Independent Clinical Services Limited

# Thornbury Nursing Services

**Inspection report**

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Date of inspection visit: 05 July 2022
Date of publication: 26/08/2022

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

# Summary of findings

## Overall summary

Thornbury Nursing Services are a staffing agency who deliver specialist health care to people of all ages in the community, usually when their previous care package has failed or to avoid them being admitted to hospital. Some of their commissioned care packages require regulation by the Care Quality Commission.

We rated this service as outstanding because:

There was a comprehensive safety management system for ensuring staff were up to date with their mandatory training and were not subject to any safeguarding investigations. The system was innovative and significantly reduced the chance of incidents as a result of untrained staff. This meant the provider saw a continual improvement to their safety metrics and reductions in harm.

Service users and those close to them were actively involved in managing their own risks. They were able to input specific considerations about the management of their care onto the app. The provider's app was available to service users and staff on their phones so they could access and add to their care information easily.

The provider's incident dashboard allowed the managers to log any risk against the incidents in order to predict any future risk. Learning was based on a thorough analysis and investigation of things that went wrong. All staff were encouraged to participate in learning to improve safety as much as possible, through case studies and reflective practise sessions.

Staff provided good care and treatment, checked that service users ate and drank enough, and gave them pain relief when they needed it. 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 lives, supported them to make decisions about their care, and had access to good information.

Staff treated service users with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to service users, families and carers.

Services were tailored to meet the needs of individual service users and were delivered in a way to ensure flexibility, choice and continuity of care. Service users' individual needs and preferences were central to the planning and delivery of tailored services. The services were flexible, provided choice and ensured continuity of care. There were innovative approaches to providing integrated person-centred pathways of care that involved other service providers, particularly for people with multiple and complex needs. There was a proactive approach to understanding the needs of different groups of people and to deliver care in a way that met these needs and promoted equality. This included people who are were in vulnerable circumstances or who had complex needs. Service users could access services in a way and at a time that suited them.

The leadership, governance and culture were used to drive and improve the delivery of high quality person-centred care. Leaders had an inspiring shared purpose, strived to deliver and motivated staff to succeed. There were high levels of staff satisfaction across all equality groups. Staff were proud of the organisation as a place to work and spoke highly

# Summary of findings

of the culture. There were consistently high levels of constructive engagement with staff, including all equality groups. There was strong collaboration and support across all functions and a common focus on improving quality of care and service user experiences. The leadership drove continuous improvement and staff were accountable for delivering change.

# 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 Thornbury Nursing Services

Thornbury Nursing Services specialises in delivering care to service users when their previous care package has failed or to avoid them being admitted to hospital. They are able to provide these packages of care as their services are available 24 hours a day seven days a week. Due to their unique staffing matching database, they are also able to provide specialised care to service users all over the country. Thornbury Nursing Services works across England and Wales with their main office in Long Ashton, Bristol. They provide care to service users in hospitals or in the community.

Thornbury Nursing Services are registered to provide care and treatment under the following regulated activities: nursing care and the treatment of disease, disorder or injury. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. They had not yet been inspected.

There was only one commissioned package being delivered at the time of our inspection which provided regulated activities. There had been three commissioned packages of care with regulated activities in the past 12 months. We focused this inspection on looking at the care provided to these service users and their families.

## How we carried out this inspection

To get to the heart of people who use services' experience of care, 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?

This was a short notice announced inspection. This was because the service provided care in the community and we wanted to speak with service users and their families using the service. The inspection took place on the 5 July 2022. We carried out a hybrid inspection with one inspector and a specialist advisor on site, two other inspectors and an expert by experience conducting phone interviews during the week.

Before visiting, we reviewed a range of information we held about the service and asked other organisations to share what they knew.

We reviewed four service user care records and spoke with:

- the registered manager
- the clinical director

# Summary of this inspection

- the quality and assurance director
- the complaints and incidents lead
- five staff who provided the care packages under regulated activities in the past 12 months
- one service user
- two carers

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.

**What people who use the service say**

During this inspection, we spoke with one service user and two carers. We also reviewed feedback recently collected from service users by the provider and through our National Customer Service Centre.

People we spoke with were overly positive about the service that had been provided. One family told us that having experienced a few of the toughest months, the provider had brought a great big smile to their faces.

They said that the provider had made a their family member's dream come true and were so grateful for all the work, care and love that went into making a trip possible .

Families told us that the provider had sent photos and videos of service user's experiences to them so they could share in the experiences they were having.

Families told us that the team had been so helpful you and had restored their faith in humanity for us to be able to make a specific trip happen.

