Independent Clinical Services Limited

Independent Clinical Services Limited

Inspection report

Unit A Estune Business Park
Wild Country Lane, Long Ashton
Bristol
BS41 9FH
Tel: 03451205310
www.thornburycommunityservices.co.uk

Date of inspection visit: 06, 07 and 13 July 2022
Date of publication: 24/08/2022

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	Outstanding ☆
Are services safe?	Outstanding ☆
Are services effective?	Good ●
Are services caring?	Outstanding ☆
Are services responsive to people's needs?	Outstanding ☆
Are services well-led?	Outstanding ☆

Summary of findings

Overall summary

Independent Clinical Services Limited, trading as Thornbury Community Services, delivers specialist health care to people of all ages in the community.

Our rating of this service improved. We rated it as outstanding because:

- The needs and safety of people who used Independent Clinical Services were at the centre of everything that staff did. The service had successfully embedded a proactive and person-centred approach to managing people's risks. This included specialist support provided to people with mental health needs, learning disabilities, and/or autism and people with complex safeguarding concerns.
- Comprehensive systems and processes were in place to ensure people received safe care in the community. Staff used learning from incidents to improve safety wherever possible. Staff only provided care and treatment with the necessary training and skills. Medicines were well managed.
- People were truly respected and valued as individuals. People were very positive about the service and were empowered as partners in their own care, practically and emotionally. Staff went above and beyond to provide meaningful support to service users, families and carers and found ways to meet their wider social and emotional needs.
- Services were tailored to meet the needs of individual people and were delivered in a way to ensure high levels of flexibility, choice and continuity of care. The service planned care to meet the needs of each individual service users and proactively sought people's feedback. People could access the service when they needed it, in some emergency cases this was within 24 hours.
- The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care. Leaders ran services using sophisticated information systems to monitor service performance and inform improvement plans. The service's vision and values had been translated into an ambitious strategy. Staff felt respected, supported and valued and were clear about their roles and accountabilities. The service proactively engaged with service users, staff and wider stakeholders and used feedback to plan and manage services to a high standard. All staff were committed to improving services continually.
- Staff provided care and treatment that met national guidelines and best practice. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of service users, advised them on how to lead healthier, more independent lives and supported them to make decisions about their care.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Community health services for adults	Outstanding ☆	

Summary of findings

Contents

Summary of this inspection

Background to Independent Clinical Services Limited

Independent Clinical Services trade as Thornbury Community Services (TCS). The organisation provides commissioned care services across the United Kingdom and is owned by the Acacium Group. The service has offices across the country and delivers care and treatment within the community. The organisation also run a staffing agency that did not fall within the scope of this inspection as we do not regulate this type of service.

Our visit focused on the community care that TCS provides to people in their own homes. The service supplies registered nurses and carers to Clinical Commissioning Groups (CCGs), case managers and private individuals providing care for clinically complex service users in their own homes.

The service provided support to people with complex conditions for example people who required complex and high-intensity care. Within the service there was a specialist team providing support to people with mental health needs, learning disabilities and/or Autism.

There were two registered managers in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service.

This service was last inspected in March 2016. Following this inspection, we inspected the service as good overall and outstanding in responsive.

How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

• Is it safe?

• Is it effective?

• Is it caring?

• Is it responsive to people's needs?

• Is it well-led?

The team that inspected this service comprised of three CQC inspectors, one specialist advisor and one expert by experience. The specialist advisor had professional experience of community health services for people with complex needs. The expert by experience had lived experience of using health and social care services.

We gave the provider five days' notice before our arrival because they provide community care and we wanted to be sure we could talk to the registered manager.

Before the inspection visit, we reviewed information that we held about the service.

Summary of this inspection

During the inspection visit, the inspection team:

- Visited a main office base
- Reviewed eight records relating to service user's care and treatment
- Spoke with 13 members of staff including nursing staff, Care Coordinators, Clinical Leads, Chief Nurses and others.
- Spoke with four service users and carers or family members
- Looked at a range of policies, procedures and other documents relating to the running of the service
- Spoke to external stakeholders to gain feedback on the overall quality of the service.

We were unable to visit any service users in their home to observe the direct delivery of care. Instead, we interviewed service users over the phone and used internal feedback the service had already collected. We also checked records and spoke to staff about how they delivered care in people's homes. This included the use of equipment, infection control procedures and maintaining a safe environment.

What people who use the service say

During this inspection we spoke to four service users, carers and/or family members of people who used the service. We also reviewed feedback recently collected from service users by the service and through our National Customer Service Centre.

People we spoke to were very positive about the service. People told us staff treated them with compassion and kindness and respected their privacy and dignity. They also explained that the service had helped them live at home more independently.

We reviewed previous service users' stories that had been shared across the organisation where the provider had gone above and beyond to meet the social needs of service users and their families. This included paying for staff to support people on family holidays at no extra charge to the service user, working with people to achieve lifelong dreams such as riding a hot air balloon or attending university.

We also reviewed feedback collected by the provider that included examples of very positive interactions between staff members and service users and their families. Based on feedback from over 120 clients collected by the provider between July 2021 and January 2022:

- Most service users felt the 'organisation offered high quality care' (90%).
- Most services users felt they were treated 'with kindness, respect, and compassion at all times' (95%).
- Overall, 80% of service user agreed that the service achieved key quality outcomes.

Outstanding practice

- A highly individualised approach to managing service users' risk was embedded across the service. In particular, teams supporting service users with mental health needs including learning disabilities and autism were creative and collaborative when managing risks in the least restrictive way possible. In some cases, the provider had been nominated for awards and one package was being shared at a national conference as a learning piece for other providers.

