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.*

Community Health Care

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

Date of Inspection: 03 February 2014

Date of Publication: February 2014

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

Standard	Result
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
Requirements relating to 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

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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 announced 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 3 February 2014, talked with people who use the service and talked with carers and / or family members. We talked with staff.

We spoke with health professionals

What people told us and what we found

Community Health Care (Nutricia), provided active support to approximately 21,000 adults or children at any given time, either living in a care home or in their own home. The nationwide service employed 98 registered nurses (of which 12 were paediatric nurses) who worked in regions, and were line managed by 11 clinical nurse managers. Four health care assistants were also employed in the team.

The feedback received from people using the service and their families, from people working for the service, and from other health professionals was incredibly positive. Comments such as ""xxxx has been amazing, she listens to what we have to say. We hadn't been told much from the hospital but xxxx brought the PEG (percutaneous gastrostomy tube) with her and explained how it would work" and "I have never had such support in any other job, from day one I had my mentor who was then with me for four or five weeks after induction", and "we are offered all opportunities for training and development".

The Nutricia nurses were usually introduced to the person requiring support and training at the point of hospital discharge, and then a follow up visit arranged for the following day. A support call would generally be made one week later, following which a three monthly review would be undertaken. The person or their family would be followed up as often as they needed to ensure they were comfortable and confident with their enteral feeding regime.

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. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

All people, adults and children, (known as patients by the service) referred to the service received an introductory booklet which outlined what could be expected from the Nutricia (Community Health Care) nursing team. This booklet contained details about the provider and relevant contact details. There were also details of 'tube feeding at home' given to people to help their understanding of what enteral (tube feeding) nutrition meant.

Introductory visits, as agreed with the NHS account, dieticians or specialist nutrition nurses were made by the nursing staff, referred to as the 'Nutricia nurses', mainly when people were at their own homes, or living in care homes. The nurses, who wore identification badges, assessed and agreed at this stage how much training would be required for the person or their carer to enable them to manage their specific tube feeding regime and what follow up support would be required.

We were told by people using the service that the nurses provided whatever follow up was required and were available 'at any time' for advice, guidance and support. The ongoing training and advice aimed to give greater independence to those people managing their enteral feeding at home.

Staff recruited were inducted, trained and expected to comply with the company philosophy which was to 'promote excellence in enteral nutrition, delivering the highest standards of nursing care, clinical governance, patient safety, dignity, respect and equality'.

We spoke with families of children who were receiving care and treatment from the Nutricia nurses, and received positive and heartfelt comments from grateful parents such as "xxxx has been amazing, she listens to what we have to say. We hadn't been told much from the hospital but xxxx brought the PEG (percutaneous gastrostomy tube) with her and explained how it would work", "she's even going to the school to help them understand",

"very child focussed, understands their anxieties and fears" and "just amazing".

We asked the registered manager how their staff team would demonstrate respect in the manner in which they addressed adults receiving a service, as this question was not included in the care documentation. The registered manager said that it would be expected as one of the basic principles of demonstrating respect, which was part of induction training. All staff spoken to said they would always refer to adults by their titles such as Mr/Mrs/Miss unless they were given permission to call a person by another name. One nurse said "I try not to assume or be too familiar, and will call someone by their title unless we agree otherwise".

People using the service were invited to give feedback at any time, and how to do this was detailed in their introductory booklet. Annual feedback was also collated in patient satisfaction surveys, the most recent survey results had been collated, a formal report would be produced with improvement actions agreed as required.

The registered manager confirmed that Braille communication was provided if required although there were no people requiring this service at the time. The service also had language translation literature and would provide an interpreter if required.

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

Comprehensive risk assessments were undertaken by the nurses with regard to all aspects of enteral tube management. Informed verbal consent was received prior to any treatment being commenced and this was documented on the care records. Risk assessments of the home environment, where people or children were being cared for in their own home, were completed by other health professionals, the dieticians or community specialist nurses. They would advise the Nutricia nurses if there were any specific hazards in the home environment prior to the nurses undertaking their first home visit.