## Outstanding practice

We found the following outstanding practice:

Service users had access to an app which contained the details of potential staff members who could work with them. This meant the service user could make sure the staff member was suitably qualified before they booked a shift with them. The app allowed the service user to input additional preferences, such as a request to remove their shoes before entering the property, or an alert that they had pets in the home. Service users informed staff about any infection control risks via the app before a staff member visited them.

The provider's database held a live spreadsheet which contained all their service users' information and support needs. This spreadsheet acted as a 'skills matcher', so when a service user requested support, the database identified a suitable member of staff who lived nearby and had the relevant training to be able to support them. This included a language function on the service user staff matching database so service users could request staff who spoke their language on the system. Service users could also add any other cultural preferences to this database which would search for their criteria. If a staff member's training expired, they were automatically removed from the database, so they did not appear in any searches. This meant the provider had eliminated the risk of unskilled staff providing care to service users.

# Summary of this inspection

The provider had access to over 7,000 staff on their books. If staff were required to work in a remote area, the provider paid for their accommodation which meant service users were still matched to the most suitable member of staff. The service user was not charged for this. The provider did not have any examples of when a service user staffing request was not filled, even throughout the pandemic.

The provider created incentives for staff to remain on their books. For example, the provider would pay for childcare if this was an issue preventing a staff member from working. They supported staff financially with petrol and parking costs.

Through the 'giving back' project, the provider was able to give an end of life service user 12 days of charitable care in a hospice near their home. When a family member was only able to pay for three hours of care, the provider gave them the rest of the day for free so a child could attend a family celebration.

## Areas for improvement

We did not find any 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 | Good | ☆ Outstanding | ☆ Outstanding | ☆ Outstanding |
| Overall | ☆ Outstanding | Good | Good | ☆ Outstanding | ☆ Outstanding | ☆ Outstanding |

Outstanding

# Community health services for adults

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

## Are Community health services for adults safe?

Outstanding

We rated safe as outstanding.

**Mandatory Training**

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

Staff received and kept up-to-date with their mandatory training. As part of the provider's recruitment process, training leads identified a staff member's skills, training and expiry dates. They booked them onto any required training before they started work with the provider and entered this data onto a central database. Staff could not be booked onto a shift if any mandatory training was out of date. This ensured staff were sufficiently trained at all times.

The mandatory training was comprehensive and met the needs of service users and staff. The provider delivered a comprehensive training programme which included specific training courses required to meet the needs of the people using the service. The provider used a selection of accredited training providers. Service users had access to an app, which gave them an opportunity to review their suggested staff member's skills before they were booked on to a shift.

Clinical staff completed training on recognising and responding to service users with mental health needs, learning disabilities, autism and dementia.

Managers monitored mandatory training and alerted staff when they needed to update their training. The provider's database held a live spreadsheet containing all of their service users' information and support needs. This spreadsheet acted as a 'skills matcher', so when a service user requested support, the database identified a suitable member of staff who lived nearby and had the relevant training to be able to support them. If a staff member's training expired, they were automatically removed from the database, so they did not appear in any searches. This meant the provider had eliminated the risk of unskilled staff providing care to service users.

**Safeguarding**

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

Staff received training specific for their role on how to recognise and report abuse. All staff completed level two safeguarding training and level three if they worked with children. Managers completed level four training and the clinical director and safeguarding lead completed level five.

Staff could give examples of how to protect service users from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff were removed from the provider's database and therefore not able to book onto a shift if they were being investigated about a safeguarding concern. The status on the staff member's file stated 'can't book now' if there was an investigation pending, which meant that other staff or service users were not able to see the details of the concern. Staff held the same status if they were on leave or off sick which meant staff were not discriminated against.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff made safeguarding referrals when working with service users who had restrictive practices put in place by other providers. They challenged providers who did not take the least restrictive approach when joint working with service users.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff followed an organisational policy on safeguarding adults and children. Staff escalated any safeguarding concerns to their clinical lead. The provider had a 24 hour, seven days a week operational clinical service which meant that they escalated any safeguarding concerns to the local authority without delay.

Staff rarely worked with children but followed safe procedures which were guided by the provider's safeguarding children policy.

**Cleanliness, infection control and hygiene**

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

Staff followed infection control principles including the use of personal protective equipment (PPE). Staff were provided with PPE before going out to work. Staff risk assessed any infection control risks before going into a service user's home and staff working with service users were all up to date with their infection control training. Service users informed staff about any infection control risks via the app before a staff member visited them.

Staff cleaned equipment after service user contact and labelled equipment to show when it was last cleaned. Staff sourced specialist equipment from community hospitals and cleaned them before use.