Summary of this inspection

- Staff valued service users' individual personalities and delivered care around it. For example, before introducing new staff to any package, teams organised 'Meet and greets' so service users and families could decide whether that staff member was a good fit for them. Where service users were particularly anxious about new staff starting, teams would find ways to slowly build rapport with service users before meeting them face to face. This included them sharing photos of themselves and writing a pen profile.
- The service went above and beyond to meet the social needs and emotional needs of service users and their families. This included paying for staff to support people on family holidays with no extra charge, working with people to achieve lifelong dreams such as riding a hot air balloon or attending university and much more.
- We found examples where the service had adopted an advocacy role when working with external services and professionals to advocate for the needs of the service user and their family. For example, the service ensured that facilities within people's homes met their needs and help service users manage any potential issues. The provider had supported service users to organise adaptions in their home environments to make them safer and more accessible to their needs. Service users with more complex social needs or circumstances were allocated a case manager to provide them additional support to meet these needs.
- The service was sometimes approached to provide care and treatment to service users following the breakdown of care by another provider. In these circumstances, teams worked swiftly to ensure people were not left without care or in an unsafe position within the community. For example, for one service user the provider was able to assemble a safe package for care in less than 24 hours.
- People were supported to access other services. Staff were driven to overcome health inequalities to ensure people could access the services they needed to stay well. For example, if a service user with autism needed to access a new setting such as a hospital, staff worked with service users to create de-sensitisation plans to aid the understanding of new environments and accessing health appointments. This might include staff organising link visits to a new service to slowly introduce people.
- Leaders used constructive engagement with staff and services users to improve the quality of care delivered. A new customer service lead role had been introduced. This person contacted every service user at prior to a package commencing. The lead then completed a follow-up phone call four weeks after this introductory call to discuss how the package was progressing. Each service user received a minimum of two in-depth interviews to discuss their experience with a member of staff not involved in the direct delivery of their care.

Areas for improvement

We found no areas for improvement.

Our findings

Overview of ratings

Our ratings for this location are:

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

Outstanding ☆

Community health services for adults

Safe	Outstanding ☆
Effective	Good ●
Caring	Outstanding ☆
Responsive	Outstanding ☆
Well-led	Outstanding ☆

Are Community health services for adults safe?

Outstanding ☆

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

Mandatory Training

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

Staff received and kept up-to-date with their mandatory training. The systems used to schedule staff would only allow staff to book onto a shift if they were up-to-date with the required training.

The mandatory training was comprehensive and met the needs of service users and staff.

Clinical staff completed training on recognising and responding to service users with mental health needs, learning disabilities, autism and dementia. The service was launching new mandatory training on how to support people with learning disabilities and/or autism in line with new legal requirements.

Managers monitored mandatory training and alerted staff when they needed to update their training.

Safeguarding

People using the services were at the centre of safeguarding and protection from discrimination. Safeguarding people at risk of abuse was a shared priority across all teams and staff demonstrated a highly proactive approach to protecting people from potential abuse.

All staff received training on how to recognise and report abuse, specific to their role. This included training on modern slavery, staying safe with social media and child protection.

Staff were proactive in raising concerns and worked closely with other agencies to protect people from abuse. This included those with protected characteristics under the Equality Act. We reviewed several cases where the provider had been assertive in raising concerns and worked collaboratively with other agencies and families to manage complex safeguarding risks in the community. This included cases where the provider had challenged decisions made by other stakeholders where they believed they placed unnecessary restrictions on service users.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Processes in place supported the early identification and monitoring of adults and children at risk of, or suffering, significant harm. Staff discussed safeguarding concerns daily and local leadership teams had full oversight over any concerns within their teams. Staff working in people's homes had 24-hour access to a support line to escalate concerns and gain advice when needed. Staff across the service understood that safeguarding was 'everyone's responsibility' including non-clinical staff.

The service carried out background and safety checks during the recruitment process of all new staff. This included enhanced Disclosure and Barring Service (DBS) checks.

Cleanliness, infection control and hygiene

Staff took steps to protect service users, themselves and others from infection when delivering care in people's homes.

Staff followed safe infection control principles including the use of personal protective equipment (PPE). During the COVID-19 pandemic the service had implemented national guidance well and where possible had taken steps to reduce the spread of infection. This included supporting staff to use private transport and risk assessing staff returning from holiday or periods of leave before they entered people's homes.

Staff also completed individual risk assessments for each service user and identified specific needs relating to infection prevention. For example, managing and reducing the risk of COVID-19 and septicaemia in service users' homes.

Service users said staff upheld good standards of cleanliness when providing care.

Environment and equipment

When providing care, staff took precautions and actions to protect themselves and service users.

We were unable to visit service users in their own home. Instead we collected evidence from interviews with service users and staff and completed record checks to assess how safely the service managed the environment and equipment in the community.

The provider carried out thorough risk assessments of service users' homes to ensure they identified and mitigated any potential risks. This included potential ligature risks, risk to staff lone working and general health and safety.

The service ensured suitable equipment was in place to help them safely care for service users. Staff regularly cleaned equipment after service users contact and labelled equipment to show when it was last cleaned. Staff carried out daily safety checks of specialist equipment. Following an incident in another service, the provider had pro-actively reviewed and improved their procedures to ensure all staff using specialist equipment were safe and competent to do so.

Staff disposed of clinical waste safely. Clear operating procedures were in place to ensure all clinical waste was managed safely.

Assessing and responding to risk

A highly individualised approach to managing service users' risk was embedded across the service. Teams were creative and collaborative when working with people using the service to empower them and help them live a more independent life.

