

## Diabetes Training and Management Services Ltd

# Diabetes Training and Management Services Ltd

### 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

Requires Improvement



Are services safe?

Requires Improvement



Are services effective?

Requires Improvement



Are services caring?

Requires Improvement



Are services responsive to people's needs?

Good



Are services well-led?

Requires Improvement



# Summary of findings

## Overall summary

We rated this service as requires improvement because:

- The registered service was delivered by one clinician who was also the registered manager. The manager did not have evidence of ongoing learning and development to ensure their practice was up to date. They did not receive clinical supervision. Some mandatory training was out of date.
- There was no record that the registered manager had checked the manufacturer's instructions about the calibration of the blood glucose monitoring machines. This meant there was the potential risk of inaccurate blood sugar readings for patients.
- The assessments of patients were not holistic and did not consider aspects such as their mental health or other social challenges they might be facing.
- The infection control policy for the service had been updated on 28 May 2021, but it did not include COVID-19 management. However, the practice of the clinician was appropriate in terms of COVID-19 management.
- The registered manager had not kept their website up to date. This meant patients could not access links to guidance on how to manage their diabetes, information in a range of accessible formats and a complaints process.
- The service did not have systems in place to monitor the patients receiving clinical support and their outcomes to ensure the clinical input was improving the effectiveness of the treatment for people with diabetes. In addition, the service did not always follow up patients who did not attend their appointment. The registered manager did not use the results of audits carried out by commissioners to improve the service.
- The registered manager had not considered or recorded all the potential risks for the service and how these could be mitigated.
- The service did not record consent when patients were seen at appointments.
- The service did not record that they took account of people's needs. They did not record patients' personal, cultural, social and religious needs and how they may have related to care needs.

However:

- The registered manager planned and provided care in a way that meant patients were seen in a timely manner especially if there was any deterioration in their diabetes.
- The registered manager treated patients with compassion and kindness; respected their privacy and dignity and helped them understand their conditions. They provided emotional support to patients, families and carers so they could manage the diabetes better.
- The registered manager worked well with other care professionals including patients' GPs. When needed they referred the patient on to other care professionals such as the dietitian.
- The registered manager understood how to protect patients from abuse and the service worked well with other agencies to do so.

# Summary of findings

## Our judgements about each of the main services

### Service

### Rating

### Summary of each main service

**Community health services for adults**

**Requires Improvement**



Diabetes Training and Management Services provides community diabetes services for people diagnosed with type 2 Diabetes and some with type 1 diabetes. The service is provided by a single diabetes nurse specialist to diabetic patients living in the London Borough of Lewisham. The service is delivered from GP surgeries in Lewisham.

# Summary of findings

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# Summary of this inspection

## Background to Diabetes Training and Management Services Ltd

Diabetes Training and Management Services provides community diabetes services for people diagnosed with type 2 Diabetes and some with type 1 diabetes. The service is provided by a single diabetes nurse specialist to diabetic patients living in the London Borough of Lewisham. The service is delivered from GP surgeries in Lewisham.

Diabetes Training and Management Services is registered to provide the following regulated activity: Treatment of disease, disorder or injury.

The service had a registered manager at the time of the inspection and no other clinical staff employed by the service. The one diabetic nurse specialist is the registered manager.

We carried out a comprehensive inspection. This was the first inspection of Diabetes Training and Management Services Ltd, which was first registered in 2016.

As this inspection took place during the Covid-19 pandemic we adapted our approach to minimise the risk of transmission to patients, staff and our inspection team. This meant that we limited the amount of time we spent in the service to prevent cross infection. Whilst on site we wore the appropriate personal protective equipment and followed local infection control procedures. We carried out patient interviews over the telephone and a staff interview via video and analysis of evidence and documents. Our final video call interview was completed on 16 July 2021.

### What people who use the service say

We spoke to three patients, who stated that the registered manager was patient when addressing their concerns around diabetes, they felt listened to and supported to make decisions about the choice of treatment available to them.

## How we carried out this inspection

Our inspection team comprised two CQC inspectors.

During this inspection we:

- spoke with the registered manager/diabetic nurse specialist
- reviewed seven care records
- spoke to three patients
- observed two patient reviews during a clinic
- looked at a range of policies, procedures and documents related to 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>.

## Outstanding practice

We did not find any outstanding practice during this inspection.

