

Campden Area Home Nursing Trust

Campden Surgery

Inspection report

Back Ends
Chipping Campden
Gloucestershire
GL55 6AU

Tel: 07780660141

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This was an announced inspection which took place on the 1 December 2016. Campden Surgery, known locally as Campden Home Nursing supports people in their own homes who have life-limiting illnesses. It was established in 1990 to support people who are either at the end of their lives and receiving palliative care or be experiencing a period of time during their illness where they and their family need extra support, for example during chemotherapy treatment.

The service worked in conjunction with GPs and community based nurses and was provided to people who live within a 12 mile radius of Chipping Campden in Gloucestershire. This included the surgeries at Evesham, Moreton in Marsh, Chipping Campden, Mickleton, Bredon and occasionally Bidford on Avon.

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. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the time of the inspection the service was supporting one person. Over the past year they had been involved with 25 people. Health and social care professionals referred people to the service for support or people and their families could refer themselves. Campden Home Nursing worked in partnership with community nurses who were the lead healthcare professional.

People and their families received care, treatment and support which reflected their individual needs and wishes. The service tried to respond quickly to crises. Nurses worked closely with other health care professionals to make sure the care people received was responsive to their changing needs. People's safety was paramount ensuring they received their medicines when they needed them, they had access to the right equipment and support. Nurses had access to out of normal working hours support should they need a second opinion or advice. They supported people with very complex needs and it was important they liaised closely with other health care professionals, hospices and domiciliary care agencies.

People's families were appreciative of the compassion with which people were supported at a very difficult time. This included help, comfort and a "listening ear" for them. A relative talked about her own emotions and how Campden Home Nursing had helped her and her mother come to terms with their situation. The relative commented, "I can't praise them enough. How grateful I was. Even afterwards they checked on me to see if I was alright. They cared for me." The registered manager told us, "It's almost not about nursing, it's about emotional and spiritual support." Nurses spoke about their pride and the privilege of supporting people at the end of their lives.

People were supported to eat and drink if needed. They were treated with dignity and compassion. Nurses respected their individual wishes such as having a bath to relax or wishing to wear make-up and have their hair done. One nurse had been asked to pray with a person because they had the same religious beliefs.

Robust communication with families, GP's and community nurses was maintained ensuring continuity of care and that any changes were immediately raised and dealt with.

The service was well managed and organised. GP's and community nurses had confidence in their ability to be able to help them out. They told us, "It's an amazing organisation, it transforms palliative care for us as GP's" and they are "so quick at responding to a crisis and providing urgent input". The board of trustees were responsible for overseeing the high standards of care, support and treatment. They recognised changes were needed to maintain and improve these such as improving documentation and appointing new personnel. Nurses were supported to access training and individual support to maintain their professional development. A nurse told us, "We have regular meetings, and this enables us to meet my colleagues and this is particularly useful to evaluate our care, or update each other in all aspects of nursing relevant to our job. It is a good support group, and we all share a passion for our job."

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. People's rights were upheld and nurses understood their responsibilities with respect to recognising and reporting suspected abuse.

People's risks to their health and safety had been assessed and nurses worked closely with other health care professionals to minimise any known hazards.

People were supported by nurses who had been through a satisfactory recruitment process prior to their employment. There were enough nurses with the right skills and knowledge employed to respond quickly in a crisis.

People's medicines were managed safely by qualified nurses who made sure their medicines were available when they needed them.

Good ●

Is the service effective?

The service was effective. People were supported by skilled and knowledgeable nurses who were encouraged to develop further in their roles. Nurses had access to individual and group support.

The principles of the Mental Capacity Act (2005) were adhered to and people's consent was sought before assisting them.

People's nutritional needs were considered when helping them to eat and drink. There was a close working relationship with GP's, community nurses and other hospices promoting robust communication and liaison.

Good ●

Is the service caring?

The service was caring. People and those important to them had developed meaningful and positive relationships. People were treated with dignity, respect and compassion.

People's preference for the way their care, support and treatment was provided was respected. Adjustments were made to accommodate any discomfort or concerns for their wellbeing.

Good ●

Is the service responsive?

The service was responsive. The wishes and needs of people and their families were taken into account when planning and reviewing their care, support and treatment. Changes in people's needs were responded to quickly and in a timely fashion.

People and their families were encouraged to talk through any issues as they arose. They had information about how to make a complaint.

Good ●

Is the service well-led?

The service was well-led. The service was well organised and managed benefiting people and their families. High standards of care, support and treatment were provided and the service was well respected by the community and health care professionals.