Many service users had complex physical and mental health needs.

Teams completed comprehensive risk assessments with each service user and their family (where appropriate) before they started delivering care. Staff used a range of standardised risk assessment tools and reviewed them regularly, including after any incident. Weekly "At risk" calls took place to identify and monitor risks across all care packages being delivered. An additional risk register was also maintained to monitor high risk packages, and this was monitored by senior leaders.

Staff understood and worked with service users to manage risks collaboratively. Staff assessed service users to manage their individual risks. Risk management plans we reviewed were highly individualised. For example, we found specific plans in place to safely manage risk of falls, risk of using hot water bottles, and potential risks when using transport.

Staff were dedicated to finding ways to work with service users to manage their risks in the least restrictive way possible.

Teams supporting service users with mental health needs, learning disabilities and autism were truly outstanding when it came to managing risks in the least restrictive way possible. The provider had invested in staff training, systems and had employed specialists to embed effective positive behavioural support practices (PBS). We reviewed packages of care where staff had worked with service users using PBS to reduce the use of restrictive interventions and help people live more meaningful, independent lives in the community. Staff delivering support using PBS received an additional monthly supervision with the quality assurance lead to review the use of any restrictive interventions.

Staff shared key information to keep service users safe when handing over their care to others. Shift changes and handovers included all necessary key information to keep people safe.

Staff identified and quickly acted if service users were at risk of deterioration. Staff planned with service users and their family to ensure they had access to additional support or specialist intervention when needed. Staff knew what to do if a service user's condition deteriorated. Clear escalation plans were in place and had been developed with service users and their families. For each package pre-agreed plans were in place to ensure service users were able to access additional support if needed. For example, the service worked closely with specialist secondary health care providers to ensure service users could access them swiftly when needed.

Staff used nationally recognised tools to identify deterioration in service user's health. For example, staff used the 'Waterlow Scale' to score the risk of pressure ulcers developing for service users with lower mobility.

Staffing

The provider's operating model ensured there was enough staff with the right qualifications, skills, training and experience to keep service users safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix for each package.

Staff were matched to each individual packages of care based on how well they matched the service user's needs. The provider maintained a national pool of staff and managers allocated the most suitable staff to each individual package based on a variety of factors including experience, skill set and location.

The service had enough staff to keep service users safe. The provider would only begin to deliver care once a full staff team were in place. In some cases, the provider would run targeted recruitment campaigns to attract new staff with the right skills and experience required for a specific package of care.

Managers accurately calculated and reviewed the number and grade of staff needed for each shift on each package. If service users lived in a remote area, the provider would sometimes arrange staff accommodation. This meant people were able to receive care and treatment from the right staff despite local resources not always being in place.

The number of nurses and healthcare assistants matched the planned numbers. Unexpected staff absences from a package, for example, due to staff sickness were usually covered by other staff. Escalation plans were in place for every service user to ensure people were safe if staff were unable to attend for unforeseen circumstances.

Managers limited their use of external agency staff and only used staff familiar to the service.

The service had low vacancy and turnover rates. Managers monitored the turnover of staff for each care package. Where there were potential issues, clinical managers and operational colleagues worked together to resolve these issues.

The service had low sickness rates. At the time of our inspection the most recent sickness rate recorded for staff was under four percent with more than half of this attributed to short term sickness.

Managers made sure all staff, including agency, had a full induction and understood the specific package of care they were delivering before they worked their first shift. Before starting the delivery of a new package of care, regional clinical leads completed a clinical induction with each member of the nursing team. Staff were paid an additional 30 minutes at the start of their first shift to allow them time to read through care plans and introduce themselves to the service user, this charge was not passed to the service user. Following a new staff member's first shift, managers would gather additional feedback from the service user and staff member to identify any issues.

Records

Staff kept detailed paper records of service users' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.

Service users' notes were comprehensive and all staff delivering care could access them.

When service users transferred to a new team, there were no delays in staff accessing their records.

Records were stored securely in people's homes. The service was in the process of moving to a new electronic record keeping system. Managers had extended the transition period to allow teams further time to develop the new system to ensure it was fit for purpose.

Medicines

The service used systems and processes to safely administer, record and ensure medicines were stored securely.

Staff followed systems and processes to administer medicines safely. Wherever possible, the provider supported service users to safely self-administrator, in line with local policy. Where service users required assistance with medication administration or lacked capacity there were clear processes in place to ensure the service worked with other clinicians involved in the service user's care, for example the local GP or pharmacy, to ensure this was done safely and in line with national best practice.

Staff reviewed each service user's medicines regularly and provided advice to people about their medicines.

Staff completed medicines records accurately and kept them up-to-date. In the 12 months prior to our inspection, the service had introduced electronic medicine administration record (MAR) charts to improve the consistency of recording.

Staff stored and managed all medicines and prescribing documents safely.

Staff followed national practice to check service users had the correct medicines when they were admitted or moved to other services. For example, if the service transferred a package of care to a new provider, a full discharge summary was completed and passed to the new provider.

Staff learned from safety alerts and incidents to improve practice. For example, following a slight increase in medication recording errors the provider made changes to the templates used to record medication and updated their internal training package. This resulted in a decrease of incidents.

The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Managers and clinical leads regularly audited all service user's medication records and joined discussions with other professionals involved in their care. If staff were concerned about the use of medication, they would take action.

Incidents

Incidents were reported, monitored, thoroughly investigated and used as learning to drive improvements. When things went wrong, staff apologised and gave service users honest information and suitable support.