# Summary of this inspection

## Areas for improvement

Action the 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 **MUST** take to improve:

- The registered provider must ensure that people employed by the service receive appropriate support, training, professional development, supervision and appraisal (Regulation 18(2)(a)(c)).
- The registered provider must ensure that all mandatory training including the Mental Capacity Act, fluids and nutrition awareness and consent has been completed. (Regulation 18(2)(a)(c)).
- The registered provider must review their governance processes to ensure they have information on patients using the service and their outcomes; access to appropriate audits and their outcomes to ensure learning and a record of potential risks and how they can be mitigated. These must all be fully recorded. (Regulation 17(1)(2)(b)).
- The provider must ensure that the equipment used by the service provider for providing care or treatment is appropriately maintained. Blood glucose machines must be calibrated according to manufacturer's instructions. (Regulation 12(2)(e)).
- The registered provider must ensure patients and carers have information available to understand the care or treatment choices available to the service by updating their website; provide easy read formats, communication aids to help patients be involved in decisions about their care. (Regulation 9(1)(b)(c)(3)(a)(d)(g)).
- The registered provider must ensure that assessments consider the full range of people's diverse needs, to manage their diabetes and record patients' personal, cultural, social and religious needs and how they may have related to care needs. (Regulation 9 (1)(b)(c)).
- The registered provider must ensure that patient consent is documented and where a patient potentially lacks capacity that their consent has been sought or their best interests considered. (Regulation 11(1)).

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

- The registered provider should amend the infection prevention and control procedure to reflect COVID-19 guidance.
- The registered provider should ensure that patients missed appointments are documented and followed up.

# Our findings






## Overview of ratings

Our ratings for this location are:

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

# Community health services for adults

Requires Improvement 

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

## Are Community health services for adults safe?

Requires Improvement 

We rated Safe as requires improvement.

### Mandatory training

The registered manager completed some mandatory training in key skills. However, some of the mandatory training required had not been updated, for example, Mental Capacity Act, fluids and nutrition awareness and consent training expired on June 2020. At the time of the inspection these had not been re-booked.

### Safeguarding

The registered manager had completed safeguarding training for both adults and children.

The registered manager understood how to protect patients from abuse and how to work with other agencies.

The safeguarding lead was the registered manager. The service had not reported any safeguarding concerns in the past 12 months. The registered manager understood that safeguarding concerns were raised with the local authority's safeguarding team in the borough where the person lived and knew how to do this if needed.

### Cleanliness, infection control and hygiene

The service managed infection prevention risks well. They kept equipment and the premises visibly clean. They used appropriate personal protective equipment. However, the most recent infection prevention and control policy, which was dated the 28 May 2021, had not been updated to include COVID-19 management even though the appropriate practice was in place.

Cleaning records were up-to-date and demonstrated that premises used were regularly cleaned. The service cleaned equipment after patient contact.



# Community health services for adults

The service adhered to infection prevention and control policies and procedures, including handwashing and the use of personal protective equipment such as masks, and social distancing.

There were arrangements in place for staff to undertake rapid COVID-19 tests. However, the service did not have a system or guidance on recording the results or responding to a positive test result.

## Environment and equipment

The service had not ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. For example, the service did not follow manufacturer instructions to calibrate blood glucose machines. This meant that there was no system in place to establish a level of accuracy of equipment being used. Following manufacturer's instructions to calibrate blood glucose meters is essential in monitoring the accuracy of readings of blood glucose machines.

The service disposed of clinical waste safely.

## Assessing and responding to patient risk

The service included risks in assessments for each patient. The registered manager identified and quickly acted upon patients at risk of deterioration.

## Staffing

The service had enough staff to keep patients safe. The registered manager/diabetic specialist nurse was the only member of staff and accepted only as many patients as they could manage. At the time of the inspection the registered manager did not know the overall number of patients currently being seen by the service as part of service review and monitoring. The registered manager informed us that the number of patients seen by the service was being monitored by the commissioners and they did not have access to that information at the time of the inspection.

## Quality of records

The registered manager always had access to up-to-date, accurate information on patients' care and treatment. The service had access to an electronic records system that they could update.

The registered manager used electronic patient records and records reflected that entries were made in timely fashion.

## Medicines

The service used systems and processes to safely prescribe and record medicines. They did not administer or store medicines.

The service used electronic prescribing at each GP surgery. The registered manager reviewed patients' medicines regularly and provided specific advice to patients and carers about their medicines.

The registered manager had access to GP surgery systems to ensure that staff knew about safety alerts and incidents, so patients received their medicines safely.

# Community health services for adults

However, the manager did not carry out regular audits of medicines to ensure prescribing was in line with best practice guidelines for safe prescribing.

## Track record on safety and learning from incidents

Between 1 January 2020 and 12 July 2021, the service reported no serious incidents.

The registered manager would use GP surgery incident reporting systems in the event there was an incident.

## Are Community health services for adults effective?

Requires Improvement 

We rated effective as requires improvement.

