Care Quality Commission

Inspection Report

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

Shipston Home Nursing Ellen Badger Hospital

Stratford Road, Shipston On Stour, CV36 4AX

Tel: 07920480392

Date of Inspection: 29 January 2014

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Staffing	✓ Met this standard
Complaints	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Shipston Home Nursing
Registered Manager	Mrs. Janet Oakey
Overview of the service	Shipston Home Nursing is a charitable trust, which was established to provide palliative care to people through the last stages of illness. It is registered to provide nursing care to people in their own homes. The agency nurses work closely with district nurses based around the area of Shipston on Stour.
Type of service	Community health care services - Nurses Agency only
Regulated activity	Nursing care

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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 29 January 2014 and talked with staff.

What people told us and what we found

When we visited Shipston Home Nursing service we were unable to speak with people who used the service due to the nature of their condition. We spoke with the registered manager and with the nurse co-ordinator.

We found that the service provided an opportunity for people and their families to be involved and direct the care they received during the final stage of their lives.

We saw evidence of individualised care, which was planned and co-ordinated and that communication with other services and professionals took place to ensure the best outcomes for people.

There were policies and procedures in place for the safe handling and recording of medicines and staff were appropriately trained in administration of medication.

We looked at records and found that they were well maintained and stored safely and securely.

We found that there were enough qualified staff available with appropriate experience and training to ensure that care could be delivered consistently.

A robust complaints process was in place and available for people to access if required and we found that staff were also aware of the complaints procedure.

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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

When we visited the service we spoke with the manager and a nurse co-ordinator. The nurse co-ordinator was one of the team who delivered care. We were not able to speak to people who use the service due to the nature of people's condition.

We were able to view a vast collection of letters of thanks from grateful relatives. All letters we saw conveyed heartfelt thanks and gratitude and complimented the care and dedication of the staff. For example, one relative had written of "The professional and loving care provided by the nurses." Another relative wrote of "Nurses' kindness, compassion, understanding and support."

The nurse we spoke with told us, "We always ask the patient's what they would like us to do, so they decide what is important to them." They also told us "After we have visited them once, we ask the patients how often they would like us to visit." The manager told us that if a person requested or needed a second visit, then the nurse would visit again later that evening. This meant that people expressed their views and were involved in making decisions about their care and treatment.

The manager told us and we saw that a questionnaire was sent out to all people whose relative had received care from the Shipston Home Nursing. We saw that this contained questions about involvement and dignity. For example, whether the nurses were polite, knowledgeable and friendly and if the person was given the opportunity to ask questions.

The manager told us that people who received the service had an initial visit when the service was explained to them and they were provided with a service user guide. We saw from people's records that the initial visit had taken place. We saw a copy of the guide, which was comprehensive and clearly set out what the person could expect from the service. It also invited comments or suggestions at any time. We saw that it provided direct access telephone number to a nurse or doctor 24 hours a day. This meant that people who use the service were given appropriate information and support regarding their care or treatment.

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.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

The nurse co-ordinator told us that everyone who used the service were also under the care of the district nursing service. The district nursing notes contained the main care plan for each person. The nurse co-ordinator told us that the notes remained in the home at all times during the patients care and treatment. All people providing care to the person checked the care plan in the home. The nurse co-ordinator told us "We work very closely with the district nurses and they are the lead for any clinical matters. We talk to them and check the care plan in the home."

We saw that records contained the person's medical history, care and medication and that a risk assessment had taken place for all people who used the service. The nurse co-ordinator told us all staff called them after each visit to update their records. They told us this enabled them to co-ordinate care appropriately and provide the correct level of care.

We saw the care plans were updated daily with the changing needs of the person and the care provided. We saw that a clear recording of care had been transferred to the notes including documentation relating to resuscitation. The nurse told us that their duties covered a wide range of care.

We saw that the nurses had recorded a detailed account of care they provided at each visit. The co-ordinator told us that a handover, took place each time a nurse went to see the person. We saw that the registered office for the service was in the same building as the district nurses office. The manager told us that the nurses meet with the district nurses as when necessary to discuss any issues.

The nurse co-ordinator and the manager told us that good communication existed with people's GP and consultants. We saw evidence of this in people's records. This meant that people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We were not able to speak with people who received the service but comments received from relatives contained detail of care experienced by people. One relative wrote, "You always left X looking and feeling so much better." Another person wrote, "During the last days and hours of X's life we were overwhelmed by the support and dedication of the

nurses."

The nurse co-ordinator told us that all people were visited dependent on their needs. They told us that they would attend at short notice if necessary, for example, sometimes the planned night nursing support had failed to attend from another agency. The nurse co-ordinator arranged for their staff to visit as an interim measure to ensure the person was not left without care. The meant that care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

The manager told us that a medication policy was provided for all staff to see. We saw that a medication policy was available and was clear, detailed and appropriate. The nurse we spoke with was aware of the policy and all staff were required to read the policy as part of their induction.

We saw that there was information regarding administration of medicines in the service user guide. This informed people using the service of the requirements of nurses, when training was updated and what nurses were allowed to do.

We saw in the patient records that medication was updated when necessary. The manager told us that all nurses were required to attend training in syringe drivers management every two years. We saw from staff records that this was the case.

The manager told us that nurses did not carry any drugs or medication on their person and that any medications were the responsibility of the person in their own home. The policy we saw confirmed this. This meant that appropriate arrangements were in place in relation to obtaining and recording medicines.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

The manager told us that the service usually provided care for three people at any one time. They told us that staff who provided care worked on a 'bank' basis, this meant that they worked when they were required. The manager told us there were 14 staff in total in their bank and that the co-ordinator contacted staff to work dependent on the needs of the people using the service.

The nurse co-ordinator told us that there were always enough staff to cover. However, if they were unable to meet the demand, then the co-ordinator or manager would provide care. The nurse co-ordinator we spoke with told us that staffing was not an issue.

The manager told us that all nurses who provided care were required to be registered nurses with two years post registration experience, as well as experience working in a palliative care setting. We saw in the staff records that staff met this criteria.

This meant that there were enough qualified, skilled and experience staff to meet people's needs.

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

The manager told us that they had not received any complaints. They told us they had only received letters of satisfaction with the service. We saw from feedback for the service that this was the case.

We saw that there was a robust complaints process in place and was clearly set out in the service user guide, which was given to people at their initial assessment. The manager confirmed that any complaint would be dealt with immediately as per the policy.

The manager told us that all staff were made aware of the policy. The nurse we spoke with told us they were aware of what to do in the event of a complaint. However, they told us they had never received any complaints.

We saw that the staff handbook informed staff of the procedure to follow and the manager told us that all staff were given a handbook when starting with the service.

This meant that people were made aware of the complaints system. This was provided in a format that met their needs.

Records ✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

We saw that Shipston Home Nursing keep their own patient records as well as recording in the district nursing notes. They told us that this allowed them to co-ordinate care safely and appropriately. We saw that records contained a comprehensive medical history and a clear daily account of care provided and a plan of subsequent care. This meant that people's personal records including medical records were accurate and fit for purpose.

We saw that records were kept in a folder by the co-ordinator whilst the person was receiving care. We were told that these were kept by the co-ordinator at all times as the service was 24 hours a day, seven days a week. The manager told us that these were kept in a locked cabinet at home as the co-coordinator needed access to them 24 hours a day.

The manager told us that when the records were no longer required they were kept in a locked cabinet in a locked room at the medical centre. We saw that all records including staff records were stored safely and securely in the medical centre. This meant that records were kept securely and could be located promptly when needed.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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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