Care Quality Commission

Abbott Nurse Advisor Service

Quality Report

Abbott Nurse Advisor Service
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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Summary of findings

Letter from the Chief Inspector of Hospitals

We carried out an announced inspection of The Abbott Nurse Advisor Service (ANAS) as part of our programme of comprehensive inspections of independent health services on 12 and 13 December 2016. The service was registered with the Care Quality Commission to provide the following regulated activities: Diagnostic and screening procedures, Nursing care and Transport service, triage and medical advice provided remotely.

Abbott Nutrition is a global healthcare company that specialises in the field of medical nutrition. Working with healthcare professionals, they provide structured nutritional care and support to achieve best practice and researched and evidenced outcomes for patients with specific nutritional requirements

As part of their commitment to NHS trusts they are contracted to support, they provide Abbott Nutrition's homecare service, Hospital2Home. Hospital2Home's aim is to ease the patient's transition from hospital to their home. The support team includes an Abbott Nurse Advisor and a dedicated Hospital2Home Co-ordinator. NHS trusts contract the Abbott Nurse Advisor Service to provide enteral feeding care and support to their patients. Some trusts contracted ANAS to provide a service to a small number of children. Where the contract with the NHS trust included a service to children, registered children's nurses were recruited to deliver the service.

We found people were provided with a safe, effective, caring, responsive and well led service. Our key findings were as follows:

- There were sufficient staff with the required skills and knowledge to provide safe and effective care and support to patients.
- Actions were taken by the provider to lessen the risk to patients in the event of disruption to the service due to, for example, adverse weather conditions and failure with the provision of equipment.
- The service provided was effective at preventing hospital visits or admissions and improving the quality of life for patients.
- Team working with contracting trusts and their dieticians or nutrition nurses, supported a joined up dietetic and enteral feeding service for patients.
- Nurses provided individualised and compassionate care for patients. This included meeting the individual needs of a diverse range of patients that could include children, people living with dementia, people who had a learning disability and those with religious and cultural specific needs.
- A lead and support nurse system, ensured there was always a second nurse available who knew the care and support needs of an individual patient and whom the patient knew. This reduced the risks of patients having to be seen by a nurse who they did not know or who did not know them, when their named nurse was not available.
- Leadership of the service was strong. There was an embedded strategy and vision for the service that staff demonstrated commitment to in their working practices. Systems and processes were followed to monitor and support improvements in the service, and to monitor risks and associated action taken to lessen any identified risks.

Professor Sir Mike Richards

Chief Inspector of Hospitals

Overall summary

The Abbott Nurse Advisor Service acted to promote and protect the safety of patients, their family members, carers and staff. The service demonstrated patients were at the centre of their service delivery and developments.

Processes were followed to ensure equipment was available and safe to use for both staff and patients. The provider had assurance that staff employed had the skills, competencies and knowledge to carry out their role.

Summary of findings

Risks of abuse and neglect were mitigated by staff who had a good understanding about safeguarding both for vulnerable adults and children, and who knew the safeguarding procedures in the localities they worked in. The service showed it took action and learnt from incidents. This included incidents occurring outside the organisation, incidents relating to the delivery of patient care that the NHS trusts investigated and responding to national patient safety alerts. However, some nurses did not have a full understanding about the process for reporting and alerting contracting NHS trusts about incidents that involved the delivery of care and treatment by that NHS trust

The service demonstrated good outcomes for patients. The care and support provided prevented hospital visits and admissions, and enabled patients to independently care for and administer their enteral feeds. Multi-disciplinary teamwork with the local trust's dietitians and nutrition nurses supported a cohesive, patient-centred dietary and enteral feeding service for patients.

Staff provided compassionate and friendly care to patients, treating them with respect and dignity. The aim of the service was to support patients to independently manage their own feeding tubes and administration of feeds. Training to achieve this was delivered at a pace and in the environment that best supported the patient's individual needs.

Staff had a good understanding of the emotional impact and anxieties patients experienced. Mechanisms were in place for patients to access support and advise 24 hours a day.

There was an embedded strategy and vision for the service which staff demonstrated commitment to in their working practices. The service had effective systems and processes that were used to monitor and support improvements in the quality of the service and monitored risks and their associated mitigating actions. The service considered the views of patients in the development of the service.