## Evidence-based care and treatment

The registered manager implemented evidence-based guidance for managing type two diabetes such as the National Institute for Health and Care Excellence (NICE) for type two diabetes in adults: management NICE guidelines.

However, documented assessments did not consider the full range of people's diverse needs. For example, records of patient reviews did not include psychological wellbeing, attitudes to medicine and self-care and immediate family and social relationships, and availability of informal support.

The service ensured patients glycated haemoglobin test (HbA1c) was reviewed at each appointment and tested every three to six months as needed. The HbA1c glycated haemoglobin test, is a blood test that gives a good indication of how diabetes is being controlled. The electronic patient records had an alert for when the next HbA1c was due.

## Nutrition and hydration

The service took account of patients' nutritional needs when developing treatment plans with them.

The service referred patients to a dietitian for additional support and up to date advice. We saw the registered manager discussing food diaries with patients during the inspection. However, we did not see the outcome of these food diaries recorded in patient records we reviewed.

## Patient outcomes

The registered manager/diabetic nurse did not systematically monitor the effectiveness of the care and treatment provided, to enable improvements and ensure the best outcomes for patients. The service did not participate in relevant national clinical audits.

The registered manager/diabetic nurse did not carry out audits of their practice to improve care and treatment. They did not ask an independent clinician to audit their work. There were no systems in place to review care to improve patient care and outcomes.

# Community health services for adults

The registered manager said that key performance indicators were monitored by the commissioners and GP practices and not by the service. There was no evidence during the inspection that learning had been shared with the service from these outcome measures. We spoke to the registered manager who stated that a copy had been requested from commissioners of an analysis of diabetes audits for the past six months, but we did not receive these.

## Competent staff

The registered manager was experienced, qualified and had the right skills and knowledge to meet the needs of patients but did not receive regular supervision or appraisal to provide support and development in their role in the service. There was no system in place to support practice to maintain and improve standards of care provided.

The registered manager did not receive supervision for their clinical work from a suitably qualified professional, to identify their support, development and training needs, and evaluate the care provided. The service did not have a policy for supervision at the time of inspection.

The registered manager had not received any supervision as a non-medical prescriber.

The registered manager described learning and development needs but had no evidence to show any additional learning that had been attended.

The registered manager was registered with the Nursing and Midwifery Council (NMC) and had completed NMC revalidation in September 2019. However, they did not complete specific training in relation to diabetic care or were not able to provide evidence during the inspection or after to show that they were keeping up to date with their specialist nursing role. The registered manager reported that online training was available for diabetes care but was not able to show records of additional training they had completed.

## Multidisciplinary working and coordinated care pathways

The service worked well with other organisations, to deliver effective care and treatment.

Before providing treatment, the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.

Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.

## Health promotion

We observed health promotion during appointment but there was no evidence of these conversations in the patient records.

## Consent and the Mental Capacity Act

# Community health services for adults

The service did not record consent when patients were seen at appointments. Clinicians referring to the diabetes service recorded consent for the referral for treatment by a diabetic nurse specialist. However, the registered manager was able to tell us how they would support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

The registered manager understood the relevant consent and decision-making requirements of legislation and guidance, such as Mental Capacity Act 2005.

During appointments we saw the registered manager supporting 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 but did not record this.

## Are Community health services for adults caring?

Requires Improvement 

We rated caring as Requires improvement because:

### Compassionate care

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

The registered manager was discreet and responsive when caring for patients. They took time to interact with patients and those close to them in a respectful and considerate way.

Patients said the registered manager treated them well and with kindness.

However, the registered manager did not record patients' personal, cultural, social and religious needs and how they may have related to care needs.

### Emotional support

The service provided emotional support to patients to minimise their distress.

The registered manager understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them.

### Understanding and involvement of patients and those close to them

The registered manager supported patients to understand, and make informed decisions about, their care.

Patients told us, that they felt listened to and supported by the manager and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

# Community health services for adults

The registered manager talked with patients in a way they could understand.

However, the service did not have information leaflets available in easy read formats, communication aids to help patients be involved in decisions about their care. The registered manager reported that patients could access easy read material on diabetes care from a healthcare professional and research charity website. There was no information in the service directing patients to this website.

Patients and their families could give feedback on the service and their treatment by making direct contact with the registered manager through emails or telephone contact. The registered manager could not give examples of how they used patient feedback to improve daily practice.

## Are Community health services for adults responsive?

Good 

We rated responsive as good.

### Planning and delivering services which meet people's needs

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

Facilities and premises were appropriate for the services being delivered.