Quality assurance was monitored through feedback from people, their families, other health care professionals and nurses working for the service. As a result improvements were made to the overall management and effectiveness of the service.

Good ●

Campden Surgery

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 1 December 2016 and was announced. We gave the service notice of the inspection because it is small and the manager is often out of the office, so we needed to be sure they would be in. One inspector carried out this inspection. Prior to the inspection we looked at information we had about the service. This included notifications that had been submitted by them. A notification is a report about important events which the service is required to send us by law.

As part of this inspection we spoke with two relatives and looked at feedback the provider had received. We did not speak with people who were currently using the service because this would have been a difficult time for them. We spoke with the registered manager, three GP's, two community nurses and three nurses employed by the service. We also spoke with two members of the board of trustees. We reviewed the care records for six people. We also looked at the recruitment records for two staff, staff training records, minutes of meetings and quality assurance systems. We looked at letters and cards that had been received by the service and have reflected some of their comments.

Is the service safe?

Our findings

People's rights were upheld. A relative told us, "We were totally at ease with the whole set up." They explained, "It was daunting leaving your door open for someone to come in but they made me feel safe." A GP told us their patients said they had "no qualms about the nurse's honesty or their safety". Nurses had completed safeguarding training which they could access through the local authority or social care television. They also completed safeguarding training with their main employers. Each nurse had been given individual copies of local procedures with contact details should they need them. These were kept in bags each nurse was given which also contained equipment they might need in an emergency such as a resuscitator (a mouth piece which could be used during resuscitation), stethoscope and torch. The registered manager was aware of their responsibility to raise safeguarding concerns, although there had been no need to do this. The safeguarding policy and procedure had been reviewed in January 2016.

People's initial referral forms identified any risks to their health or wellbeing. For example, if people needed help with their mobility or there were risks to the condition of their skin. Community nurses had completed people's risk assessments and the nurses supplied by the service followed these. They made sure hoists and slings were used for moving and assisting, hospital beds and air mattresses were working correctly and creams were applied to people's skin when needed. The registered manager said if the nurses had any concerns at all about the safety of equipment or changes in people's needs they would contact the community nurses and the person's GP. Community nurses and GP's told us, "Very thorough communication", "They would call us in an emergency or whenever" and "They always keep in touch." A relative commented, "They made sure she was ok."

People's homes and the access to them had been assessed to make sure nurses were working in safe environments and consideration had been given to the grounds around people's homes. For example, torches had been provided for the nurses when people lived in remote rural settings. Nurses were also made aware if the person had any pets in their home and if they lived with other people.

People were kept safe from the risk of harm due to emergencies. A system was in place for out of normal working hours support for nurses, who mainly worked overnight. They knew they could contact the registered manager or another named nurse for support or advice when community nurses or GP's were not available. The registered manager said this was rarely used. She did, however, make sure nurses had arrived at the person's home and they would contact her when they left. A nurse confirmed, "Lone workers safety is paramount. We text [name] on arrival and when we get home."

People were supported by nurses who had been checked to make sure they had the necessary skills and knowledge to support them and they were competent and of good character. Most nurses who worked for the service did so in addition to their main employment. Each nurse had supplied a full employment history and the registered manager confirmed they had made checks with employers they had worked with supporting children or adults as to why they had left that employment. References had also been obtained from past and current employers. Their registration status with the Nursing and Midwifery Council (NMC) had also been verified. A satisfactory disclosure and barring service check (DBS) had been completed prior

to the nurses starting work. A DBS check lists spent and unspent convictions, cautions, reprimands, final warnings plus any additional information held locally by police forces that was reasonably considered relevant to the post applied for. Proof of identity had been checked and a current photograph was provided. We discussed with the registered manager ways in which the reference requests could be made more robust. Evidence was supplied to us after the inspection that this had been completed.

People were supported by sufficient staff to meet their needs. The team consisted of 13 nurses and the registered manager. Community nurses and GP's said how responsive the team were in providing last minute emergency support. They told us, "They are very good at getting nurses in there quickly", "They are timely in their response" and "They are so quick to respond in a crisis." A nurse reflected, "We are a support for families. It's reassuring for them to know there is somebody to help out in a crisis." The registered manager co-ordinated the nurses and would be available to help out if needed, but this was rarely necessary. Qualified nurses only were employed due to the complexities of people's needs. Support was arranged overnight between the hours of 10.00 and 7.00 but this could be changed to reflect the individual person's needs. They had been able to respond to a request for an earlier start as well as an earlier finish. The registered manager said they were also providing some hours during the day to provide respite for carers and the family. A community nurse commented, "There is no limit to what they can provide."