Summary of findings

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Care Quality Commission

Abbott Nurse Advisor Service

Services we looked at
Community health services for adults

Summary of this inspection

Background to Abbott Nurse Advisor Service

Abbott Nutrition is a global healthcare company that specialises in the field of medical nutrition. Working with healthcare professionals, they provide structured nutritional care and support to achieve best practice and researched and evidenced outcomes for patients with specific nutritional requirements

As part of their commitment to NHS trusts they are contracted to support, they provide Abbott Nutrition's homecare service, Hospital2Home. Hospital2Home's aim is to ease the patient's transition from hospital to their home. The support team includes an Abbott Nurse Advisor and a dedicated Hospital2Home Co-ordinator. NHS trusts contract the Abbott Nurses Advisor Service to provide enteral feeding care and support to their patients. Some trusts contracted ANAS to provide a service to a small number of children. Where the contract with the NHS trust included a service to children, registered children's nurses were recruited to deliver the service.

Abbott Nurse Advisors (nurses) were not directly employed by the ANAS. All nursing staff were employed by an employment agency that was under contractual agreement to provide permanent nurse advisors to work for the ANAS.

The main objective of the service provided by the ANAS was to enable patients to self-manage their enteral feeding needs independently. This meant training and education of patients and their carers and family was a fundamental aspect of the nurses' role. They ensured that the patient or carer is confident about their feeding regimen, offer the patient or their carer training on how to use the feeding equipment, arrange for the delivery of their feeding equipment and feed to their home at a time which suits the patient or carer, answer any queries they may have twenty four hours a day, and tailor the service depending on patient needs and in accordance with the contracted service.

Additionally, an expected outcome of the service the ANAS provided was preventing unnecessary or additional hospital admissions, keeping patients in their home environment and improving the quality of life and confidence of patients and their families.

Our regulation of the organisation covers only the Abbott Nurse Advisor Service. This service is regional teams of registered nurses who provide clinical support and advice for enterally fed patients registered on the Abbott Nutrition Hospital2Home Service.

Our inspection team

Our inspection team was led by an inspector and supported by an inspection manager.

Why we carried out this inspection

We inspected this core service as part of our comprehensive (independent) community health services inspection programme.

How we carried out this inspection

To get to the heart of people who use services' experience of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?

Summary of this inspection

- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Before visiting, we reviewed a range of information we hold about the service. We carried out an announced visit on12 and 13 December 2016.

We spoke with the Head of Patient Services, the National Nurse Manager, three regional managers and 12 nurses on the first day of the inspection. On the second day of the inspection, with permission of the patients, we shadowed a member of staff carrying out visits to patients in their homes, and a training session in a care home. We spoke with six people who use the service in telephone conversations and with two of the patients visited on the second day of the inspection.

What people who use the service say

People who used the service were very complimentary about the support provided to them. They told us staff were very knowledgeable and competent. They found the teaching provided by the nurses meant they could manage their feeding tubes and feeding regimens independently. Patients felt reassured that they could contact either their named nurse or another member of the team at any time of day or night if they had any questions or concerns. Patients liked the fact the same member of staff visited them. This meant they got to know their nurse and develop a trusting relationship with them. All patients we spoke to rated the service highly and said they would recommend the service to anyone who needed a similar service.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Abbott Nurse Advisor Service followed systems and practices to ensure people who used the service and staff were safe, including:

- Appropriate systems were used to report incidents and ensure analysis and learning took place. This included taking action in response to national patient safety alerts.
- Staff had a good understanding about their responsibility towards Duty of Candour processes.
- Effective and timely access to equipment meant staff and patients always had the appropriate equipment to deliver their care and treatment safely.
- Hygiene, cleanliness and infection control processes were adhered to by all staff.
- Staff had a good understanding about safeguarding vulnerable adults and children. They worked with the contracting trust's safeguarding processes to ensure patients were protected from abuse.
- The provider had assurance that all staff recruited had the appropriate skills and knowledge and were of a suitable character to carry out the role of Abbott Nurse Advisor.
- Planned mandatory training days meant all staff completed mandatory training annually, ensuring they had the essential skills to deliver care and treatment safely.
- Staffing was matched to patient caseloads, taking into account external factors such as travel time in rural settings. This ensured patients had access to treatment in a planned and timely manner.
- Risks were assessed and actions taken to mitigate risks, including adverse weather plans for staff and access to equipment and protecting the safety of staff working alone.
- The provider worked collaboratively with trust's that contracted with them to ensure patients continued to receive a service in the event of a major incident.