The service had a good track record on safety. In the 12 months prior to our inspection there had been no serious incidents.

All staff knew what incidents to report and how to report them. Staff we spoke to knew how to report serious incidents in line with the provider's policy.

Managers reviewed incidents on a regular basis and investigated them. Resources were in place to ensure robust investigations were completed in line with the provider's policy. A central quality assurance team would lead investigations with input from local clinical teams.

Teams used feedback or lessons following incidents to make improvements where needed. For example, following a small number of reports of staff sleeping on shifts, managers completed a thematic analysis and identified action points to mitigate future risks. Following this, teams reviewed night care risk assessments, local staff rotas and designed a new training module on staying awake. The issues were also discussed at local team meetings and supervisions.

Managers shared learning from incidents that happened elsewhere and implemented learning where needed. Following a serious incident related to the use of specialist equipment in a sister company, teams had reviewed the incident and identified learning applicable to the service. They had then updated their own internal systems and checks around the use of specialist equipment to enhance the safety of care delivered.

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

Managers debriefed and supported staff following any incidents. Using a quality improvement approach the provider had made improvements to the debrief process to make it more consistent and effective.

Outstanding ☆

Community health services for adults

Are Community health services for adults effective?

Good

Our rating of effective stayed the same. 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 service users in their care.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. A clinical advisory group met on a regular basis to review policies and ensure any changes to legislation and evidence-based guidance were incorporated into care delivery. Clinical leads within the service attended 'study days' and had access to a national forum to discuss local clinical practices and ensure they met best practice.

Staff protected the rights of people subject to the Mental Health Act and followed the Code of Practice. If needed staff received additional training on how to meet specific areas of the Act including community treatment orders (CTO). Staff worked with other professionals to ensure service user's rights under the Act, for example right to section 117 aftercare when applicable, were fulfilled.

When supporting people with a learning disability and/ or autism, clinical teams ensured regular medication reviews took place in line with the 'STOMP' movement. 'STOMP' is a national movement to stop the over medication of people with a learning disability autism or both with psychotropic medicines. It is a national project involving many different organisations which are helping to stop the over use of these medicines. 'STOMP' is about helping people to stay well and have a good quality of life.

Nutrition and hydration

Staff regularly checked if people were eating and drinking enough to stay healthy and help with their recovery.

Staff made sure service users had enough to eat and drink, including those with specialist nutrition and hydration needs. Staff assessed service users' dietary needs holistically, taking into account client preference, religious or cultural needs and any allergies. Staff then worked with service users to formulate individualised care plans based on these needs. For example, for some clients with specific mental health needs staff used psychologically informed approaches to ensure people had independence when it came to nutrition and hydration.

Staff fully and accurately completed fluid and nutrition charts where needed.

Staff used a nationally recognised screening tool to monitor people at risk of malnutrition.

If needed staff would raise requests for specialist support from staff such as dietitians and speech and language therapists.

Outstanding ☆

Community health services for adults

Pain relief

Staff assessed and monitored service users regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.

Staff assessed service users' pain and gave pain relief in line with individual needs and best practice. Staff used observations and understood the importance of non-verbal cues when assessing how much pain a service user may be in.

Staff prescribed, administered and recorded pain relief accurately. When needed, staff worked with service users and their families to put individualised pain escalation management plans in place.

Service user outcomes

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

Outcomes for people were positive, consistent and met expectations, such as national standards. We found examples where service users had been supported to recover following discharge from hospital which had led to a reduction in the level of support they required.

Staff completed comprehensive assessments with each service user before the delivery of care. The findings were used to create individualised care plans that met the specific needs and desired outcomes of each service user. Staff reviewed and updated all care plans on a regular basis to ensure they delivered effective support, incorporating service user feedback.

Managers carried out regular clinical audits to ensure care delivered was of good quality and safe overall. Clinical reviews of treatment records took place at least monthly. Clinical leads held weekly team calls with staff to review the quality of care being delivered for each package in their area. The quality assurance team also monitored specific positive behavioural support (PBS) outcomes relating to use of restrictive practice.

Teams monitored key indicators for each package of care to ensure effective treatment was being delivered. Managers analysed data relating to the safety of packages as a way of measuring service user outcomes. For example, if a service user required an unplanned admission to a specialist hospital a full review of their care and treatment was carried out to see if this could have been avoided.

Managers shared information from the audits across teams and with individual staff. Information collected around service effectiveness and safety was reviewed at quality and safety meetings and business review meetings.

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 service users.

Staff were only allocated to a package of care if they had the required skills. On commencing the package staff had a 30-minute induction time and pre-session to ensure they were familiar with the needs of the person. Care coordinators and clinical staff worked closely with one another to ensure they fully understood the needs of the individual before starting a package. This included consideration of a person's personal and cultural beliefs.

Managers supported staff to develop through yearly, constructive appraisals and through regular, constructive supervision of their work. Many staff were not full-time employees and worked in other services. As a minimum, nursing staff received three managerial supervisions a year and two clinical supervisions. Clinical Leads for received routine supervision every six weeks. The provider's policy on supervision, appraisal and revalidation of nursing staff met national guidelines for supervision. Staff we spoke to felt very supported by managers and had all received a recent supervision meeting.

Additional supervisions took place as needed, for example following specific incidents. Managers within the mental health, learning disability and autism team maintained an additional tracker to ensure staff members working with higher risk clients had access to enough supervision.

Clinical educators supported the learning and development needs of staff. For example, if there was an incident involving medication then staff involved would automatically receive an additional supervision call, full debrief and would be required to complete refresher training.