**Environment and equipment**

**Staff managed clinical waste well. When providing care in service users' homes staff took precautions and actions to protect themselves and service users.**

Staff completed environmental risk assessments before going into people's homes, with input from service users and information they had obtained from commissioners. Staff could do this on site over the provider's app.

Staff carried out daily safety checks of specialist equipment.

The service had enough suitable equipment to help them to safely care for service users. Staff requested any additional equipment from their local community hospital. Staff said they always had sufficient equipment.

Staff disposed of clinical waste safely. Staff carried sharps bins and disposed of other clinical waste safely.

**Assessing and responding to service user risk**

**Staff completed and updated risk assessments for each service user and removed or minimised risks. Staff identified and quickly acted upon service users at risk of deterioration.**

Staff used a nationally recognised tool to identify deteriorating service users and escalated them appropriately. Staff compiled end of life risk assessments to meet the needs of a service user they supported with advice and guidance from the palliative care consultant at the service user's local hospital. They wrote specific risk assessments for activities the service user wanted to achieve before they died, such as a trip to a football match. This included how to manage the risks associated with the travel and support required whilst away from home.

Staff completed risk assessments for each service user on admission, using a recognised tool, and reviewed this regularly, including after any incident. Staff completed risk assessments with service users before the first visit; or on site with additional staffing if there was an urgent request for support. The clinical complaints manager reviewed all incidents and logged them onto a dashboard. The dashboard allowed the managers to log any risk against the incidents in order to predict any future risk.

Staff knew about and dealt with any specific risk issues. Before visiting a service user, staff had a full handover from the local authority, the local hospital, and the service user and their families. This included full access to their previous care notes and risk assessments, so they could identify any specific risk issues.

The service had 24-hour access to specialist health support. Clinicians were on call 24 hours a day, seven days a week and staff were aware of the provider's escalation strategy should they need additional support with a service user whilst on shift. Staff said that the duty team were always very quick to respond. Staff followed the provider's lone working policy and completed a risk assessment ahead of lone working.

Staff completed, or arranged, psychosocial assessments and risk assessments for service users thought to be at risk of self-harm or suicide. Staff raised any concerns around a service user's mental health to their local authority and escalated concerns that needed more urgent attention appropriately. All service users had escalation plans in their care records; for example, what staff should do if a service user had a seizure.

Staff shared key information to keep service users safe when handing over their care to others. Managers had made changes to the provider's handover forms as a result of learning from an incident when there was missing information during handover.

Shift changes and handovers included all necessary key information to keep service users safe. Staff completed handover sheets at the end of each shift. The family also kept records of how the service user was during the day and any concerns they had identified. Staff received full handovers from previous providers such as a hospital. Staff acquired clinical information such as their diagnosis, medical history, and any other information required to keep a service user safe.

**Staffing**

Outstanding ☆

# Community health services for adults

**The service had 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, and gave bank, agency and locum staff a full induction.**

**Nurse staffing**

**The service had enough nursing and support 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, and gave bank and agency staff a full induction.**

The service had enough nursing and support staff to keep service users safe. The provider had access to over 7,000 staff on their books. If staff were required to work in a remote area, the provider paid for their accommodation which meant service users were still matched to the most suitable member of staff. The service user was not charged for this. The provider did not have any examples of when service users' staffing requests were not filled, even throughout the pandemic.

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants needed for each shift in accordance with national guidance. Managers tended to overstaff a package initially until all risks had been assessed and the service user was comfortable with the amount of staff supporting them.

The manager could adjust staffing levels daily according to the needs of service users. With a new service user, the manager sent more staff than might have been needed and with more qualifications than might have been necessary. This enabled the staff to complete an initial risk assessment on site then feedback this information to the commissioners to establish the correct levels of staffing required for each service user.

The number of nurses and healthcare assistants matched the planned numbers.

The service had low vacancy rates.

The service had low turnover rates. The provider had a 92% fill rate for commissioned packages of care. For commissioned packages of care, they had never not filled a shift. The provider created incentives for staff to remain on their books. For example, the provider would pay for childcare if this was an issue preventing a staff member from working. They supported staff financially with petrol and parking costs. All incentives were regularly reviewed.

The service had low sickness rates. Managers monitored staff who were on statutory sick pay in line with their organisational policy. Managers utilised a recognised human resources tool to monitor and support administrative staff through absenteeism (the Bradford Factor).

Managers made sure all staff had a full induction and understood the service.

**Records**

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

Service user notes were comprehensive and all staff could access them easily. Staff completed paper records in the service user's home. These were scanned over to the provider and uploaded onto their electronic system on a daily basis.

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

Records were stored securely. Paper records were kept with the service user in their home and scanned daily onto the provider's electronic database.

**Medicines**

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

Staff followed systems and processes to administer medicines safely. Staff followed a medicines management policy which specified the roles and responsibilities for staff. The policy included supporting service users who self administered medicines. Staff did not prescribe medicines, only administered them. Staff were assessed and monitored then signed off as competent by a clinical lead.

Staff reviewed each service user's medicines regularly and provided advice to service users and carers about their medicines. Clinical leads reviewed service user's medication and raised any queries with the prescriber as and when required.

Staff completed medicines records accurately and kept them up-to-date. Staff had a daily checklist which required them to check the medication administration sheet had been filled in correctly on the previous shift. Any errors were escalated straight away to the 24 hour clinical team. Clinical leads also audited medication administration sheets regularly to check for any errors.

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 they moved between services. Information relating to a service user's medication was reviewed from a service user's discharge summary for the hospital and included in the care planning for that package.

Staff learned from safety alerts and incidents to improve practice. Staff logged medication errors onto a central incident reporting system. As a result of a spike in medication errors across the organisation last year, managers made changes to the paperwork and training. The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff had raised safeguarding concerns over a service user who they believed had more medication than was needed for their condition. Staff informed all the providers involved in their care and the service user's family to acquire their views. Although they were unable to investigate these concerns, they implemented the learning outcomes identified within their teams.

**Incidents**

**The service managed service user safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave service users honest information and suitable support. Managers ensured that actions from service user safety alerts were implemented and monitored.**

Outstanding ☆

# Community health services for adults

All staff knew what incidents to report and how to report them. Staff reported incidents to their clinical leads over the phone, via their online chat facility or face to face. Staff updated service users' care notes and completed an incident report whilst on site.

Staff raised concerns and reported incidents and near misses in line with provider policy. Staff called in to their clinical lead who completed an incident report on the provider's shared incident reporting tool.

Staff reported serious incidents clearly and in line with trust policy. Staff followed a 'death of a client' policy to ensure the service user's wishes were upheld and that staff knew what to do and how to seek support.

Staff understood the duty of candour. They were open and transparent and gave service users and families a full explanation if and when things went wrong. Staff followed a duty of candour policy, so they were aware of organisational and individual responsibilities regarding the statutory duty of candour and appropriate reporting channels.

Staff received feedback from investigation of incidents, both internal and external to the service. Managers debriefed with the staff member involved and reviewed the incident with them. They then took the incident to their monthly clinical safety meeting to analyse further.

Staff met to discuss the feedback and look at improvements to service user care. Clinical leads arranged one to one supervision with staff following an incident.

There was evidence that changes had been made as a result of feedback.

Managers investigated incidents thoroughly. Service users and their families were involved in these investigations. The incidents team categorised incidents and risk rated them so they could determine if they needed to suspend the staff member. They interviewed the staff member and spoke with the service user and their family. Managers created case studies following a serious incident and provided online training to the staff involved. Medication management training was provided to the staff member if they were involved in a medication error. Managers had created a 'review of worker injuries 2021/2022' paper following a spike in incidents of violence and aggression.

Managers debriefed and supported staff after any serious incident. Staff also had access to the provider's employee assistance programme for any additional support or counselling required.

## Are Community health services for adults effective?

Good

We rated effective as good.

**Evidence-based care and treatment**

**The service provided care and treatment based on national guidance and evidence-based practice. Staff protected the rights of service users in their care.**

Outstanding ☆

# Community health services for adults

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Managers reviewed NICE guidance relevant to the delivery of services in their clinical, quality and safety meetings every six weeks. The central governance team sought feedback from service users and staff before signing off policies and forms.

At handover meetings, staff routinely referred to the psychological and emotional needs of service users, their relatives and carers.

**Nutrition and hydration**

**Staff regularly checked if service users were eating and drinking enough to stay healthy and help with their recovery. They worked with other agencies to support service users who could not cook or feed themselves.**

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

Staff fully and accurately completed service users' fluid and nutrition charts where needed. The provider had a food diary for each service user and staff referred to their care plan for specifics and preferences. Staff completed fluid charts for each service user in their care plans.

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

**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 using a recognised tool and gave pain relief in line with individual needs and best practice.

Service users received pain relief soon after requesting it. Staff monitored spikes in pain for all service users but particularly end of life service users who they were supporting more often.

Staff prescribed, administered and recorded pain relief accurately. Nurses supported the administration of end of life specific pain medicines and documented service users' preferences around these.