However,

- Some nurses did not have a full understanding about the process for reporting an alerting contracting NHS trusts about incidents that related to that NHS trust's delivery of care and treatment.

Are services effective?

Abbott Nurse Advisor Service had systems and practices they followed to ensure they provided an effective service, for example:

- The service's policies and procedures were developed from national best practice guidance. Where local trust's policies and procedures did not match those of ANAS, processes were followed to develop mutually agreed guidance based on national best practice guidance.
- ANAs provided training and support to patients, so they could meet their nutritional and hydration needs as set out in plans developed by the contracting trusts' dieticians.
- Monitoring of patient outcomes showed the service was effective at preventing hospital visits or admissions and improving the quality of life for patients.
- Effective supervision, monitoring and appraisal processes, ongoing staff training and competence assessments ensured staff had the skills to deliver safe and effective treatment and support to patients.
- Teamwork with contracting trusts and their dieticians or nutrition nurses, supported a joined up dietary and enteral feeding service for patients.
- Consent was obtained from patients before all care and treatment was provided, and this was appropriately documented.

Are services caring?

Abbott Nurse Advisor Service provided a caring service to patients. During the inspection we found:

- Patients told us the nurses were kind and caring.
- We observed care provided in caring and compassionate manner.
- Staff spent time ensuring patients, and where appropriate family members and carers, understood the management of their feeding tubes and how to administer feed .Staff were aware of the emotional impact some patients experienced and took appropriate action to support patients with their emotional needs.

Are services responsive?

Abbott Nurse Advisor Service provided a responsive service. During the inspection we found:

- The service was designed specifically to support patients and their family members or carers to independently manage their enteral feeding at home.
- Patients had a named nurse, who they made appointments directly with.

- Staff were flexible with the time and location of training appointments. Training was provided in the evenings after working hours for family members who worked. For children, training was provided for staff at their schools and at after school care locations
- The service responded to complaints and made changes in their practices in response to complaints.

Are services well-led?

Abbot Nurse Advisor Service had effective systems and processes to support strong leadership of the service. During the inspection we found:

- There was an embedded strategy and vision for the service that staff demonstrated commitment to in their working practices.
- The service had systems and processes that were used to monitor and support improvements in the quality of the service.
- The service had systems and processes that were used to monitor risks and associated mitigating action.
- Staff felt supported by their managers to carry out their role and put patients at the centre of the service.
- There were formal processes for engaging and acquiring feedback from patients and staff. There was evidence that patients' views were considered in the development of the service and associated equipment.

Community health services for adults

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are community health services for adults safe?

Summary

By safe, we mean people are protected from abuse and avoidable harm.

- Appropriate systems were used to report incidents and ensure analysis and learning took place. This included taking action in response to national patient safety alerts.
- Staff had a good understanding about their responsibility towards Duty of Candour processes.
- Effective and timely access to equipment meant staff and patients always had the appropriate equipment to deliver their care and treatment safely.
- Hygiene, cleanliness and infection control processes were adhered to by all staff.
- Staff had a good understanding about safeguarding vulnerable adults and children. They worked with the contracting trust's safeguarding processes to ensure patients were protected from abuse.
- The provider had assurance that all staff recruited had the appropriate skills and knowledge and were of a suitable character to carry out the role of Abbott Nurse Advisor.
- Planned mandatory training days meant all staff completed mandatory training annually, ensuring they had the essential skills to deliver care and treatment safely.
- Staffing was matched to patient caseloads, taking into account external factors such as travel time in rural settings. This ensured patients had access to treatment in a planned and timely manner.
- Risks were assessed and actions taken to mitigate risks, including adverse weather plans for staff and access to equipment and protecting the safety of staff working alone.
- The provider worked collaboratively with trust's that contracted with them to ensure patients continued to receive a service in the event of a major incident.