Managers made sure staff attended team meetings or had access to full notes when they could not attend.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. The service had supported members of staff to complete an accredited course in positive behavioural support. This investment had ensured teams had access to support to conduct thorough assessments of service users' behaviours using functional analysis tools, which had reduced the use restrictive practice and provided better outcomes for service users with specific mental health needs.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Clinical staff were given a minimum of one day every quarter as protected learning time. A 'buddy system' was in place where newer staff members were partnered with more experienced members of the team to build their confidence and skill share. Staff commented this had been helpful when delivering care to complex, higher risk care packages.

Managers made sure staff received any specialist training for their role. Before starting any new package, clinical leads would also check the competencies of each staff member being allocated to the package to ensure they were competent.

Managers identified poor staff performance promptly and supported staff to improve. Clear policies and procedures were in place to ensure any concerns regarding nursing staff were reported, reviewed and investigated safely and fairly. If concerns were raised about staff members that could impact the safety of a service user, they were removed from the package whilst an investigation was carried out.

Multidisciplinary working

Staff collaborated with other health care professionals and services involved in service users' care, this included GPs, psychiatrists, social workers and others.

Community health services for adults

Staff worked across health care disciplines and with other agencies when required to care for service users. We saw multiple examples where the service had worked holistically with other professionals to meet the entirety of service users' needs including those with complex physical and mental health needs and co-morbidities.

Staff conducted joint needs assessments with specialists such as occupational therapists and physiotherapists to plan service users' care holistically. Staff referred service users for specialist assessments when needed, for example with speech and language therapists and dieticians.

Staff attended regular and effective multidisciplinary meetings to discuss service users and improve their care.

When needed staff raised concerns to service user's individual consultants and ensured their care was reviewed in a timely way. Service user's records included contact details for key members of their multidisciplinary team. Staff also had access to the group's internal clinical advisory group if they required further clinical advice.

Teams across the mental health and complex community health team worked well together to meet the specific needs of service users where they had mental health needs and physical health conditions.

Health promotion

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

Staff assessed each service user's health before care was delivered and provided support for any individual needs to live a healthier lifestyle. Care plans addressed specific physical health care needs such as supporting people at higher risk of pressure ulcers and those who had diabetes. Staff also ensured that service users with a learning disability had an annual health check with their GP. The service also used health action plans to promote better outcomes for service users.

Staff supported people to access resources and relevant information to promote healthy lifestyle choices in line with national health priorities. For example, staff signposted service users to resources on how to maintain a healthy diet and smoking cessation.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

Staff understood whether a service user had the mental capacity to make decisions about their care. The service did not complete mental capacity assessments internally, these were completed by the commissioning body and the local authority. We found examples where staff had requested capacity assessments to be completed for individual service users.

Staff completed training in and understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act and Mental Capacity Act 2005. Staff were able to contact clinical leads and other teams within the service if they needed advice. The provider had clear policies on consent and the Mental Capacity Act and Deprivation of Liberty Safeguards that staff could also access for guidance.

Outstanding ☆

Community health services for adults

Staff gained consent from service users for their care and treatment in line with legislation and guidance. When service users could not give consent, staff worked with other professionals and relatives to make decisions in their best interest, taking into account peoples' wishes, culture and traditions.

Staff understood Gillick competence and Fraser guidelines and supported children who wished to make decisions about their treatment.

Staff made sure service users had access to information they needed before consenting to treatment. Staff clearly recorded consent in the service user's records. Where service users had been found to lack capacity, detailed care plans were in place to ensure staff supported these service users appropriately.

Managers conducted regular audits and supervision to ensure staff adhered to national legislation relating to consent and capacity.

Staff implemented Deprivation of Liberty Safeguards and community treatment orders in line with approved documentation.

Are Community health services for adults caring?

Outstanding ☆

Our rating of caring improved. We rated it as outstanding.

Compassionate care

People received care and treatment form a service that was entirely person centred.

Relationships between people who used the service, those close to them and staff were strong, caring, respectful and supportive. Feedback we received from service users and their families was positive. People told us staff treated them with compassion and kindness and respected their privacy and dignity. We also reviewed feedback collected by the provider that included examples of very positive interactions between staff members and service users and their families. For example, 95 per cent of service users felt they were treated 'with kindness, respect, and compassion at all times.

All staff we spoke to, clinical and operational, were highly motivated to provide the best care possible for each service user and help them to enjoy a better quality of life and independence.

Staff valued service users' individual personalities and delivered care around it. For example, before introducing new staff to any package, teams organised 'Meet and greets' so service users and families could decide whether that staff member was a good fit for them. Where service users were particularly anxious about new staff starting, teams would find ways to slowly build rapport with service users before meeting them face to face. This included them sharing photos of themselves and writing a pen profile.

People's privacy and dignity was considered at all stages of care delivery. Teams worked compassionately with service users to explore gender preferences and cultural beliefs where service users had stated they wanted care from a specific gender of staff. Whilst teams respected individual service user preferences, in some cases they had worked with clients to work around cultural barriers to ensure they received the best care possible.

Service user's personal information and data was protected.

Emotional support

Service users were supported to live more independent lives based on their own personal, cultural and religious needs. Staff understood that service users were more than their clinical presentation and where possible looked for ways to help service users live a fuller life in the way they wanted.

We found multiple examples where the service had gone above and beyond to meet the psychological and social needs of service users and their families. This included staff supporting people on family holidays at no extra charge to the service user, working with people to achieve lifelong dreams such as riding a hot air balloon or attending university and much more.

Staff gave service users and those close to them help, emotional support and advice when they needed it. Within the mental health, learning disabilities and autism team the provider had embedded the use of personal behavioural support plans to identify and support service users in managing their own behaviours and emotions.

Staff demonstrated empathy when having difficult conversations with service users. We found examples where staff had carefully planned and considered the delivery of upsetting news, to ensure they understood the information and were supported. This included using social story boards to explain the death of a relative.

Staff provided emotional support to service users, families and carers. Staff supported people to remain connected to their family, friends and carers. For example, supporting adult service users to see their children in the community.

Understanding and involvement of service users and those close to them

Staff supported and involved service users, their families and/or carers to understand their condition and make decisions about their care and treatment.

Service users were included in all aspects of their care planning and care reviews. Care plans for all service users were highly individualised and centred on the person's specific needs and aspirations. As part of the assessment and care planning process clinical leads would visit service users and their families in their home to discuss their needs before a package of care was put in place.

Service users had access to an app that allowed them to view staff details and their individual rota. They could also add details of their specific preferences. For example, service users could let staff know that they preferred it if they removed their shoes before entering their home.

Staff made sure service users and those close to them understood their care and treatment.

Staff supported people to make advanced decisions about their care. When needed, staff worked with service users to create end of life care plans, involving their friends and families and external services. These plans were created collaboratively and ensured service users' personal choices were protected. The service followed guidance from the UK's Resuscitation Council to ensure people who made advanced decisions were supported in a way that incorporated best practice.

Staff actively engaged and sought feedback from service users and their families to improve the care they delivered.

Outstanding ☆

Community health services for adults

Are Community health services for adults responsive?

Outstanding ☆

Our rating of responsive stayed the same. We rated it as outstanding.

Service planning and delivery to meet the needs of people

The service planned and provided care in a way that met the needs of people. The service worked locally, with other organisations to ensure people had access to other services they needed in their area.

Managers planned and organised services, so they met the changing needs of people. Clinical teams used thorough risk assessments and conducted regular reviews of each care package to adapt service users care and treatment to meet the changing needs.

Staff could access support 24 hours a day seven days a week. Out of hours contact details for other specialist professionals involved in the service user's care and treatment and staff were detailed in care plans. In addition, staff could contact an internal on-call helpline for clinical and managerial support.

Meeting people's individual needs

The service took a holistic approach to providing care and tailored the service to each service users' individual needs and preferences. Staff ensured that service users and their families had access to wider services where needed and were assertive in helping them coordinate their own care experience.

The service was split into two areas of expertise, complex community services and the mental health and learning disability and autism team.

Across both service lines care coordinators and clinical staff worked closely with one another to ensure they fully understood the needs of the individual before starting a package. This included consideration of people's personal and cultural beliefs. All new service users had regular engagement with staff to review whether the service was meeting their needs.

The mental health, learning disability and autism team within the service provided specialist support to people across the country. As mentioned in our findings under safe, the provider had effectively incorporated positive behavioural support (PBS) that had delivered excellent outcomes for service users and had reduced the use of restrictive interventions.

We found multiple examples where teams had worked with service users, using PBS to improve safety and enable service users to live in the community. For example, staff had used PBS techniques to empower people access their local community and to pursue personal goals such as further education courses.

The service had been nominated and received awards for this work and had shared their learning with other providers. The provider had plans to expand the PBS care pathway to all care packages.

Staff had access to communication aids to help service users become partners in their care and treatment. When needed, staff had access to easy read language resources, widgets and story boards. Staff had also supported service users to use assistive technology to communicate.

A translator service was also available to support people who spoke another language. The service could access resources in other languages to work with service users who spoke other languages. Wherever possible the provider matched staff to service users who spoke the same language.

We found examples where the service had adopted an advocacy role when working with external services and professionals to advocate for the needs of the service user and their family.

For example, the service ensured that facilities within people's homes met their needs and help service users manage any potential issues. The provider had supported service users to organise adaptions in their home environments to make them safer and more accessible to their needs.

Service users with more complex social needs or circumstances were allocated a Case Manager to provide them additional support to meet these needs. Case managers offered 24-hour support to service users helping with housing, staff rotas and de-briefing following incidents.

Access and flow

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

The service did not have a waiting list. Each package was bespoke and created following specific requests from commissioners, service users and other relevant bodies. Managers monitored the length of time needed to set up a package and made sure service users received treatment within agreed timeframes.

The service had on occasions been approached to provide care and treatment to service users following the breakdown of care by another provider. In these circumstances, teams worked swiftly to ensure people were not left without care or in an unsafe position within the community. For example, for one service user the provider was able to assemble a safe package of care in less than 24 hours.

If service users lived in a remote location with no nearby services of staff to offer care and treatment, the provider would in some cases organise accommodation for staff so service users could still access the care and support they needed.

On the small number of occasions where staff were unable to attend shifts in people's homes due to unexpected circumstances there were clear escalation plans in place to ensure service users and their families knew what to do.

People were supported to access other services. Staff were driven to overcome health inequalities to ensure people could access the services they needed to stay well. For example, if a service user with autism needed to access a new setting such as a hospital, staff worked with service users to create de-sensitisation plans to aid the understanding of new environments and accessing health appointments.

Service users were supported to transition to other care services when appropriate. For example, where younger service users transitioned into adult services or new accommodation elsewhere. When needed staff also worked with hospices to plan end of life care and ensure families and service users had clear expectations of what might happen and access to resources to support them.

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 service users in the investigation of their complaint.

Outstanding ☆

Community health services for adults

Service users and those close to them, knew how to complain or raise concerns. The service gave information to all service users about how to raise a concern.

The provider had invested in new systems to collect feedback and to ensure service user's voices were heard. Each service user was allocated an individual care coordinator who they could contact to raise concerns or ask questions about operational aspects of their care, for example question about changes to their clinical team rota.

Staff knew how to handle complaints appropriately. Staff understood the policy on complaints and knew how to handle them and ensure they were recorded and reviewed. Staff protected service users who raised concerns or complaints from discrimination and harassment.

Managers investigated complaints and identified themes. Service users received feedback from managers after the investigation into their complaint.

Managers shared feedback from complaints with staff and learning was used to improve the service.

Are Community health services for adults well-led?

Outstanding ☆

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

Leadership

Leaders at all levels had the experience, skills and abilities to run the service and were passionate about the service they delivered.

Both service lines were led by a senior leadership team with an exceptional high skill set and knowledge base about the services they led and the wider health and social care sector.

The provider had built the organisation to ensure their leadership and managerial capacity at all levels met the needs of staff and people using the service. Each care package was allocated a Clinical Lead, who was supported by a Clinical Service Lead and Head of Clinical Service, led by a Chief Nurse.

As well as clinical leaders, there was an extensive network of operations teams in place to provide leadership and direction in specialist fields such as recruitment. Teams from across the country worked cohesively to deliver consistently safe and effective services. The service was part of a global, specialist, health care group, and linked in with other services within the group to share best practice, deliver new services and improve their overall performance.

Leaders and managers were visible and approachable in the service for service users and staff. Members of the executive leadership team including the Managing Director and Group Clinical Director were closely involved in the day to day running of the service and well known across the different teams. The executive team also communicated with staff on a regular basis through bulletins, updates and forums. Staff knew how to contact leaders and were in regular contact with their local managers.

Staff received leadership training appropriate to their role. Staff were also encouraged to develop their skills and take on more senior roles.

Outstanding ☆

Community health services for adults

Vision and Strategy

The service had a clear overall vision of what it wanted to achieve which was centred around providing the best care possible to people in their own homes.

An organisational strategy was in place to turn this vision into action and had been developed with all relevant stakeholders. This was underpinned by a set of core values that were centred around the delivery of high-quality care to service users and their families including; respect, expertise and professionalism.

Leaders identified clear objectives to achieve strategies and monitor progress. For example, the Learning Disability, Autism and Mental Health service line had a clear vision to 'increase personal choice and empower people to live fulfilling and rewarding lives and be an active member of their own community.' To achieve this the provider had successfully implemented a Positive Behavioural Support approach. This included investments in staff training, creating new specialist roles and working proactively with other services to embed this approach.

A systematic and integrated approach to monitoring, reviewing and providing evidence of progress against the strategy and plans was in place. Leaders and staff were able to describe and show how they applied the vision and strategy and monitored progress through regular review meetings.

Culture

Staff felt supported, valued and respected. Staff we spoke to felt supported to do their job and the overall culture of the provider was caring. They said they were kept up to date in terms of any other changes and could access support if they needed it.

Staff felt positive and proud about working for the provider and their team. In the last staff survey 92 per cent of staff said they were proud to work for the service and felt they were part of a team.

Staff had access to support for their own physical and emotional health needs through an occupational health service. Managers monitored staff wellbeing and took actions to address potential issues. For example, in the most recent staff survey staff wellbeing had been one of the lower performing areas. Managers had reflected on these findings and had put action plans in place to address these issues. For example, the service was investing in training for mental health first aiders, creating clearer signposts to wellbeing resources and promoting hybrid working where possible.

The provider recognised staff success within the service for example, through internal 'community champion awards. The weekly newsletter also celebrated individual teams who had delivered exceptional care when working with individual service users.

The service promoted equality and diversity in daily work and provided opportunities for career development. A clear equality, diversity and inclusion policy was in place and applied throughout the service. Staff were required to complete equality impact assessments and the provider took action to support staff. For example, the provider had assessed their office environment to ensure staff using wheelchairs did not encounter any barriers. The provider also attended Pride events and facilitated staff equality networks.

The service had an open culture where service users, their families and staff could raise concerns without fear. Staff knew how to use the whistle-blowing process.

Governance

Leaders operated effective governance processes, throughout the service and with partner organisations.

There was a clear framework of what must be discussed at a ward, team or directorate level in team meetings to ensure that essential information, such as learning from incidents and complaints, was shared and discussed.

Monthly quality and safety meetings took place where teams reviewed service quality including, client feedback and any changes to national legislation.

Staff were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service. Policies and procedures were up to date and accessible to all staff. Staff were required to read policies and demonstrate an understanding of standard operating procedures. Policies clearly set out the roles and responsibilities for individuals across the organisation.

Staff implemented recommendations from reviews of incidents, complaints and safeguarding alerts. This included reviewing incidents that happened whilst a service user had been receiving care from other providers to identify any applicable learning.

Staff undertook or participated in clinical audits. Local teams completed monthly clinical reviews of each package to assess the effectiveness of care being delivered and identify any potential issues. Clinical leads also conducted spot checks to assess the quality of care being delivered in people's homes.

The service's quality assurance lead also completed routine audits to ensure areas for improvement were identified.

Managers used information from audits and internal benchmarking exercises to improve care and treatment. Following the completion of a training audit managers identified potential areas for improvement and made changes to address them. This included the relaunch of the online training portal and introduction of a new clinical trainer role within the team.

Staff understood arrangements for working with other teams, both within the provider and external, to meet the needs of the service users. We found excellent examples where staff had worked collaboratively with other services to safeguard service users and ensure they had access to the services they needed to meet their needs.