**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.**

The service participated in relevant national clinical audits. The provider employed an external organisation to complete annual audits which reviewed staff files, complaints, policies and procedures.

Outstanding ☆

# Community health services for adults

Outcomes for service users were positive, consistent and met expectations, such as national standards. Care plans were holistic, person centred and well risk assessed.

Managers and staff used the results to improve service users' outcomes. Managers presented audit results in monthly clinical safety meetings. The clinical lead compiled the information relating to trends and any risks, then any suggestions form the clinical safety meetings were brought back to the service user.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. Managers reviewed the incidents to look for any spikes. The results of these audits were circulated back into team learning sessions.

Managers used information from the audits to improve care and treatment.

Managers shared and made sure staff understood information from the audits. Any staff concerns were included in six weekly quality and safety meetings.

Improvement was checked and monitored.

**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. Managers incorporated mandatory training into a competency workbook that all staff were required to complete annually. Managers made sure that specific training relative to the service users' needs was available to staff caring for them, such as palliative care.

Managers gave all new staff a full induction tailored to their role before they started work. Induction workbooks had a deadline and an expiry date, after which staff were removed from the data system if they had not completed it.

Managers supported staff to develop through yearly, constructive appraisals and regular supervision of their work. The supervisions and appraisals team offered staff an annual appraisal and two formal supervision sessions per year, unless they received supervision and appraisals from their substantive employer. For the current commissioned package of care, staff members received supervision from their clinical lead every two weeks. Staff also received ad hoc supervision if they were involved in an incident, which included a review of their clinical competencies and safety skills. This was documented in their staff files.

The clinical educators supported the learning and development needs of staff. The service held a database which contained a fact sheet for each condition service users had presented with, so staff could update themselves before working with a new service user. The relevant manuals for each piece of equipment a service user used, for example, suction machines, were embedded into this database. This meant staff always had access to information needed to treat a service user.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. Clinical leads met regularly with staff either face to face or online.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. The service operated a 'giving back' scheme which allowed staff to access bespoke training that matched their interests or the specific needs of a service user. The provider had just donated £100,000 for staff continual professional development. Staff had applied to do diploma top up modules and nurse prescribing courses.

Managers identified poor staff performance promptly and supported staff to improve. Managers had identified a rise in incidents reported where night staff fell asleep on shift. This resulted in the delivery of specific impact training for all staff where they were engaged in thinking about the potential consequences of this action. Managers saw a decrease in incidents of this type as a result of the training.

**Multidisciplinary working**

**Nurses and other healthcare professionals worked together as a team to benefit service users. They supported each other to provide good care and communicated effectively with other agencies.**

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

Staff worked across health care disciplines and with other agencies when required to care for service users.

Staff referred service users for mental health assessments when they showed signs of mental ill health or depression.

Service users had their care pathway reviewed by relevant consultants. If staff had concerned about a service user's welfare, they referred them to their medical consultant.

**Health promotion**

**Staff gave service users practical support and advice to lead healthier lives.**

The service had relevant information promoting healthy lifestyles and support. Information around a service user's lifestyle was contained in their care plan.

Staff assessed each service user's health when admitted and provided support for any individual needs to live a healthier lifestyle.

**Consent, Mental Capacity Act and Deprivation of Liberty Safeguards**

**Staff supported service users 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 how and when to assess whether a service user had the capacity to make decisions about their care. Staff followed an organisational policy on consent which outlined how to respect an individual's capacity to accept or deny treatment. Staff were involved in multi-disciplinary meetings when capacity assessments took place. Staff reviewed a service user's mental capacity as part of the care planning and review process. They also were involved in contingency planning if there were specific concerns.

Outstanding ☆

# Community health services for adults

Staff gained consent from service users for their care and treatment in line with legislation and guidance. Staff documented when they had sought consent from service users in their care plans.

When service users could not give consent, staff made decisions in their best interest, taking into account service users' wishes, culture and traditions. Staff were involved in best interest decision meetings, which were usually carried out by the local authority.

Staff made sure service users consented to treatment based on all the information available.

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

Staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. Mental Capacity Act training was part of the provider's annual competency workbook which meant staff had to complete it before being able to book a shift.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005 and the Children Acts 1989 and 2004 and they knew who to contact for advice.

Managers monitored the use of Deprivation of Liberty Safeguards authorisations and made sure staff knew how to complete them. Staff requested copies of service users' DOLS forms and scanned them into their care plans.

Staff could describe and knew how to access policy and get accurate advice on Mental Capacity Act and Deprivation of Liberty Safeguards. Staff sought support and advice from their clinical leads and the clinical director.