The system for following up patients who did not attend their appointment was not robust and there was a risk of patients not having an alternative appointment booked. The service did not always record in the patient notes when patients did not attend their appointments. This could make it difficult for other professionals to find information about patients' attending appointments. We spoke to the registered manager who stated that patients who did not attend appointments were highlighted in the registered manager's diary by the GP surgery reception staff, therefore additional documentation was not needed in patient records. The services Did Not Attend (DNA) policy stated the clinician should provide a list to a member of the reception or administrative team to contact the patient and have the appointment rearranged and document in the record that they have instructed the reception or administrative team to contact the patient in order to rearrange the appointment. One of three records we reviewed of missed appointments had not been rearranged by reception staff. We shared this with the registered manager who immediately followed up the patient during the inspection and arranged a follow-up appointment.

### Meeting the needs of people in vulnerable circumstances

The service made reasonable adjustments to help patients access services. They coordinated care with other services and providers.

The service took account of patients' individual needs and preferences.

The registered manager understood the local GP surgery policies on meeting the information and communication needs of patients with a disability or sensory loss. However, we did not see how these policies had been implemented by the registered manager to aide appointments for patients with communication needs.

# Community health services for adults

The service did not have information leaflets available in languages spoken by the patients and local community.

The registered manager accessed interpreters or British Sign Language interpreter services provided by the GP surgery where they saw patients who needed this service.

## Access to the right care at the right time

People could access the service when they needed it and received the right care in a timely way. People were seen at the next available appointment soon as a referral for treatment was made.

The service made arrangements to assess and treat patients without delay. The service did not have a waiting list of patients needing an appointment.

## Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received.

Although the service did not display information about how to raise a concern in patient areas or on their website. Patients we spoke to knew how to complain or raise concerns by contacting the registered manager directly.

The service had received no complaints in the past 12 months.

## Are Community health services for adults well-led?

We rated Well Led requires improvement.

### Leadership

The registered manager could explain their role and demonstrated an understanding of how the service met the clinical needs of patients with diabetes. The registered manager was visible and approachable for patients they supported.

The registered manager had a limited understanding of their regulatory responsibility and viewed their role as an employee of commissioners and not a registered regulated provider of a service. For example, the registered manager felt that quality assurance was the responsibility of commissioners to determine for the service.

### Vision and Strategy

The service had a vision for what it wanted to achieve. The registered manager wanted to ensure there was a transformative diabetes service available to residents in Lewisham Borough. The vision and strategy were focused on the sustainability of services and aligned to local plans within the wider health economy.

### Culture

# Community health services for adults

The service was focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear directly with the registered manager.

## Governance

The registered manager had a limited understanding of how the work of the service could be monitored through governance arrangements. For example, the registered manager did not know how many patients were using the service, how many did not attend their appointments and the reasons for this, how long patients had received a service and whether their management of their condition improved as a result of the input.

## Monitoring care and treatment

The service did not use information about care and treatment to make improvements. The service did not obtain or use the findings of audits carried out by commissioners to identify areas for learning and improvement.

## Management of risk, issues and performance

The service did not have systems to identify relevant risks and issues with actions to reduce their impact. For example, there were no plans in place if the registered manager was unable to work to ensure the patients continued to receive a service.

The service had a business continuity plan that covered disasters such as fire, sickness and extreme weather conditions.

The registered manager did not maintain a risk register for the service. The registered manager was unable to provide a comprehensive answer about the risks relating to the service. We asked for a copy of the risk register during the inspection and the registered manager provided a risk and issues guidance that gave information about the need for the service to manage risk and responsibilities relating to maintaining a record of risks and issues. This guidance document did not include a record of risks and how identified risks in the service would be managed.

The service met for quality meetings on a quarterly basis with a general practitioner.

## Information Management

The registered manager informed us that commissioners gathered data about the service in the form of a dashboard. We asked to see a copy of the dashboard report during the inspection but the registered manager did not have access to the most recent dashboard and could not tell us what had been identified in the dashboard. This meant that there was no data that could be accessed easily, to understand performance, make decisions and make improvements.

## Engagement

There was minimal engagement with people who use the service. The service used patient experience feedback gathered by GP surgeries to inform their care. Feedback from GP surgeries showed that patients were positive regarding accessibility to the diabetes specialist nurse.

The service website was not up to date and there was some information about services which were no longer provided. The registered manager informed us that patients could access other websites for information such as the

# Community health services for adults

commissioner's website. However, there was no information available for service users in any form to direct them to the commissioner's website. The registered manager could not make changes to the website as the web developer was no longer available to make the necessary changes meaning service users did not have the most up to date information about the service.

## **Learning, continuous improvement and innovation**

There were no quality improvement projects at the time of the inspection.



This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent