR were checked by staff to ensure accuracy.
- Staff updated people's MAR to show they had administered or supported people to take their medicines. Any changes to people's prescriptions were also recorded on the MAR by staff based on the advice of prescribers.
- People who used the service told us they consistently received their medicines from care staff as prescribed.
- Effective systems were in place to ensure MAR were checked by managers to monitor safety. This included regular audits of MAR.
- An appropriate and up to date medicines management policy was in place to ensure staff had access to the guidance needed to ensure medicines were managed safely.

Incident reporting, learning and improvement

The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. 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.

- Staff told us how they reported safety incidents and near misses and what staff told us was in accordance with the service's incident management policy.
- An electronic incident reporting system was used by all staff to ensure incidents were reported to the correct people and to ensure a consistent approach to recording and investigating incidents was used.
- Incident records showed that incidents were reported as required and records evidenced that incidents were investigated and plans were put in place as needed to prevent future harm.
- Incidents were monitored for themes and trends. The head of quality assurance told us that incidents were discussed by managers on a daily, weekly, monthly, quarterly and annual basis in terms of themes and trends. Any themes or trends led to changes in training or changes to care plans and care delivery if required.
- Staff told us they were updated about incidents through discussions with managers, nurses and through a staff bulletin.
- A duty of candour policy was in place. Duty of candour is a legal duty to be open and honest with people when things go wrong. There had been no serious incidents that required formal duty of candour processes to be followed.
- The service notified us of notifiable safety incidents, such as safeguarding concerns and deaths.

Safety performance

The service did not always use safety tools to monitor safety and risk. However, safety information was collected and used to improve the service.

- Patient safety tools, including; the Waterlow score (the Waterlow score gives an estimated risk for the

Are services safe?

development of a pressure sore in a given patient) and the Malnutrition Universal Screening Tool (also known as MUST which helps to identify people at nutritional risk) were available for use by staff.

- We found that appropriate plans were in place to ensure people's risks of pressure sores and malnutrition were in place. However, completed Waterlow and MUSTs were not always recorded. This meant people's risk scores could not always be effectively monitored.
- The service monitored overall patient safety through the incident reporting and management process. Themes and trends were identified through incident monitoring and appropriate action was taken in response to any identified themes and trends.