The Nutricia nurses were usually introduced to the person at the point of hospital discharge, and then a follow up visit arranged for the following day. A support call would generally be made one week later, following which a three monthly review would be undertaken. We were told by the registered manager that the detail noted above was the average frequency for the provision of support by the Nutricia nurses, and this would be defined in the contract with the NHS.

It was clear from speaking with people and families that they felt comfortable contacting the Nutricia nurses whenever they were concerned or had any queries. This contact was actively promoted by the registered manager and willingly undertaken by their nurses. One nurse said "every person is different, we need to work at a pace that recognises their abilities". A relative commented that she was advised by the Nutricia nurse to "just contact me whenever you need to". A community nurse specialist commented "they are very good and responsive, sometimes patients will ring the Nutricia nurse instead of me, and nutricia are great and always willing to help out".

The Nutricia nurses completed written details of their visits if the person lived in a care home, and this would be in addition to the electronic records which were completed following each visit. These electronic records were accessible to the community nurse specialist or dietician, who would contribute as required. We saw that the records maintained were detailed and comprehensive. One Nutricia clinical nurse manger said "we used to have paper notes, but the e-nurse system gives us full visibility and continuity, we can manage needs more effectively"

The service had just devised a record book which would be the person's 'passport', and which would contain all relevant details about the enteral tube treatment system in use. These details had headings for when tube insertions or changes were undertaken, including batch number of the tube, expiry date, person's condition, before, during and after the procedure, and the safety checks that were required to confirm that the tube was correctly positioned. All of these details would be easy to see 'at a glance' when the passport were introduced. It was planned that this would accompany the person wherever they were being treated. The pilot was due to commence and would be evaluated for effectiveness before introduced for all people being treated.

The registered manager confirmed their commitment to ensuring the staff teams were fully equipped and up to date with their practice and the products they were using by circulating guidance and alerts by expert bodies if these were relevant to their practice. These were circulated on the intranet and by e-mail. All staff were expected to access their e-mails on a daily basis to check for any updates.

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 registered manager confirmed that all of the nurses completed training and were familiar with the adult and paediatric medication polices. However the administration of medication was not undertaken at any time by the Nutricia nursing team. The team would be expected to advise or to support the person to gain further guidance from a general practitioner or a pharmacist, on the suitability of medication to be administered via an enteral feeding system.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

At the time of inspection, the service employed 98 registered nurses nationwide, who were directly line managed in regions by 11 clinical nurse managers.

All applicants completed a two stage formal interview process following an informal telephone discussion. Application forms were completed, and reasons for any gaps in employment history established. A 'briefing for Nutricia nursing service candidates' was given out prior to the formal interview, to help give an overview and understanding of the service provider and the role.

The interview process included an interview, a presentation and attendance at an assessment centre and was competency based, with candidates having to demonstrate their CODE (committed, open, doer, empowered) behaviours, in addition to evidencing their nursing skills and computer literacy. The candidates would be scored and required to achieve the provider's benchmark before being offered a post.

Two written references, proof of identity, health check, and the required criminal record checks were completed. These checks, Disclosure and Barring Service (DBS), formally known as Criminal Record Bureau (CRB) checks would then be renewed every three years following commencement of employment. For nurses working with adults, start dates were agreed, and the new staff member would commence in post, but would not work unaccompanied until the DBS clearance had been confirmed. For the nurses who were assigned to working with children they were not allowed to commence child visits until the clearance was confirmed. Registered nurses NMC (Nursing and Midwifery Council) confirmation of registration was obtained, to ensure that the registered nurse had a current licence to practice. The provider had a robust system in place to repeat these checks on an annual basis, which is the frequency nurses were required to renew and confirm their fitness to practice with the NMC.

The robust recruitment procedure as described above, demonstrated that the service was committed to ensuring the safety of the people being cared for.

Job descriptions were issued and terms and conditions agreed and signed.