Managers monitored how well the service followed the Mental Capacity Act and made changes to practice when necessary.

## Are Community health services for adults caring?

Good

We rated caring as good.

**Compassionate care**

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

Staff were discreet and responsive when caring for service users. Staff took time to interact with service users and those close to them in a respectful and considerate way. Staff accompanied service users into hospital, so they were supported by someone they knew and had some continuity of care.

# Community health services for adults

Service users said staff treated them well and with kindness. Care was an open conversation with the service user, and they said it was a very collaborative relationship.

Staff followed policy to keep service user care and treatment confidential. All service user records were kept securely with them in their own homes.

Staff understood and respected the individual needs of each service user and showed understanding and a non-judgmental attitude when caring for or discussing service users with mental health needs.

Staff understood and respected the personal, cultural, social and religious needs of service users and how they may relate to care needs. Service users could input their own cultural and social preferences in the app, so staff were aware before they worked with them.

**Emotional support**

**Staff provided emotional support to service users, families and carers to minimise their distress. They understood service users' personal, cultural and religious needs.**

Staff gave service users and those close to them help, emotional support and advice when they needed it. Through the 'giving back' project, the provider was able to give an end of life service user 12 days of charitable care in a hospice near their home. When a family member was only able to pay for three hours of care, the provider gave them the rest of the day for free so a child could attend a family celebration.

Staff supported service users who became distressed in an open environment and helped them maintain their privacy and dignity. The provider ensured service users had more than enough staff to support them out in the community.

Staff undertook training on breaking bad news and demonstrated empathy when having difficult conversations. Staff providing end of life care had received palliative care training and were experienced in delivering difficult news.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. The provider's 'Giving Back' programme enabled staff to go over and above their duty of care to enable service users at the end of their lives to achieve life ambitions. For example, they accompanied a service user to a football match and enabling a young person to attend a family celebration.

**Understanding and involvement of service users and those close to them**

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

Staff made sure service users and those close to them understood their care and treatment. All care plans were completed in the first person and described service users' preferences around their care. There was an 'about me' section in service user's care plans.

Staff talked with service users, families and carers in a way they could understand, using communication aids where necessary. Staff talked with service users about their treatment and care plan to ensure that it was reflective of their views. Staff asked service users how they preferred their medications to be administered. Staff built a rapport with the service user to discuss how their day had been and if they had any concerns they needed the nurse to look into.

Outstanding ☆

# Community health services for adults

Service users and their families could give feedback on the service and their treatment and staff supported them to do this. Staff had open discussions with family members about how the service user was feeling and how to support them. Families' views were always evident in care and treatment plans. Care plans were written with family members who were also involved in any reviews.

Staff supported service users to make advanced decisions about their care. A service user's advanced decision was recorded clearly in their care plan. This included their background history and the reasons which had informed the advanced decision.

Staff supported service users to make informed decisions about their care. Service users had access to an app which contained the details of potential staff members who could work with them. This meant the service user could make sure the staff member was suitably qualified before they booked a shift with them. The app allowed the service user to input additional preferences, such as a request to remove their shoes before entering the property, or an alert that they had pets in the home.

Service users gave positive feedback about the service. Service users and families gave overwhelmingly positive feedback about how the provider had gone over and above their expectations not just to provide care, but to enable service users to achieve an extraordinary feat in their lives.

## Are Community health services for adults responsive?

Outstanding ☆

We rated responsive as outstanding.

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

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

Managers planned and organised services so they met the changing needs of the local population. Managers had tailored services to meet the demands of an increase in end of life care packages. Managers were responsible for making sure each package had sufficient staffing and staff were fully trained to support this service. Staff provided tailored care through documented service user preferences. Only staff with end of life care experience and training were placed in these packages. Managers and clinical leads had daily contact with the service user's next of kin to discuss any changes needed to the service user's care.

Staff could access emergency mental health support 24 hours a day seven days a week for service users with mental health problems, learning disabilities and dementia. Staff had access to clinical leads 24 hours a day seven days a week who could access any emergency support required for the service user and their staff member.

The service had systems to help care for service users in need of additional support or specialist intervention. Staff and clinical leads escalated any concerns back to the service user's GP or main health care provider. They reviewed any requirements through their team meetings and feedback information to the clinical commissioning group. Service users had contingency plans in the care plans that staff followed with the local authority or crisis teams.

Outstanding ☆

# Community health services for adults

**Meeting people's individual needs**

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

Staff made sure service users living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs. Staff supported service users to go on holiday and worked with other partner organisations to enable this to happen. Any shortfalls in budgeting were made up by the provider from the 'giving back' project.