People's medicines were managed safely and they received their medicines when they needed them. Nurses followed the community nurses' prescription charts and worked strictly to the GP's and community nurses' prescriptions. A GP commented, "They safely administer medicines and it is always appropriately documented." A nurse told us, "The added bonus of our being trained means people don't have to wait for medicines in the middle of the night if they are needed." Each nurse had a personal copy of a symptom control guide and two nurses had recently attended a lunch and learn training session at a nearby hospice to reflect on current best practice about symptom control. The registered manager described how the first duty for nurses was to check medicines and to assess whether the person's pain was being managed. A relative told us, "If medicines had changed they always knew and understood, I couldn't believe it."

Is the service effective?

Our findings

People were supported by nurses who were experienced in community services and palliative care. The registered manager said they had known and worked with the nurses before they asked if they could join Campden Home Nursing. Nurses maintained their clinical and professional development in their main employment as well as through taking part in training, courses and clinical supervisions with Campden Home Nursing. The registered manager explained, "Campden Home Nursing will fund any training to keep the nurses up to date" and "There is no ceiling regarding training." In addition to training considered mandatory such as moving and handling, CPR, infection control, equality and diversity and conflict resolution, nurses had access to training provided by local hospices. Nurses had also visited a person before their discharge from hospital so they could be shown by the hospital how their dressings were changed. Nurses also used group supervision sessions to share best practice and learn together about such topics as bereavement counselling, care planning and a new death protocol.

Nurses received clinical supervision from a colleague who had taken on this role and completed the relevant training. These individual and group sessions were used to reflect on practice, to set boundaries and discuss current case issues. The nurses were encouraged to suggest issues or items they would like to explore further at these meetings. A nurse reflected, "We have regular meetings, and this enables me to meet colleagues and this is particularly useful to evaluate our care, or update each other in all aspects of nursing relevant to our job. It is a good support group, and we all share a passion for our job." The registered manager confirmed support was available for new nurses in the form of shadowing colleagues. They were also supported at their first visit to the patient and introduced to the team. The registered manager said she told the nurses, "You know we are here; keep in touch." Nurses confirmed, "I feel properly supported at Campden Home Nursing, we have very full handovers" and "[Name] reiterates frequently on handovers prior to visits to ring if there is a problem, and she will come out if I need help. It is reassuring to know this, because even with years of experience, we can go into complex needs and it can still feel daunting, but with full knowledge and the proper support we get, then this is allayed."

People's capacity to consent to their care, treatment and support had been assessed by community nurses and their care records stated if a person did not have capacity to consent to their support. Nurses had completed training in the Mental Capacity Act (2005). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager said people would verbally express their consent to their care and support and had signed their care records. The initial referral form used by Campden Home Nursing would be amended to indicate if decisions had to be taken in people's best interests. No decisions had currently been taken in people's best interests.

People were supported by nurses to eat and drink when required. The initial referral form identified whether people needed support with their diet and fluids. If people needed a soft diet and liquid medicines this was highlighted. People unable to drink who needed support with mouth care were offered ice lollies and cold

pineapple. The registered manager said one person had asked if they could have chocolate cake and they were helped to have this. Another person was to have only minimal food and fluids. Nurses were asked to remind their family not to give them too much to drink.

People benefitted from close working and collaboration between the key health care professionals involved in their care and Campden Home Nursing. Community nurses and GP's told us, "I am very impressed with their communication; very thorough. They always make contact, they ask for feedback and tell us about changes" and "They have a three prong approach they liaise between the community nurses and GP, they never over step their mark. I have no clinical concerns." The registered manager said nurses recognised the lead role taken by community nurses and maintained a good working relationship and robust communication with them. This was confirmed by a community nurse who said, "I can't fault them, they work closely with other hospices and other teams, which can be three to four teams, involved in the patient's care. They are brilliant!"

Is the service caring?

Our findings

People's families, their GPs and community nurses gave positive feedback about the relationships between the nurses of Campden Home Nursing and their patients. They told us, "They had a kind manner, the nurses were angels not only for mum but for me also", "They are absolutely amazing" and "They are the icing on the cake!" A GP told us, "GP's and patients, involved in using this service, would be lost without them. They give amazing support to the patient and their family." Another GP commented, "It's an amazing organisation, it transforms palliative care for us as GP's." Families told the provider, "What a tough and important job you all do and with such compassion."