Management of risk, issues and performance

Leaders and teams used systems to manage performance, issues and risk effectively.

Monthly quality, safety, workforce and business review meetings took place to review all aspects of service delivery. Senior managers attended these meetings to ensure they had oversight of overall care delivery and operational performance and potential issues. Weekly team meetings also took place to ensure teams stayed connected and had oversight of regional performance, issues and risks across the country.

Leaders ensured all teams understood and managed the priorities and issues the service faced. For example, recruitment and staffing were a key priority for senior managers. To ensure there were enough skilled staff to match service user demand, clinical leaders worked closely with operational colleagues in recruitment and resourcing to carefully plan the delivery of packages. The group's clinical director used a capacity tracker to review staffing performance indicators on a regular basis.

Staff identified and escalated relevant risks and issues and identified actions to reduce their impact. Staff maintained and had access to the risk register either at a team or directorate level and escalated concerns when required from a team level.

An additional risk register was kept ensuring oversight of 'high-risk' packages.

The service had plans for emergencies for example, adverse weather or a flu outbreak.

Systems were in place to ensure information was shared at all levels. For example, clinical key performance indicators were reviewed and challenged in Board meetings.

Information Management

Information systems used by the provider were sophisticated, efficient and used to drive improvements.

The service collected reliable data and analysed it. Managers and the providers business intelligence team completed checks to ensure data used to make decisions was consistently be accurate, valid, reliable, timely and relevant.

Teams and managers across the service shared data and information proactively to support internal decision making. Each service line had access to key data about the operational performance and clinical quality of care being delivered. Managers at all levels and leaders used this information to make informed decisions about the delivery of care which had resulted in better outcomes for service users.

For example, operational colleagues and clinical teams had created a 'Resource Management Dashboard' to assess key staffing indicators for each individual package to identify potential challenges and take action to avoid disruption to people's care.

All staff could find the data they needed, in easily accessible formats, to understand performance Teams shared and reviewed data about each other's performance to identify areas of improvement and share any potential learning. For example, managers from different service lines had created a league table to compare customer experience metrics and identify good practice.

Staff had access to the equipment and information technology needed to do their work. The information technology infrastructure, including the telephone system, worked well. The provider was working carefully to implement a fully electronic recording keeping system. This had been delayed from the start of 2022 due to further developments being needed.

Information systems in place were integrated and secure.

Data or notifications were consistently submitted to external organisations as required. Stakeholders noted that the service used technology efficiently to ensure teams working across the UK were interlinked.

Engagement

Leaders used constructive engagement with staff and services users to improve the quality of care delivered. Service user experience and satisfaction underpinned the provider's operating model. Because of this the provider had gone above and beyond to collect this feedback and use it to drive service improvement.

Service users' feedback was viewed as a valuable learning tool across the service. Staff could give examples of how they used feedback to improve daily practice. For example, some clients raised concerns about delays in receiving their rota. The team responsible for the sending of rota did an internal review of the process, completed refresher training and introduced a new key performance indicator to ensure rotas were all sent to service users on time.

The provider had embedded a clear marketing approach to delivering high levels of 'customer experience'. The provider was committed to collecting and using feedback from service user and other stakeholders to improve the quality of service delivered. Service users and carers had opportunities to give feedback on the service they received in a manner that reflected their individual needs.

A new customer service lead role had been introduced. This person contacted every service user prior to a package commencing. The lead then completed a follow-up phone call four weeks after this introductory call to discuss how the package was progressing. Each service user received a minimum of two in-depth interviews to discuss their experience with a member of staff not involved in the direct delivery of their care.

Senior leaders monitored service user feedback and converted into measurable 'quality' scales. In the 12 months prior to our inspection there had been an improvement in overall service user satisfaction. In response, the senior leadership team had reviewed increased their target for overall customer experience from 85 to 95% to drive further improvement.

Staff, service users and carers had access to up-to-date information about the work of the provider and the services they used, for example through an online portal, regular bulletins and professional social media channels.

Service users and carers were involved in decision-making about changes to the service. The service had introduced 'working together agreements' that outlined mutually agreed expectations between service users, staff and other stakeholders.

Staff were viewed as key stakeholders within the provider's business model**.** Staff across the business had opportunities to share feedback and ideas. We found examples where feedback from staff had been used to create positive changes. For example, following staff feedback, all nominations for internal awards were now shared to ensure transparency between different teams and share good practice.

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 including the Quality Assurance and Improvement leads worked across the service to encourage innovation and research.

Staff were given the time and support to consider opportunities for improvements and innovation and this led to changes.

Staff used quality improvement methods and knew how to apply them. For example, staff had used research to review and improve the internal debrief process for service users and staff following an incident. A robust 'debrief pathway' had been implemented to improve the debrief process overall. Leaders were planning to complete further research including staff surveys to evaluate the effectiveness of these changes and consider further improvements to the debrief process.

The service had also introduced a quality improvement panel to ensure better governance of current and future projects within the business

Staff had opportunities to participate in research and innovation. At the time of our inspection teams had submitted a proposal to consider the use body cameras as a more effective and less intrusive way to complete behavioural assessments with service users.

Outstanding ☆

Community health services for adults

The service monitored national trends and embedded updates in best practice where possible. For example, following the CQC 'out of sight report' the service had organised a round table discussion open to members of the public to consider how to embed key recommendations moving forward. This discussion had been centred on the use of restraint, seclusion and segregation for people with mental ill health, those with a learning disability and autistic people and what services can do to reduce this.

The provider had made an application and were working towards achieving an autism accreditation via the UK's National Autistic Society.