

Lawrence Home Nursing Team

Lawrence Home Nursing Team

Inspection report

Chipping Norton War Memorial Community Hospital
Russell Way
Chipping Norton
Oxfordshire
OX7 5FA

Tel: 01608641549

Date of inspection visit:
28 September 2016

Date of publication:
31 October 2016

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

We inspected Lawrence Home Nursing Team (LHNT) on 28 September 2016. LHNT is a small charity, which was established to provide palliative, mostly overnight, nursing care to people in the last stage of their lives.

The service is registered to provide personal and nursing care to people in their own homes and they offer a free of charge, specialist support enabling people to die in their own homes. LHNT provides care around Chipping Norton and surrounding areas and works closely with the local GP surgeries. The registered manager told us the team was like "an extension of community service provided by District Nurses' team to ensure people received 24 hours care at home". At the time of our visit the service cared for three people.

There was a registered manager in post at the service. 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.

Due to the nature of the care provided we were unable to directly contact the people who used the service to obtain their views. The feedback received from people's relatives was positive. People's relatives were complimentary about the caring approach and professional attitude of the team. They told us Lawrence Home Nursing Team enabled them to fulfil their loved ones' wishes of remaining at home at the final stages of their illness. They also told us the team helped them to ensure people experienced a comfortable and dignified death.

People's relatives told us people were always supported in a safe way and their wishes were respected and their dignity promoted. They also commented on positive caring relationships the service built with the people they cared for and with their families.

The service communicated well with families and other professionals to ensure people received tailored, person centred and compassionate care at the end of their lives. People's nutritional needs were considered, assessed and recorded.

People were supported by a team of registered nurses who all had many years of experience either working as a District Nurse or at hospices. The nurses were aware what action to take to ensure that people were protected if they suspected people were at risk of abuse. The registered manager and the nurses were aware about the Mental Capacity Act and their responsibilities regarding involving people. The nurses were well supported by the registered manager and had access to further training and professional development opportunities. People's relatives also told us the nurses displayed exceptional empathy towards the whole families and to all who mattered to people who received the service from Lawrence Home Nursing Team.

There were sufficient numbers of nurses employed to provide care to the people using the service. Records confirmed relevant checks had been carried out to ensure the safe recruitment practices were followed.

The provider had signed a partnership agreement with the Oxford Health NHS Foundation Trust which detailed cooperation between the service and the local health professionals and the provider's use of district nursing notes to ensure continuity of care for people. The registered manager ensured risks to people's individual needs had been identified and actions had been taken to manage these.

People were mostly referred to LHNT by the local health professionals and the referral notes reflected people's needs were known to the service before they supported people. The registered manager ensured detailed records of any support provided were kept. Each overnight shift was followed up by a robust handover to the nurse co-ordinator and to the District Nurses team to ensure people's changing needs were met. People's relatives commented positively on the flexibility of the service that changed according to people's needs. The service received a number of compliments from relatives grateful for the support and care provided to their family members.

The registered manager had quality assurance processes in place to monitor the service provided. The audits included people's documentation, competencies of the nurses and feedback received. People's relatives had opportunities to make suggestions in relation to the support and service provided by LHNT. The registered manager and their team demonstrated a positive culture and a strong commitment to delivering high quality support to people at the end of their lives.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Nurses were aware of how to keep people safe from the risk of abuse.

People were supported to have their prescribed medicines as required.

Individual risks to people were recognised and information was available on how to manage these risks.

Is the service effective?

Good ●

The service was effective.

People were supported by a team of competent nurses who received support and had access to further development.

Nurses and the registered manager were aware of the requirements of the Mental Capacity Act (MCA) 2005.

Nurses worked closely with other professional to ensure continuity of care for people.

Is the service caring?

Good ●

The service was caring.

People were involved as much as possible and their views were respected by the team.

The registered manager promoted a person centred culture which ensured people's wellbeing was the priority.