People and their families were fully involved in talking through their needs and wishes. The registered manager received referrals from health care professionals and then met with people in their homes or hospital before discharge. Nurses said, "[Name] always visits people prior to our shift. If we have a problem we call her, sometimes we just need a second opinion." People's care, support and treatment was organised around their needs and mostly consisted of overnight care although increasingly respite care was being considered for people and their families during the day. The registered manager said they contacted the family after the first visit to check to see if everything had been alright and if any changes were needed. A relative told us, "They helped mum no end. If I had the support mum had I would be blessed." A family told the provider, "Mum was appreciative of all the help and support you gave her, as were we her extended family."

People benefited from a nursing team who sought to understand their experience and those of their families. Meetings were arranged at different venues so nurses could also experience different aspects of their patient's journey and that of their families. One such meeting was held at a local funeral directors enabling nurses to see how their patients were treated after they had passed away and reassuring them the dignity and respect they treated people with was replicated by the funeral directors. This knowledge enabled them to reassure families. A relative commented, "I can't praise them enough. How grateful I was. Even afterwards they checked on me to see if I was alright. They cared for me." The registered manager said, "It's almost not about nursing, it's about emotional and spiritual support." They continued, "We give families the opportunity to talk about their feelings and emotions, to express their anger at the situation. We can direct them to other organisations who can help them." This was confirmed by a GP, "They can talk with people and their families and be there for them in a way a GP or district nurse can't." A nurse working for Campden Home Nursing confirmed this saying, "We have the time for our patients and their families to express their concerns and worries, for the family to sleep, knowing their loved one is going to be cared for as they want to be cared for. Keeping them comfortable, basically meeting the physical and emotional needs of our patients throughout our shift."

People's spirituality and religious beliefs were noted. A GP said one person had asked if their nurse, who held the same religious beliefs, could pray with them each night. People's right to confidentiality was respected. They chose where to keep their personal records including a Do not attempt resuscitation (DNAR) order. DNAR orders are a decision made in advance should a person suffer a cardiac or respiratory arrest about whether they wish to be resuscitated. Some people chose to keep them with their care records and

other people wished for them to be kept close at hand.

People's discomfort and wellbeing was responded to quickly. The registered manager described how they had altered the times they supported a person so the nurses could help them have a bath which they loved. This helped them to relax and they were also able to eat a light snack afterwards. Another person liked the nurses to "put them to bed" and was able to settle for the night when the nurses helped them. One person liked to have their hair done and to wear makeup so nurses helped them to do this each morning.

People were treated with respect and dignity. Feedback from a relative confirmed nurses were "professional at all times". A relative told us, "I felt overwhelmed with responsibility; I wanted her to have her dignity. They were all different, they were like a family. They deal with so many aspects and emotions. All the team were great." The registered manager said she had "total trust" in her team of nurses and said there was "no room for error" good communication was vital. A member of the board of trustees said, "Patients deserve the best death they can have."

Is the service responsive?

Our findings

People's care, support and treatment was assessed as a matter of priority. Campden Home Nursing ensured they worked closely with other health care professionals to make sure people received the care they needed to help them to remain at home. A community nurse reflected this had involved, "meeting at the hospice to review the care and support for a person with complex wound care needs". A crucial part of getting the service right was working alongside other social and health care professionals and maintaining robust communication. A community nurse said Campden Home Nursing at times had "shared care" arrangements with a domiciliary care provider who might attend to people's personal care needs only. They recognised the "continuity of care" provided and that they "passed over people's care and support needs" to the teams supporting people during the day. A relative commented, "The communication between the hospice, the GP and [name of Registered Manager] was great; everybody knew everything."

When people's needs changed it was vital the nurses passed over their concerns or observations to other health care professionals involved in their care. GP's and community nurses all commended Campden Home Nursing on their robust communication. They told us, "Their communication is very responsive. They always keep in touch, lines of communication are open between GPs and district nurses" and "We have a lot of contact. Absolutely superb. Very impressed with very thorough communication." Health care professionals also said they were confident the nurses would follow through any recommendations or changes they had made to people's support and treatment. A community nurse stated the nurses have to deal with "very tricky situations and I can't fault them". A nurse working for Campden Home Nursing told us, "It is because of this information (from the registered manager) we know exactly what to expect and the families haven't got to hand over their life story to yet another nurse. So I do feel very prepared because we go to a visit with all the information at our disposal and any changes to our patient, or family, we are told beforehand."

A GP reflected Campden Home Nursing were "so quick at responding to a crisis and providing urgent input" and they "developed personal relationships by early engagement". They said, "Nurses anticipate people's needs and dramatic changes. They are very good at getting nurses in quickly with a timely response to our requests." Nurses employed by Campden Home Nursing worked from the community nurses care records ensuring they kept these up to date with the support and treatment they had provided. Health care professionals said, "Everything is appropriately documented" and "a good standard of record keeping". A relative said they liked to have everything written down and if she could not see the nurses face to face they always contacted her. People's records confirmed who had been involved in planning their care including their families and other health care professionals or agencies. The registered manager described how some people had become more "settled" and had stabilised giving them and their families a period of respite. At such times they would withdraw their care and support and could be called in at a later date when needed. The registered manager confirmed they would explain to people and their families if any changes needed to be made.