However,

- Some nurses did not have a full understanding about the process for reporting an alerting contracting NHS trusts about incidents that related to that NHS trust's delivery of care and treatment.

Detailed findings

Safety performance

- Performance, safety and incident reporting parameters were agreed between Abbott Nursing Advisory Service (ANAS) and the contracting NHS trusts. The Abbott Nurse Advisors (nurses) reported incidents relating to the care and support of patients to the NHS trusts who contracted their services. Feedback we had from trusts showed there had been no serious incidents or concerns about the safety of the service provided by ANAS.

Incident reporting, learning and improvement

- The provider had an incident reporting policy that required nurses to report patient related, equipment related and incidents relating to the running of the service. The policy required ANAS to investigate all reported incident, including patient related incidents. If a reported incident related to care and treatment provided by a contracting NHS trust, ANAS reported this to the relevant trust and asked them to investigate it. The ANAS incident reporting record detailed when ANAS referred patient care incidents to NHS trusts for investigation.

- The incident reporting system required nurses to report all incidents to their manager, who entered the incident onto the provider's incident reporting system. The manager, at this stage, alerted trusts to any incidents they needed to investigate. However, some nurses were unclear about the ANAS process for responding to incidents relating to the care and treatment of patients provided by NHS trusts.
- They told us ANAS investigated incidents relating to equipment and the running of the service, but not those they identified that related to the care and treatment patients received from NHS trusts. Some nurses said they reported these directly to the relevant NHS trust for investigation. They described examples where they reported incidents to the trust's dietitians, who in turn used their relevant trust incident reporting process. This meant there was a potential risk that not all incidents reported to NHS trusts were also recorded on the ANAS incident reporting system. In this situation, ANAS would not be able to accurately monitor themes and trends of incidents.
- Feedback we received from trust dietitians indicated nurses reported incidents relating to patients to them. When relevant, ANAS staff were included in trust investigations of incidents, and learning was shared between the relevant trust and ANAS staff.
- All staff we spoke with knew about Never Events. Never Events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented. NHS England provides a list of incidents that are classed as Never Events that are required to be reported to them. One Never Event relevant to ANAS is a misplaced nasogastric tube used for enteral feeding which can result in a patient receiving feed into their lungs rather than their digestive system. There had been no such events reported in the 12 months prior to the inspection.
- Internal processes were followed to report incidents relating to the equipment used to support patients with their enteral feeding and to report incidents relating to the provision of care by ANAS. Examples of such incidents included poor record keeping andequipment which had been reported as faulty by patients. We reviewed the incident log that showed there had been four incidents reported in the 12 months prior to the inspection that related to the provision of care (including equipment) to patients. The incident log detailed the action taken to investigate incidents and action taken following the incident to reduce the risk of a similar occurrence.
- The service also provided us with copies of the three most recent root cause analysis investigations into incidents that had occurred. This showed a thorough investigation was carried out and that learning was identified and actioned.

Duty of Candour

- The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain notifiable safety incidents and provide reasonable support to that person.
- Formal guidance for staff about the duty of candour legislation was included in the organisation's policy for the "Management of Patient Safety and Serious Incidents, Duty of Candour and Root Cause Analysis."
- All nurses we spoke with understood the principles of duty of candour requirements for a written apology. Although they were not able to recount any specific examples, all nurses told us they worked with the principles of the duty in mind, being open and honest, offering verbal apologies and documenting errors in patient notes.

Safeguarding

- The organisation had a safeguarding policy. Safeguarding vulnerable adults and children training, at level 3, formed part of the induction and mandatory training for all staff. This meant all staff completed this training.
- Discussion with staff, confirmed they completed annual training about safeguarding children and vulnerable adults. They demonstrated, in conversations, a good understanding about safeguarding adults and children, how to identify possible safeguarding concerns and the action to take if they had safeguarding concerns. This included accessing the relevant trust's safeguarding processes and named leads under their contractual agreements and making independent alerts to the local safeguarding teams in the areas they worked in. The provider monitored all safeguarding concerns and alerts

with the use of a safeguarding log. This demonstrated safeguarding concerns were identified and reported to the appropriate organisations to investigate the concern.