People's relatives described the nurses as very caring and compassionate.

People's rights to privacy and dignity were respected.

Is the service responsive?

Good ●

The service was responsive.

People and their relatives were involved in their care planning process.

People received individualised care and support that was responsive to their changing needs.

People's relatives told us they knew how to raise concerns but they had never needed to.

Is the service well-led?

Good ●

The service was well-led.

The registered manager and the staff promoted and demonstrated a positive culture that focused on people.

Nurses were highly motivated to develop and provide quality care.

The registered manager had quality assurance systems in place that ensured people were protected and the service continuously developed.

Lawrence Home Nursing Team

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 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 28 September 2016 and was announced. We told the provider the day before our visit that we would be coming. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be in. The inspection was undertaken by two inspectors.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). The provider had completed and submitted their PIR. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. This enabled us to ensure we were addressing potential areas of concern.

On the day of our inspection we spoke with three registered nurses, the registered manager and one health care professional. We looked at five people's care records, compliments records, a sample of policies and procedures and at a range of records about how the service was managed. We also reviewed staff files for three individuals, including their recruitment, supervision and training records.

After the inspection we spoke with four people's relatives and contacted eight external professionals involved with people who received support from the service to obtain their views.

Is the service safe?

Our findings

People's relatives told us they felt people were safe with the nurses from Lawrence Home Nursing Team. One relative told us, "Definitely, perfectly safe". Another relative told us, "100% safe".

People were cared for by nurses who were aware of their roles and responsibilities in reducing people's risk of harm. The nurses we spoke with understood their role in safeguarding people from harm and a risk of harm. They were able to tell us what actions they would take if they suspected a sign of abuse and they would not hesitate to report any concerns to the registered manager. The registered manager and the nurses were aware how to report any concerns to the local safeguarding team if needed.

People were protected as their risk assessments were incorporated into their care plans. The identified areas of risk depended on the individual and included areas such as moving and handling, falls, pain or wound assessment. The records gave detailed information about how to support people in a way that minimised identified risks.

People's care plans also contained information about any special requirements needed such as use of mobility equipment, specialist hospital beds, or moving and handling aids such as slide sheets. Additionally environmental risk assessments were carried out and recorded. These also gave guidance to the team about directions on how to find people's homes and property entry instructions.

People received their medicines as prescribed. People's relatives complimented the fact that the nurses supported people with taking their medicines. One relative said, "If any medication were needed, they were able to give (to the person)". We saw people's files listed all their medicines and the records confirmed nurses liaised with other professionals to ensure people received their medicines when required. Additionally the palliative 'JIC boxes' (Just In Case medication) were provided to people where necessary and relevant guidance for nurses was recorded in people's care plans as to where to each box was located. Just In Case medicines known as 'anticipatory medicines' are medicines which are usually given by injection and help relieve pain or other symptoms such as side effects to other medicines. The care plans specified the medication route, for example, the use of transdermal patches or a syringe driver (A syringe driver is a small, battery-powered pump that delivers medication in a controlled manner through a soft plastic tube, into a syringe with a needle which is placed just under the skin). Appropriate guidance on specialist equipment such as a syringe driver or an integrated system for difficult veins was attached to the care plans where required. Records confirmed medicines that required additional control because of their potential for abuse (controlled drugs) were checked and recorded on a regular basis.

There were sufficient staff to meet people's needs. People's relatives commented positively on continuity of care which enabled the trusting, caring relationships with people to form. One relative told us, "It's nice we see the same nurses, you've got to trust them if they're in your house".

Records relating to the recruitment of the staff reflected relevant checks had been completed before staff worked unsupervised at the service. These included employment references and Disclosure and Barring

Service checks (DBS). DBS checks enable employers to make safer recruitment decisions and prevent unsuitable people from working with vulnerable people. These checks identify if prospective staff were of good character and were suitable for their role.