Staff supported service users living with dementia and learning disabilities by using 'This is me' documents and service user passports.

Staff understood and applied the policy on meeting the information and communication needs of service users with a disability or sensory loss.

The service had information leaflets available in languages spoken by the service users and local community. The provider had a language function on the service user staff matching database. This meant that service users could request staff who spoke their language and the system was able to search for them. Service users could also add any other cultural preferences to this database which would search for their criteria.

Managers made sure staff, and service users, loved ones and carers could get help from interpreters or signers when needed. The service had recently employed a Welsh translator who accompanied staff on a service user's home visit.

Service users were given a choice of food and drink to meet their cultural and religious preferences. Staff supported service users to go shopping and make their own meals according to their own preferences.

Staff had access to communication aids to help service users become partners in their care and treatment.

**Access and flow**

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

Managers monitored waiting times and made sure service users could access services when needed and received treatment within agreed timeframes and national targets. There were no wait times to access the service. The provider agreed on packages of care and were able to source staff within a very short timeframe.

Managers were able to mobilise a care package for a service user very quickly, within hours. The provider had 24 hour clinical staff on call which meant there were no barriers to accessing a decision on care provision.

Managers monitored that service user moves between services were kept to a minimum.

Outstanding ☆

# Community health services for adults

The service moved service users only when there was a clear medical reason or in their best interest. The provider considered themselves a 'last resort' before a service user was admitted to hospital. They were able to support service users with a history of failed care packages in the community because of their ability to provide skilled staff at short notice.

Managers and staff started planning each service user's discharge as early as possible.

Staff supported service users when they were referred or transferred between services. The provider supported a service user with an end of life diagnosis, who survived past their prognosis. This meant they no longer needed the end of life package of care, so the provider consulted with their community services to see if they could continue to support them. This cross working enabled the young person to continue their care with a similar provider and kept the four nurses involved in their care package. These nurses transferred over to ensure the continuity of care. The service user and their family were the centre of all discussions and staff documented their preferences clearly in the care plan.

**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.**

Service users, relatives and carers knew how to complain or raise concerns. Service users had the direct number and email address to contact the service about complaints and incidents in their terms of business contract. Calls could then be transferred directly to an on call clinical lead.

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

Managers investigated complaints and identified themes. Managers reviewed complaints and incidents in six weekly community meetings and twice quarterly clinical safety meetings.

Staff knew how to acknowledge complaints and 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.

Staff could give examples of how they used service user feedback to improve daily practice.

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

Outstanding ☆

We rated well-led as outstanding.

**Leadership**

Outstanding ☆

# Community health services for adults

**Leaders had the skills and abilities to run the service.** The senior leadership team were well experienced and the current level of skill and knowledge within the team was exceptionally high. Most of the senior leadership team had clinical backgrounds. The provider enabled senior leaders to access further leadership courses within their roles.

**Leaders understood and managed the priorities and issues the service faced.** As a national organisation, managers implemented cross learning within each of the localities. This included learning from inspection reports from different care inspectorates. One example of this related to identified themes from one area of the country. These were analysed across the country through the manager's network, issues identified, and a specific training course rolled out across all services.

**Leaders were visible and approachable in the service for service users and staff.** Senior leaders took part in an on-call rota, which meant they often worked with staff to cover vacant administrative shifts. This included working on night shifts, allowing them to experience all aspects of the services they were managing.

**Leaders supported staff to develop their skills and take on more senior roles.** There was a low turnover in the senior leadership team with feedback from staff stating they did not have to look for other jobs to progress their career as they were plenty of development opportunities within the organisation.

**Vision and Strategy**

**The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders.**

**The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy.** The provider's mission and vision were available on their website. Their mission was to support health providers deliver the highest standards of nursing care when no one else could. Their vision was to be the trusted provider of exceptional nurses to the NHS and private health sector, often at extremely short notice.

**Leaders and staff understood and knew how to apply them and monitor progress.** Leaders were able to demonstrate the organisation's values and strategy through their care packages, all of which were delivered at short notice and had positive outcomes for service users.

**Culture**

**Staff felt respected, supported and valued.** The provider had a high participation rate in their staff surveys at 84%. Ninety-four per cent of staff said they felt their manager genuinely cared about their wellbeing. Staff said they had been consistently impressed and felt supported by the organisation.

**Staff were focused on the needs of service users receiving care. Eighty two per cent** staff said that their manager kept them informed about what was happening within the organisation and with the service users receiving care.