Medicines

- Nurses did not administer medicines to patients, they supported patients to administer their prescribed enteral feeds and nutritional supplements themselves.
- Nutritional supplements, which included the enteral feeds, were prescribed by the patient's own GP, who followed the guidance of the trust dietitians.

Environment and equipment

- Equipment used by the nurses to deliver patient care and treatment and equipment for patients to use was provided by the Abbott Nutrition Hospital2Home Service.
- Processes were followed to replace faulty equipmentand equipment that staff or patients had any concerns with, which was delivered to the patient or member of staff within six hours of request. Staff told us this always happened.
- Patients we spoke with told us the supply of equipment was effective. Comments received included, "Equipment received has all been fine, feel confident it would be replaced if faulty" and "deliver to house, everything on time."
- The provider told us how they had worked with the equipment manufacturer to support development of feeding pumps that was easy for patients to use. The provider told us that as part of the development of the equipment, patients had been consulted about their views, needs and wishes regarding the feeding pumps.
- Part of the contractual agreement with a recruitment agency, included the provision of a company car for all nursing staff.Processes were followed by ANAS to ensure they had assurance that service schedules were complied with to promote the safety of staff whilst carrying out their role.

Quality of records

- At the time of the inspection, the provider was in the process of introducing electronic patient records. Nurses completed paper records of the treatment, advice and training given to each patient at each visit. The nurse, later, scanned and saved the record onto the provider's electronic records system. Nurses were provided with appropriate equipment to carry out this task. The provider told us that when the electronic records system was fully implemented, nurses would complete patient records electronically and would no longer have to scan records.
- Nurses were provided with portable lockable containers to secure paper records.Electronic equipment used for storing patient records was password protected.
- Audits of patient records were completed by the managers on a monthly basis. We saw evidence that action was taken to address and improve areas of poor record keeping identified during audit processes.
- Risk assessments of the patient's homes in relation to the care and support provided by the nurses, were documented and stored on the organisation's electronic recording system

Cleanliness, infection control and hygiene

- The organisation had an up to date infection control policy, available on the intranet, which staff were able to access. Infection prevention and control practices were included in staff induction training.
- Nurses carried appropriate materials for hand washing and for the disposal of waste.
- Nurses carried personal protective equipment with them, which included gloves, aprons and eye protection. We observed nurses using this equipment when attending to patients. Patients confirmed nurses washed their hands and used personal protective equipment when attending to them.
- Nurses compliance with infection control practices were monitored by their managers during supervision visits.

Mandatory training

- The provider had a contract with atraining agency to provide mandatory training.
- Mandatory training was delivered by face to face training during the induction process and through annual training, which was scheduled on the organisation's calendar. This process ensured all staff were up to date with their mandatory training at all times. We saw that future mandatory training update days were booked for November and December 2017.
- The programme for the mandatory training days included information governance, moving and handling, infection prevention and control, safeguarding adults

and children, the mental capacity act and associated deprivation of liberty safeguards, basic life support, fire safety, and diversity, equality and inclusion, and health and safety.

Assessing and responding to patient risk

- The nursing staff completed risk assessments for each patient at the initial consultations and reviewed them at each subsequent visit. This included assessing the patient's ability to carry out their own enteral feeding regime in a safe manner.
- Each nurse knew their own geographical area and hospital support teams. This meant they could directly refer patients for hospital treatment if needed, by accessing the dietetic department of the hospitals.
- During normal working hours, patients, if they had concerns, could contact their named nurse using their work telephone number.Staff rearranged appointments so they could attend to patients who they were concerned about, in order to reduce the risk of any ill health caused by the enteral feeding process.
- There was a 24 hour on call system to provide patients with support and advice. If, during the call, nursing staff suspected there was an urgent need for the patient to be seen by medical staff, they remotely supported the patient to access the NHS emergency services.