There were systems in place for the recording of accidents and incidents however none had occurred.

Is the service effective?

Our findings

People's relatives told us they felt all nurses had a high level of skill and knowledge to care for people effectively. All the relatives we spoke with were very happy with the support provided by Lawrence Home Nursing Team. One relative told us, "Nurses are very good and competent". Another relative told us, "I could not fault them. They're 100% competent, maturity of them, life experience it's what makes the difference when dealing with sensitive issues".

Feedback received from an external health professional was also exemplary. They said, "All the staff are appropriately trained for the role they play in end of life care for those wishing to die at home. I find that members of the team are prepared to put themselves out to help wherever they can".

Lawrence Home Nursing Team only employed registered nurses who all had many years of experience either working as a District Nurse or at hospices. The registered manager ensured that nurses received the necessary training to meet the individual needs of people using the service. This training was delivered through a variety of methods included in-house training, or training with local GP surgeries or hospices". All the nurses we spoke with felt confident in their roles and told us they had the skills they needed to provide effective support for people.

The registered manager also supported staff through the Nursing and Midwifery Council (NMC) revalidation process. Revalidation is the process that allows nurses to maintain their registration with the NMC and demonstrates their continued ability to practise safely and effectively. All nursing staff were required to complete the revalidation process every three years in order to renew their registration and the registered manager kept a log and record of these.

The registered manager ensured one-to-one supervision meetings occurred regularly. This gave the opportunity to discuss performance and training needs of the nurses. The nurses told us they were well supported. Comments included, "Yes, very supported" and "We do handover after every (night) shift, this is to aid communication and this helps to make sure staff are well supported".

The Mental Capacity Act 2005 (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 nurses we spoke with had a good knowledge of the main principles of the MCA and were able to tell us how they put the principles of the Act into practice. One nurse told us, "I would always take it as people have mental capacity, if any concerns we would refer to the doctor and family". People's care records reflected people were able to make their own decisions. For example, we noted do not attempt resuscitation (DNAR) forms had been signed by people who had the capacity to make this decision for themselves. Where required information about a lasting power of attorney (LPA) was included in people's care plans with details of who the named attorney was. People's care plans highlighted the importance of ensuring people were able to voice how they wanted their support to be. For example, one person's care

plan read, '[Person] can express her wishes'.

Care plans contained detailed information about people's preferences concerning both food and drinks. Assessments of people's nutritional requirements were also included in the care plans. A Malnutrition Universal Screening Tool (MUST) was used to identify people who were at risk of malnutrition. Care plans contained detailed information about people's preferences concerning both food and drink. People's wishes were considered and recorded. For example, one person was using Percutaneous endoscopic gastrostomy (PEG), however, still enjoyed eating soft foods which they were able to have. (A PEG is a way of introducing food, fluids and medicines directly into the stomach by passing a thin tube through the skin into the stomach).

The team maintained good working relationships with the local healthcare professionals in order to ensure people received coordinated, person centred support. People's files reflected the team liaised with a number of professionals on regular basis. The nurses told us they established an excellent working relationship with the local professionals. One nurse said, "We link with other professionals, we meet District Nurses, Physiotherapists and others daily as we're based in the same building". Another nurse told us, "We have monthly meetings with the (GP) surgeries". The feedback received from an external health professional reflected the effectiveness of the service, "I have always found the staff at Lawrence Home Nursing Team very pleasant to deal with and they always deliver high quality care. We always get a detailed handover from them regarding the patients that we have referred to them".

Is the service caring?

Our findings

People's relatives described the team as having the caring attitude and they told us the nurses treated them and their loved ones with compassion and kindness. Comments included, "They were friendly, gentle. I was as much in the care as my [person], they appreciated my feelings, perfect", "Fantastic, could have not wished for better help" and "They were absolutely fantastic, extremely supportive, nothing was too much trouble, so sympathetic and caring".