**The service promoted equality and diversity in daily work and provided opportunities for career development.** The provider had an up to date equality, diversity and inclusion policy. The provider scored 80% for their equality and diversity culture in the latest mid year staff engagement survey. Staff were required to complete equality

impact assessments alongside any personal risk assessments they carried out. The provider worked with PRIDE events, set up networks about equality events to review equality, diversity and inclusion. The provider was working on a project called 'bright ideas' where team members met every quarter to discuss what they could do differently. The provider had assessed their office environment so staff using wheelchairs did not encounter any barriers.

**The service had an open culture where service users, their families and staff could raise concerns without fear.** Staff said they valued the reflective sessions their clinical leads gave them and said they appreciated being listened to and having their confidence built up. Staff said that leaders had an empathetic and encouraging approach. Staff gave the provider their availabilities for each day. If they did not want to take a particular shift, managers supported them and they were not penalised.

**Governance**

**Leaders operated effective governance processes, throughout the service and with partner organisations.** The provider employed an external organisation to complete their audits. Although this schedule had been paused over the pandemic, it was due to restart later in the year. At the last audit in 2019, the provider scored highly at 99.8% compliant. Annual quality improvement plans transferred across all services within the country. Managers analysed incidents across the country identifying contributory factors, lessons learned, conclusions and recommendations with action plans.

**Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service**. Each organisational policy set out the roles and responsibilities for staff member so they could effectively manage their work. Managers and clinical leads met every six weeks during their clinical quality and safety meetings. They reviewed all incidents over the past 12 months and recorded an action plan to address any themes. They reviewed any complaints and any actions required. All high risk care packages were reviewed with an ongoing action plan. Any safeguarding risks, training updates and any legislation updates were reviewed with the guidance embedded in the minutes.

**Management of risk, issues and performance**

**Leaders and teams used systems to manage performance effectively.** The provider had a risk register which was regularly reviewed in monthly clinical safety meetings.

**Leaders identified and escalated relevant risks and issues and identified actions to reduce their impact.** The service ran a restraint reduction programme, which had input from their mental health lead, statutory services and psychologists. The team reviewed positive behaviour plans and identified service user triggers. These were raised in the relevant team meetings. Every time there was a restraint, the form was reviewed with the team to see if any restrictive practise could be reduced. An annual review of worker injuries had allowed managers to analyse a spike in incidents relating to violence and aggression and create a paper that was submitted to the Board detailing the provider's action plan to address the issues raised.

Managers had quickly rolled out training on learning disabilities and autism as part of the recent changes to requirements for providers under the Health and Care Act 2022.

The service had plans to cope with unexpected events.

Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

Outstanding ☆

# Community health services for adults

**Information Management**

**The service collected reliable data and analysed it.** The provider had a team who analysed incidents. They organised strategy meetings for individual incidents.

**Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements.** Staff had access to a bespoke, organisational specific app which allowed them to input and retrieve all the relevant data they needed for their work with service users.

**The information systems were integrated and secure.** When using the provider's app, staff had their own portal which was password protected. All other data was stored on a bespoke customer relations system. The organisation's data protection team had built in an audit log which showed when someone had made a change on a record. Service user names were all coded so only staff working with the service user were able to access their personal information which was kept in their homes. Any data breaches were flagged to the data management lead and recorded as an incident on the incident reporting tool then escalated to the data protection officer. Data protection training was mandatory for all staff. Paper documents were scanned onto the shared electronic database. The originals were stored securely or destroyed.

**Data or notifications were consistently submitted to external organisations as required.** Clinical leads had built relationships up with local authorities all over the country as they worked together.

**Engagement**

**Leaders and staff actively and openly engaged with service users, staff, equality groups, the public and local organisations to plan and manage services.** The provider had set up an engagement project called 'Giving Back' which meant they volunteered services to help those in need. Some examples were working with another trust to do some gardening for a disability service, raising awareness for an epilepsy charity and working with the Wave project.

**They collaborated with partner organisations to help improve services for service users.** Staff worked with partner organisations to investigate safeguarding concerns, such as the Local Authority Designated Officer (LADO) and take appropriate action to safeguard service users.

**Learning, continuous improvement and innovation**

**All staff were committed to continually learning and improving services.** Nurses took part in quality and safety meetings to review different nurse roles. The provider had already started rolling out learning disability and autism training for all staff, required under the Health and Care Act 2022.

**They had a good understanding of quality improvement methods and the skills to use them.**

**Leaders encouraged innovation and participation in research.** The provider had been training nurses to deliver chemotherapy at home, as a result of service user feedback around their preferred place of treatment. Managers identified the additional training required and nurses interested in delivering this service were booked on and involved in the risk assessments created to provide this treatment safely.

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.