All staff completed a six months probationary period which included a two week induction training programme based at head office, and a field based induction. All nurses were allocated a mentor to support them through their training and induction, together with support from their line manager, the clinical nurse manager. There was a very detailed theoretical and practical training programme, and nurses were required to complete observations, and a minimum of three supervised practice sessions before they could be confirmed as competent to undertake any of the clinical tasks required.

We received confirmation from nurses that the training programmes for new staff and the on-going training and development programmes were excellent and very actively promoted by the senior management team. Comments such as "we know the Nutricia nurses receive very good structured training" was a comment from one health professional who works with the service. Employed nurses comments included "we are well supported with our professional development", "I have never had such support in any other job, from day one I had my mentor who was then with me for four or five weeks after induction", "we are offered all opportunities for training and development".

Mandatory training and annual updates were required, and these included infection control, basic life support, manual handling, record keeping, safeguarding (adults and children), information services, data protection and reassessment of competencies.

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 receive. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

Quality monitoring visits were undertaken by the clinical nurse managers who observed the clinical practice and nursing interventions undertaken. These were completed for each nurse, on a bi monthly basis. Should there be areas of non compliance, the nurses would be expected to repeat the theoretical and practical training before they were allowed to practice unsupervised.

Record keeping audits were completed by the registered manager and other senior managers. Actions would be taken from findings to ensure that people continued to be protected from risks associated with unsafe care.

Protocols and guidance on clinical interventions were regularly reviewed, assessed for effectiveness and updated if required. Clinical incident governance meetings were held on a quarterly basis. Twice a year all nurses were required to attend 'deployment meeting' which could be one or two days, to give the opportunity to review, reflect, discuss practice issues and share good practice. Regional team meetings were held on a quarterly basis, and one nurse said "this gives us the opportunity to discuss clinical issues and challenges".

People using the service were informed of the complaints policy, and the service had a system in place to monitor and identify any trends. The provider may wish to note that the information given out to people did not include details of the care quality commission.

Feedback was actively sought from people using the service and their families and we saw the responses from the most recent 'patient satisfaction survey'. The analysis was being undertaken and the service expected to have the completed feedback with the recommended actions within the next month. Comments we viewed and were generally very positive about the nursing service provided such as 'you do improve every time because you listen to our voices', fantastic service', 'the nurse was precise and patient' and staff are all very professional but this does not stop them from being caring and supportive through problematic times'.

Actions taken from the previous internal survey, in response to nurse comments and feedback was to introduce a learning and development programme to provide protected learning time for the staff.

To demonstrate a commitment to continuous quality improvement, and in response to the increasing numbers of people receiving care and treatment who were also living with dementia, the service initiated a dementia awareness training project, and liaised with the Alzheimer's Society, who trained designated staff to be 'dementia champions'.
In order to enhance team working and continuity of staff, due to the large geographical areas covered, the service introduced a named nurse and buddy system.

Alerts with regard to clinical practice or equipment issues were circulated on the intranet for the service, and it was expected for each nurse to access e mails or the website on a daily basis, to keep themselves updated and aware of any current issues.

All incidents and accidents were reported. logged and analysed. One example of this was the introduction of a reporting system of enteral tubes that were not replaced due to not meeting the required risk assessment criteria. This was commenced in 2013 to identify the effectiveness of the risk assessment tool.

A staff newsletter had been launched, with the first copy recently issued. There were plans for this to be completed on a quarterly basis.

The intranet for the service contained a nursing library which included an annual training calendar. There was a clinical governance database which referenced links to relevant information websites. This access could assist the nursing teams with their clinical practice and therefore improve the outcomes for people using the service.

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.