People were supported by the team of nurses that were highly motivated, had a caring approach to their work and were committed to providing high quality support. All nurses we spoke with were enthusiastic and inspired to provide kind and compassionate care. One nurse told us, "We tend to be involved at a time which is most distressing to people and their families. It's an honour and a privilege to be there with the families before the person dies". Another nurse told us, "Being able to keep people at home and relieve their family so they can go to bed is incredibly rewarding".

People were treated with dignity and respect. People's relatives praised the team for providing excellent support. One relative said, "They treated myself and [person] with respect, I would put my trust in them. They're professional, they did it in a cheerful way, they made the situation better, you were looking forward to them coming as you trusted them". Comments from other relatives included: "I think of them a lot. [Person] said he liked them and felt happy to have them. I slept every night when they were providing the service, we felt they were more like a family" and "[Person] would smile with their eyes when they were around them. [Person] was grateful for the fact they treated him with dignity and respect and made them comfortable". The nurses we spoke with gave examples of how they promoted people's dignity. One nurse told us, "Always explain clearly, cover them, treat them as individuals and be aware of any religious beliefs etc."

Due to the nature of the service, Lawrence Home Nursing Team were involved at the stage when people had already made their end of life wishes known and the team ensured these wishes were respected.

People's care records reflected people were involved with and were at the centre of developing their own care. People were encouraged to express their views about how their support was delivered. The records showed that people, their relatives and nursing staff always discussed treatment options with them. People were involved in making decisions about their treatment plans. For example, people were able to choose their preferred place of care. Some people preferred their homes as the first choice and a hospice as the second choice. We noted Lawrence Home Nursing Team used the Patient Directive Decision Matrix forms to involve people and their families in these discussions. Patient Directive Decision Matrix enabled the team to discuss people's wishes in relation to either a long term treatment aimed at prolonging life, a possible new health problems or infections identified or the person's wishes if they stopped breathing.

People's individual needs were considered and Lawrence Home Nursing Team used different methods of communication to make sure people comprehended each piece of information. This ensured people could express their thoughts in a way that were understood by the team. For example, it was noted in one of the

care plans that a person found it difficult to understand verbal communication and they had a whiteboard in place to aid the communication. This meant the person was able to express their needs and wishes and be understood by staff.

Bereavement support was available to people and their families or friends. The nurses also attended people's funerals. This provided emotional support to those who required it. The registered manager ensured people's relatives were signposted to either local hospices or bereavement groups. Additionally information was available to people about various local support groups such as one to one support group for anyone affected by cancer. One relative told us, "They prepared me and [person] well for their death. We wouldn't have the time we had together without them. It's not just a person centred care, it's family centred care as they understood the dynamics of the family". The feedback received from an external health professional was also positive and reflected the caring nature of the service. They told us, "The patient is the centre of their attention whilst that patient is still alive and even immediately after the patient's death and it is then that they ensure the relatives or those caring for the deceased get the appropriate attention and information".

Is the service responsive?

Our findings

People's relatives told us Lawrence Home Nursing Team were responsive to people's individual and changing needs. One relative told us, "[Person] did not want to go to hospital, their wish was to die at home and it was possible with the service provided by LHNT. They made everybody all family felt at ease, they were like a part of family". Another relative told us, "[Person] deteriorated too quickly and LHNT supported to keep them at home, we'd never do it without them".

A robust referral process had been developed to effectively share relevant information when people moved between services, for example a hospice and people's own home. The registered manager told us as they met with the local GP surgeries on regular basis and they were aware of people who may need the support soon and that they would arrange to introduce the service to people.

The care files of people using the service showed that an assessment of their needs had been completed by a senior nurse co-ordinator. People and their relatives had been actively involved in the process of support planning and we saw that information had been obtained from other professionals. The assessments were comprehensive and included details of people's specific needs and choices. Each person's physical, psychological and social needs were taken into account.