Staffing levels and caseload

- The provider did not directly employ the nursing staff. All nursing staff were employed by an employment agency that was under contractual agreement to provide permanent nurse advisors to work for ANAS. Processes were followed by ANAS to ensure they had assurance that the recruitment process followed best practices in that the recruitment agency sought relevant references, made checks against the disclosure and barring list and carried out an interview process that identified people with appropriate skills and experience to fulfil the role of an Abbott Nurse Advisor.
- Information provided by ANAS prior to the inspection showed in August 2016 there was 3% vacancy rate. This equated to a 1.8 whole time equivalent (WTE) vacancy in a total work force of 61 WTE staff. Managers told us there were usually no difficulties with recruiting into vacant posts.
- Staffing was organised into regions. There were four regions in England, with an area manager for each.
- Caseloads of each nurse were based on the number of patients and the travelling times. Staff in less densely populated areas had fewer patients on their caseload as they would spend more time driving between patients. Staff did their best to organise their working day so appointments were located near to each other, to reduce the time spent driving and not attending to patients.
- Where the contract with the NHS trust included the provision of enteral feeding services to children, registered children's nurses were recruited to deliver the service.
- Each member of the nursing team held their own caseload of patients. To reduce the risk of patients having to be seen by a nurse who they did not know or who did not know them, each nurse had asupport nurse, as part of the lead and support system. Thesupport nurse, who also knew the patients, provided care and support to these patients when the case holder was on leave.
- This process was confirmed as being followed and effective during conversations with members of staff and from feedback; we received from contracting trusts' dietitians. Comments received from trust dietetic departments included, “ There have never been any issues regarding staffing levels of the ANAS, they update the dietetic service of planned annual leave and cover arrangements during this period”, “During periods of annual leave, the nurses have cover arrangements in place to ensure the service is not compromised and patients are still able to be seen in a timely manner, we are informed when a nurse is on leave and who will be providing cover for that nurse with contact details."

Managing anticipated risks

- Processes were in place to manage anticipated risks.
- As part of the recruitment of staff, the recruitment agency provided all nursing staff with company cars. For staff working in more rural areas where there was likelihood of snow, they provided staff with off road, 4x4 vehicles so they could access all areas and ensure the service delivery to patients was not interrupted.
- To ensure patients and staff could access equipment in a timely manner; equipment depots were located in several areas of England. In the event of the contracted

company not being able to deliver, there were effective processes to access alternative delivery services to ensure patients and staff received the equipment they required.

- The lead and support nurse system ensured there was a member of the nursing team who knew the patient, if the named nurse was not available.
- Staff predominantly worked as lone workers. There were clear processes followed to protect the safety of staff. Nurses carried lone working devices, which had GPS tracking facilities. Staff could record conversations via the 'man down' button, which could be activated in an emergency situation. These devices were managed by a third party provider. Nurses logged their status or location at the beginning and end of their shift and when entering and leaving a property. This ensured the nurses' location was always known.

Major incident awareness and training

- The provider had an "Emergency Preparedness & Business continuity plan," that was issued July 2016.This included the action staff and the provider needed to take in the event of a major incident, for example, a flu pandemic, an IT disaster recovery plan, the adverse weather contingency plan, and a lone worker scheme. This plan was kept under review, with the next review due August 2018.
- Feedback we received from trusts the provider had contract with, indicated shared working in relation to trust's major incident plan. Comments included, "ANAS tend to plan in advance for potential pressures in the service e.g. Christmas deliveries. There are local supplies of basic feed and equipment. Any potential issues are discussed in advance and agreed plans are implemented."

Are community health services for adults effective?

(for example, treatment is effective)

Summary

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on best available evidence.

- The service's policies and procedures were developed from national best practice guidance. Where local trust's policies and procedures did not match those of ANAS, processes were followed to develop mutually agreed guidance based on national best practice guidance.
- ANAs provided training and support to patients, so they could meet their nutritional and hydration needs as set out in plans developed by the contracting trusts' dieticians.
- Monitoring of patient outcomes showed the service was effective at preventing hospital visits or admissions and improving the quality of life for patients.
- Effective supervision, monitoring and appraisal processes, ongoing staff training and competence assessments ensured staff had the skills to deliver safe and effective treatment and support to patients.
- Teamwork with contracting trusts and their dietiyians or nutrition nurses, supported a joined up dietary and enteral feeding service for patients.
- Consent was obtained from patients before all care and treatment was provided, and this was appropriately documented.