People and their families were given information about how to make a complaint. Regular contact with the nurses and access to the registered manager meant any issues were dealt with as they arose. No complaints

had been received. The complaints procedure stated any complaints would be acknowledged within three days and a written response provided within 28 days. Details were given of the local government ombudsman should a complainant be unhappy with the response from Campden Home Nursing. Compliments had been received from families and these included comments such as "Campden Home Nursing are a wonderful organisation", "Support was invaluable" and "A great relief to us all."

Is the service well-led?

Our findings

People and their families benefited from a service which was well managed and organised. Everyone described Campden Home Nursing as "amazing" and commended the registered manager on being accessible and promoting excellent communication. Feedback included, "Constant standards of high care", "Can't speak highly enough of them" and "Their reputation within the local community is indicative; they are well respected." Families were asked for feedback about the service they received. A feedback form and self-addressed envelope was provided as part of their initial service information pack. Occasionally these were returned but mostly they preferred to provide feedback to the service in the form of thank you cards. Two forms which had been returned stated, "We could not have managed without you" and "Truly excellent care."

Campden Home Nursing as a charity needed to make sure their resources were used efficiently. A member of the board of trustees stated, "We need to be proactive in fund raising and we are aware of the need to increase our fund raising activities." The registered manager agreed, "It's a charity and resources need to be spent properly." The visions for Campden Home Nursing as stated on their website and in their statement of purpose was to "ensure that everyone who lives within the area that we cover, who requires palliative care - for whatever reason - has the opportunity to choose between being nursed at home, in a hospice or hospital. We see ourselves complimentary and supportive to other established medical care teams".

The registered manager was passionate and committed to providing the highest standards of care to people at the end of their lives. This passion was endorsed by the nurses who said, "I feel privileged" and "It's a remarkable service with like-minded people who help people die at home." The registered manager recognised the importance of maintaining open communication with staff. A nurse told us, "We have regular meetings, and this enables us to meet my colleagues and this is particularly useful to evaluate our care, or update each other in all aspects of nursing relevant to our job. It is a good support group, and we all share a passion for our job." Other nurses confirmed they felt supported and knew they could contact the registered manager whenever they needed advice, support or just a chat. They were confident if they raised concerns to the registered manager she would take the appropriate action. A member of the board of trustees said, "I know the team are experienced nurses and are very good."

The registered manager had a diploma in palliative care and was supported with their clinical development by two of the GP's who sat on the board of trustees. They told us, "I am there if she needs me, we have direct access to one another" and "We provide clinical supervision for [name], we have regular meetings to talk about the clinical side, the nurses and training needs." The registered manager said they appreciated the regular meetings with the GP's offering her "Reflective practice, it's a two way process, gives them insight into what we are doing. They need reassurance it's well-led."

The registered manager recognised the challenges of managing a small service. Nurses were encouraged to make suggestions for improvement and the registered manager hoped her "approachability" encouraged staff to come forward with ideas. The board of trustees monitored and audited the service and had recognised the needs to assess whether an administrator and a fund raiser were now required. The board

were presented with a nursing report from the registered manager at each meeting providing them with an overview of the people supported, staff training needs, staff meetings and meetings with other organisations and hospices. The board had discussed with the registered manager ways of improving the quality and confidentiality of documentation. They were also planning to upgrade the service's website to ensure people and their families had access to the latest information.

The registered manager described the contacts and relationships with other hospices locally and the support they provided to each other. She met with other managers at a "Sister Charities" meeting to exchange ideas and reinforce best practice. In addition to this she attended meetings with the National Association for Hospice at Home and had just joined a local care providers association in Gloucestershire. The registered manager attended gold standards framework (GSF) meetings at GP surgeries. The GSF is a set of standards to ensure people receive the best type of care when they are nearing the end of their life. Nurses had also recently attended the Gloucestershire NHS Health day. In this way they could keep up to date with changes in legislation and share good practice.

Fund raising had established close links over the years with the local community and this was being explored further. Team meetings were used also as an opportunity for nurses to meet socially and to enjoy a meal together. A nurse told us, "I love my job, it never ceases to amaze me how brave and stoic our patients and families are and to be a guest in their homes, providing care they want, giving advice when it's needed, and often a listening ear makes me feel I am doing something worthwhile."