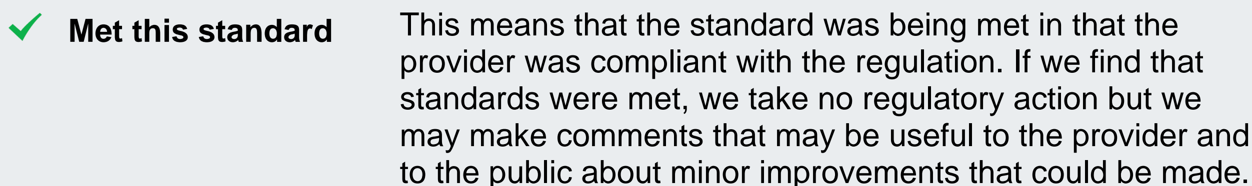
In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

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

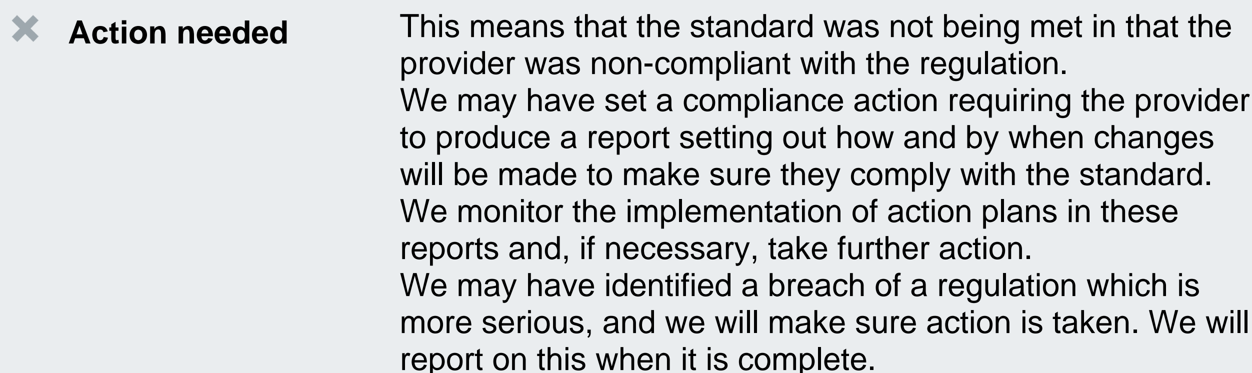
How we define our judgements

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.

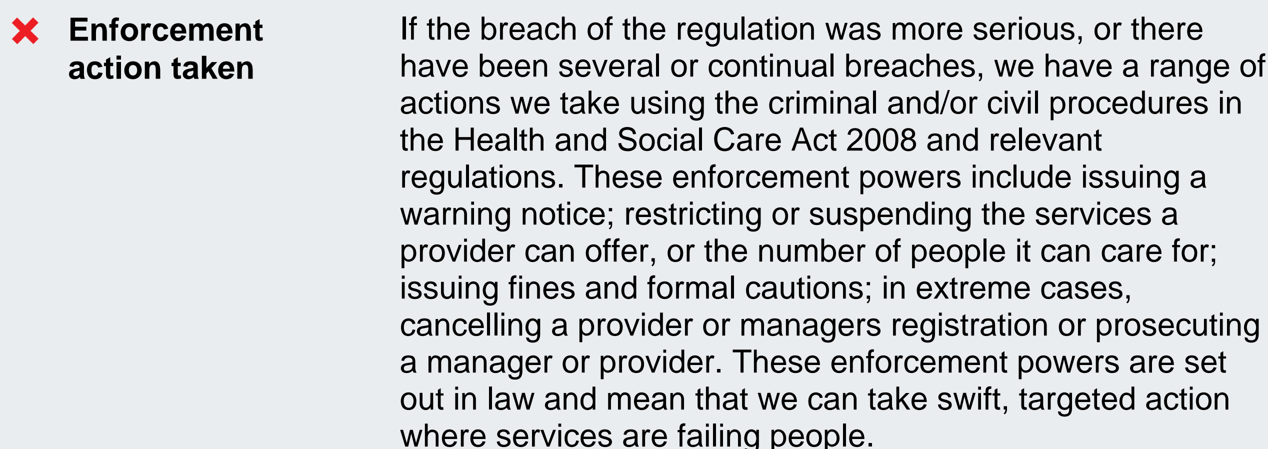
We reach one of the following judgements for each essential standard inspected.



✓ **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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