Detailed findings

Evidence based care and treatment

- Policies, procedures and guidance for the delivery of enteral feeding were developed from national guidance. This included the National Institute for Health and Care Excellence (NICE) guidance, and guidance from professional bodies such as the National Nurse Nutritional Group and the British Association of Parenteral and Enteral Nutrition.
- Contract agreements with trusts meant nurses worked within the policies and guidelines for that individual trusts. Trust dieticians told us "ANAs (nurses) have best practice guidelines to follow. At the beginning of the contract the ANA (nurse) familiarises themselves with local (trust) policies and guidelines. Any discrepancies (between ANAS and trust polices and guidelines) are discussed and guidance agreed moving forward." One trustdietitian gave an example where the ANAS guidelines had triggered a change in their trust policy in the management of patients receiving enteral nutrition.

Pain relief

- Review of records and observation of care, showed nursing staff assessed patients for any pain at each visit. Nurses recorded any pain on the patient's records. Reasons for pain were explored, including assessing for any possible signs of infection at the feeding tube site.
- Nurses advised patients about pain relief. This included, when required, referring the patient to their own GP for prescription of pain relieving medicines.
- When delivering care and support, nurses used non pharmaceutical methods of pain relieving techniques, including the positioning of patients for delivery of care and teaching supportive breathing techniques.

Nutrition and hydration

- Nutritional and hydration plans were developed by the contracting trust's dietitian who had primary responsibility for the care of the patients. The nurses supported patients to achieve the goals set out in these plans by supporting them with the administering of their enteral feeding by training and on going reviews and support. Nurses had access to these plans, so they provided the appropriate advice and support to patients.
- During observations of care, we saw that nursing staff checked patients were clear about their nutrition plan and that they had no concerns about it. If the nurse had any concerns that the nutritional plans were not meeting patients individual needs, they contacted dieticians to review the patient.

Technology and telemedicine

- A 24 hour support line was available for patients to contact for support and advice. This included accessing replacement equipment and remote support for the patient if they were assessed as needing to access NHS emergency services.

Patient outcomes

- As part of contracting agreements, ANAS with the contracting trust monitored outcomes for patients receiving support from ANAS. This included monitoring compliance with the individual key performance indicators (KPI's) set in each NHS contract.
- The ANAS used a dashboard system to monitor their performance against KPI's. The most recent data from the dashboard at the time of inspection was for the period January to September 2016. This measured the number of face to face visits, discharge training visits, patient review visits, tube intervention visits, routine device change visits, tube trouble shoot visits, tube trouble shoot telephone call (including the out of hours service) and health care professional training. The data showed that most patients needing discharge training were seen within one day of the referral, (37% to 54%), with 285 to 300 patients seen each month for discharge training. This was in alignment with the contract agreements.
- The data showed that for the same period the interventions of the ANAs resulted in the prevention of 320 to 340 hospital visits or admissions. With this data ANAS was able to demonstrate the financial benefits to trusts that contracting the service had had.
- Trust dieticians explained outcomes as result of the service ANAS provided as being avoiding hospital admissions, keeping patients in their home environment and improving the quality of life and confidence of patients and their families.

Competent staff

- All nurses contracted to work for ANAS were registered with the Nursing and Midwifery Council.
- The provider had processes they followed to receive assurance the recruitment agency completed comprehensive pre employment checks. These included nursing and midwifery council registration checks, employment history of the candidate and checks against the disclosure and barring service to ensure the person was of a suitable character to work in a health care environment.
- All new staff completed an induction programme that was developed jointly by the provider and the recruitment agency. Staff we had conversations with confirmed they all completed an induction programme, which included theory and observational shifts before taking on a case load of patients themselves.
- As part of the induction process and on going training, nurses had competency assessments they completed to ensure they had the necessary competencies to carry out their role, use the equipment and deliver training to both patients and their family or carers. Competency assessments were reviewed by line managers.
- Regular nurse manager field visits ensured nurse skills and competencies were kept under review. Where

concerns or issues were identified a programme of extra training and support was provided to support the member of staff to achieve the desired level of competency.