Records contained information about people's significant past, including people's previous condition and their health. Each care plan also contained a section about people's favourite activities, however this information was rather used to explain why people could not do certain activities due to their condition. For example, one person's file reflected they were limited due to their being sensitive to light, movement and sound.

A range of care plans were developed to meet the needs of people and promote their well-being. For example, the plans contained information on how to keep people's skin free from pressure damage, to keep skin intact and well moisturised or to take appropriate action if there was damage to skin.

The length of time Lawrence Home Nursing Team provided support to people varied from a couple of nights to a few weeks or periods of increased support when people's condition deteriorated. The registered manager ensured the team communicated effectively with all the professionals involved so the level of support could be adjusted accordingly.

The service sought feedback from people and their relatives through a questionnaire that was given to people upon commencement of the service. We saw several responses received this year, all of which had been positive. The registered manager recognised it was a challenge to obtain feedback from people during such a difficult time and planned to introduce sending a feedback form to relatives few weeks after the person passed away.

Information on how to make a complaint was contained in the welcome pack. There were no formal complaints received by the service. One of the external professional commented, "Any concerns have been

dealt with promptly". We saw the team received a number of letters and 'thank you' cards sent by relatives after the death of their family members. Each message showed they appreciated the support their family member received.

Is the service well-led?

Our findings

The service was well-led, the registered manager, the deputy manager and nurses co-ordinators provided strong leadership to the team. The registered manager was very dedicated to providing quality care to people and to supporting their team. They promoted an open and transparent culture. They told us, "We encourage openness in the best interest of the person and I am the manager with a little 'm'".

All relatives we spoke with consistently praised Lawrence Home Nursing Team. One person told us, "Wonderful, standards are high". Another person told us, "I would be happy to recommend them". One of the external professionals commented, "The LHNT is excellent for the local communities which are served by this nursing team. It means that those terminally ill patients and their families have a real choice in deciding whether they wish to die at home or not. I have always found members of the LHNT to be professional in carrying out their duties". Another professional added, "I have always found the manager and staff very approachable and have always had any queries or concerns dealt with in a professional manner".

All the nurses we spoke with were positive about working for the service. Comments included, "It's so rewarding as you're making the bad situation more manageable for the families which gives us satisfaction, we have the luxury of time, it's a delight to work for this organisation", "All team is great, most of us have been here for a long time" and "I feel like I am making a difference".

The registered manager and the nurses we spoke with had a good knowledge of all people they supported. They were familiar with each person's individual needs. The nurses had a clear understanding of their roles and responsibilities. Records showed and feedback from nurses confirmed staff meetings were held regularly and issues such as fundraising, training, professional development and any updates on current people's needs were discussed. The registered manager ensured the nurses had access to journals research articles and opportunity to attend thematic conferences to aid continuous professional development. Feedback from the nurses reflected they felt well supported.

The registered manager used a number of audits to monitor the running of the service. They ensured nurses' competencies and their criminal records checks were up to date. The audits also included people's care documentation. We found these audits were effective and identified even minor issues such as using blue pen to record entries or the nurses forgetting to write their names in capital letters. These issues were raised individually with the nurses concerned. The registered manager reported to the Board of Trustees involved in the management of the service and provided regular updates on the running of the service. The registered manager ensured any actions that required a follow up were addressed. For example, the registered manager recognised there was a need for more office based staff and they recruited another nurse co-ordinator who was due to start soon. The management felt this would allow for further development of templates and policies.

There was a safeguarding policy in place that was available to the team and the nurses we spoke with were aware about whistle blowing and told us they would not hesitate to raise any issues internally or outside the service. One nurse said, "We've got an online portal, I am aware how to raise any concerns, would flag up

any issues to the manager".

The quality of the care provided was recognised by the people and their families who nominated the service for the West Oxfordshire Business Awards (WOBAs). The charity was announced as the winner of WOBA 2015.