Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Community Health Care

White Horse Business Park, Newmarket Avenue,
Trowbridge, BA14 0XQ

Date of Inspections: 13 March 2013
12 March 2013
11 March 2013

Date of Publication: April 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Nutricia
Registered Manager	Mrs. Angharad Jones
Overview of the service	Community Health Care provides treatment and nursing to patients who are prescribed specific tube-feeding regimes. Services are provided only under contract from the NHS. Patients may live in their own home, supported by relatives or care workers, or live permanently in a care home. All staff who provide treatments to patients are qualified healthcare professionals.
Type of service	Community healthcare service
Regulated activity	Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 11 March 2013, 12 March 2013 and 13 March 2013, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members, talked with staff and talked with commissioners of services.

Other providers of care and support

What people told us and what we found

All of the patients' supporters were positive about the treatment and nursing provided. One parent told us they liked the way the staff "always talked" to their child, as well as to them, when seeking consent for a procedure. The relative of a new patient told us "they're very hands on, they showed me all the tasks I needed to do". A care provider said the agency "give us a lot of support." A purchaser described the agency as "very thorough in what it does."

The healthcare professionals employed by the agency told us about the support they were given in their role. One newly employed member of staff described their induction as "very beneficial." Another member of staff told us about the "lots of training" provided. A member of staff told us "there's no end of places to go for support."

The provider's systems ensured clear records of treatment and nursing were maintained. Training included general areas, such as safeguarding adults and children, and specific such as procedures related to all of the tube feeding systems used. The provider had evidence to show it had comprehensive systems for the monitoring the quality of treatment and nursing provided.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone

number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

We asked patients how they consented to treatment. The parent of a patient said the staff "always seek consent". They told us this would be from both themselves and their child. They said they liked the way the staff "always talked" to their child, as well as to them.

Another relative told us "I've total trust" in their allocated registered nurse. They described how this registered nurse worked with them and their child. This was to make sure they understood what they were going to do, so they could consent to the treatment they needed.

A patient's care worker told us "they're absolutely fantastic, they never use medical jargon". They told us this meant both they and the patient could understand the treatment the registered nurse was going to do to ensure their informed consent.

A registered nurse described how they obtained consent from patients, this included using non-verbal means. They told us they always involved family members where a patient had difficulties in communication. Another registered nurse said they gave continuity of care, so they got to know patients individually. This meant they could understand a patient's non-verbal communication, such as facial expressions, to ensure they were consenting and continuing to consent, to treatment.

The provider's policies outlined the importance of ensuring consent was obtained from patients. We looked at patients' electronic records. We saw records were made when consent was obtained for treatment. Patients' records also stated who consent had been obtained from, including when it was gained from a patient's parent or a third party. Each record stated the name of the registered nurse who had gained consent.

The provider's policies detailed responsibilities for gaining consent under the Mental Capacity Act (2005). All of the staff we spoke with were aware of their responsibilities under this legislation. Several members of staff described recent training in dementia

which they said had increased their knowledge and understanding where people did not have capacity, or had variable capacity. Managers and purchasers told us about best interest meetings which had been held in support of patients to ensure treatments were only given in a patient's best interests.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People told us the agency met their treatment and nursing needs in all areas relating to their tube feeding systems. The relative of a long term patient told us "they've always been fantastic". They said they appreciated the continuity of staff which meant they could "ask whatever I need to." Another relative told us the treatments needed by the patient "could be painful" but as staff were "so compassionate and caring," their relative was "supported through it all."

The relative of a new patient told us "they're very hands on, they showed me all the tasks I needed to do". They said they appreciated the way "they're just at the end of the phone – wonderful", "this gives you reassurance, and means I've got confidence through them." The relative described how their registered nurse had also trained their relative's day care centre and respite care facility, so they could continue their life as it had been before they were artificially fed.

Providers of care for patients said the agency supported them in caring for people who needed assisted feeding. One care provider said the agency were "very, very supportive." Another told us the written information on the tube feeding systems was "so helpful" and the agency "give us a lot of support."

A purchaser stated they "pull out all the stops if they need to," to support a patient. They told us "information (about patients) is passed on to us as soon as it needs to be." Another purchaser described support to patients as "very thorough."

We looked at patients' records. We saw their records reflected what patients' supporters told us. For example one patient's care worker told us they had been concerned about changes in a particular aspect of the person's condition. This matter had been fully documented by the registered nurse who attended. Further treatment decisions and advice for the person's care worker were also documented.

Patients' records were kept electronically. Each agency healthcare professional completed them at the time they provided treatment and nursing care. Records were clear and consistent. The records enabled the agency's staff to state what interventions had been undertaken and when. Where interventions included insertion of tubes, records stated all

relevant details, such as the batch number of the tube and its expiry date, as well as the patient's condition before, after and during the procedure. Where tests on the safety of the positioning of the tube were required, these were documented. Records showed other interventions, such as telephone advice and support to other people involved in the patient's care were provided. A purchaser told us the use of this electronic system meant they could have access when they needed to review how each treatment package was going.

The agency's healthcare professionals told us where a person was cared for in a care home, they wrote in the service's records, to outline key areas in care needed by their patient. Care providers we spoke with told us the information was clear and "fully supported" them in meeting people's needs. A patient's care worker told us they kept a record of what the registered nurse had advised. The registered nurse could access this when they visited to check the situation for their patient. The manager told us they were planning to develop a booklet to be held by patients which would include information such as the type of tube, when the tube was last fitted and other relevant information. This would ensure patients had written information on them should they need to contact or be supported by emergency services.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

The provider had separate policies on both safeguarding adults and children. They were aware that as they provided a nationwide service, different local authorities could use different methods if an alert was needed. They had safeguarding champions amongst their staff group who led on the area. As the healthcare professionals were locally based, they were able to get to know the area they worked in and systems for making an alert. A registered nurse told us they worked across two local authority areas and were aware of procedures in their areas.

We talked with members of staff about safeguarding. A registered nurse told us "you must always take any concerns seriously." When given scenarios which might indicate a patient was at risk, they told us they would always feedback "at once" to their line manager. Another registered nurse told us "the safety of patients is paramount" and they knew they must always "act on any information." A registered nurse also told us they were aware they could observe something when they were in a care home, which could indicate a person other than their patient was at risk. They told us in such cases they "must take action" as "under our NMC Code of Conduct we have a wider responsibility to people." A purchaser of services told us the agency "always let us know" about any issues where they considered there could be a safeguarding risk to a patient.

The provider had systems for ensuring all staff were trained in safeguarding during their induction and before they worked alone. Staff then received updates in safeguarding regularly. There was a "traffic lights" colour coding system for training, so the manager could see at a glance who had safeguarding training and who was due. Safeguarding records we looked at were up to date.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Patients told us the healthcare professionals employed by the agency were trained in how to meet their specific treatments. Comments included "they're all trained in what they do" and "oh yes, they're fully experienced." A care provider described their registered nurse from the agency as "a fountain of knowledge, they know exactly what they're talking about."

A purchaser told us "they get their nurses really skilled up in the first few months", "the registered nurses are trained and competent" and "training of staff has never been as issue at all."

We talked with staff about their support and training. A newly employed member of staff told us they found their induction "very beneficial". Another newly employed member of staff told us they had been "quite surprised at the depth and width of training, it far exceeds where I've worked in the past". They said the induction training had been "balanced - both theoretical and practical."
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Staff also described their on-going training. A registered nurse told us "we get a lot of good training", and another "I've been nursing for years and I think it's really good."

Staff told us they felt supported in their role. A registered nurse told us they liked the agency's systems for clinical supervision, saying "I've never actually had it in any other job since I was a student nurse." A registered nurse told us "it's good to have your manager coming out with you and make sure everything you are doing is OK." Another registered nurse said "there's no end of places to go for support."

Staff told us they were lone workers. They described the agency's systems which ensured their safety when working on their own in the community. One member of staff described these systems as "excellent", another as "really safe."

The manager described how, as well as a taught induction, all new healthcare professionals were supervised in their role, before they worked on their own. Where healthcare workers were performing procedures, they observed the practitioner on as many occasions as they needed, before they undertook the procedure under supervision.

They were not signed off as competent until they were assessed to perform each required procedure. Full records of induction were maintained, including the name of the person's mentor.

The provider had a matrix for training so they could see at a glance which members of staff had been trained in what area and when they were due for further up-dates. Training included general areas such as manual handling and infection control. It also included specific areas relating to the procedures and treatments provided by the agency.

Records of supervision were maintained. They showed all healthcare professionals were regularly reviewed to ensure they maintained their competency in all of the procedures and treatments they needed to undertake.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people received.

Reasons for our judgement

People we spoke with were positive about the quality of the service provided. The relative of a patient told us "I've absolutely no complaints, I'd say something if there were." Another relative of a patient described the agency as "very smooth running." Another said "I can't sing their praises enough, they've been brilliant," and "I'd be stuck without them."

A provider of care for a patient told us "the service is very, very good and they're always at the end of the phone." A purchaser said "you can raise concerns, you don't need to wait until contract meetings, you pick up the phone and deal with any issue at once." Another purchaser told us "they're very approachable and respond well in a difficulty." They described the agency as "open to look at new ideas" and "they constantly review their service and ask for feedback."

We saw the agency had a system for regularly seeking the views of patients, their supporters and purchasers about service provision. Results from questionnaires were clearly presented in a pie chart format. Where issues were identified, action plans were put in place to make improvements. Staff working for the agency were also regularly surveyed for their opinions.

Due to the specialist nature of the service provided, the manager was aware they needed to be aware of any changes in clinical advice, or alerts about equipment or procedures. A purchaser told us the agency was "hot on alerts." A registered nurse said they "keep us well up to date via our email system" about alerts and changes. We saw the provider took prompt action in response to alerts about a treatment or procedure. A particular procedure and tube system had recently been identified as a potential risk to patients by an external regulator. Records showed, and the manager described how following alerts the agency had further developed staff training and revised record keeping systems, to ensure patient safety.

There was a system for reviewing all clinical incidents. Records stated the type of incident and assessed risk to patients. They also stated who had been advised of the incident. Where the agency was not the identifier of the risk but involved because they provided a service to a patient, the agency worked with the lead agency investigating the incident.

They used findings from such incidents to further develop practice.

The provider had an audit process for reviewing all its services. All patients' records were reviewed and where issues were identified action was taken. For example where there was and incomplete medical diagnosis on a patient's records, the agency contacted the purchaser to ensure they were provided with all up to date information about a patient's medical condition. Each healthcare professional's records were reviewed regularly, using a sampling basis. Such records were graded as "meets expectations", "partially meets expectations" or "not demonstrated". Where issues were identified, the member of staff's line manager was notified, so they could take action.

All complaints received were logged. The agency's systems enabled them to identify any trends. The manager told us they were planning to further develop their system to separate out complaints about service provision from complaints about delivery of food liquids and equipment. They were doing this as it would further improve their overview of the different types of services provided.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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