- Staff confirmed they received annual appraisals from their line manager. Records provided by the provider showed that 100% of staff had received an annual appraisal. Those staff that had not had an annual appraisal were recently employed staff who had completed their induction process and six month review but had not yet required an annual appraisal.
- Trusts, who contracted services from ANAS, told us the nurses were competent to deliver the service. Comments included “Abbott prides itself on ensuring staff are competent. They have a rigorous competency framework that all ANAs (nurses) have to follow to ensure competency is achieved and maintained”, and that, “all ANAs (nurses) receive regular clinical supervision from their managers to ensure competency is upheld.”
- Patients we spoke with had confidence in the skills of the nurses. They told us the nurses were knowledgeable and competent

Multi-disciplinary working and coordinated care pathways

- Managers and staff described how they worked with the dietitians from the trusts who contracted the service to provide a service to meet the needs of patients.
- Feedback from dietitians across a sample off the trusts indicated an embedded ethos of multidisciplinary working. Comments included, “We meet with the ANAs (nurses) every three months in order to review the working of the service and share areas of best practice,”, “we work well together and have regular review meetings to discuss mutual patients training needs. We speak daily with each other, the nurses have a personalised voice mail message on their phone which helps direct calls to the appropriate people i.e. out of hours service.” And “in our area, the ANA (nurse) works very closely with the nutrition support team within the nutrition and dietetic service. Joint home enteral tube feeding (HEF) clinics are run by the dietitian and ANA (nurse) every Tuesday. This ensures enterally fed patients receive a full assessment every three to four months.”
- Where required, the nurses and dietitians did joint visits to ensure patients’ needs were fully met.
- In order to support coordinated care, the ANAS electronic patient record system was accessible to authorised trust staff. ANAS staff had access to the dietician’s records that were held at the patient’s homes.

Referral, transfer, discharge and transition

- Patients were referred to the service from the dietetic services of the trusts that contracted with ANAS. The process of referral for trusts differed according to the agreed contact. However, comments received from a sample of trust’s dietetic services showed that ANAS nurses attended to patients within 24 hours (during weekdays) if they needed support and training prior to discharge from hospital.
- Data provided by ANAS showed that most patients were seen by an ANAS nurse within one day of referral. This was confirmed in conversations we had with patients. Comments received included “service recommended by the dietician, referred and the next day Abbott arrived at the house.”
- Dieticians from the contracting trusts said the service provided by ANAS ensured timely discharges for patients to their homes or appropriate continuing care facilities when they were medically fit to be discharged.

Access to information

- Nurses had access to the provider’s policies and procedures via the provider’s electronic system. This allowed them access to policies relating to and including health and safety, clinical governance and corporate governance.
- Patient records were held electronically, which meant all members of staff could access patients records to provide relevant support and advice if they were on call.
- Patient's nutrition and hydration plans that were developed by the trust’s dietetic teams were available in patient’s homes for the ANAS to have access to.
- Processes were followed so authorised trust staff could access the ANAS patient records.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Discussion with staff showed they had a good understanding of their responsibilities towards the Mental Capacity Act. Observation of care and review of

patient records showed that informed consent was obtained prior to the carrying out of each intervention or episode of care. This included examination of and changing of feeding tubes.

- Staff demonstrated a good understanding about the actions they needed to take if they suspected a patient did not have capacity to consent to the care being given or the planned procedure. The ANAS consent form, that was completed for every episode of care, provided clear guidance about the requirements of the mental capacity act with regard to obtaining consent. This included actions staff needed to take if they suspected a patient did not have capacity, guidance about carrying out an assessment of the patient's mental capacity and best interest decision making processes.
- Trust dietitians told us that ANAS nurses gained consent from patients prior to carrying out any intervention. Comments received included "They talk the patient through what they are planning to do; why they need to do it and gain consent to perform the action before taking action" and "ANAs (nurses) will involve the patient in the discussion even if they are deemed unable to make their own decision". Consent forms were uploaded onto the provider's electrical recording system, which could also be accessed by the trust dieticians.
- Initial consultation and consent for commencement of enteral feeding was completed by the trust that contracted with ANAS. This included following appropriate consent procedures for delivering care and treatment to children.

Are community health services for adults caring?

Summary

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

- Patients told us the nurses were kind and caring.
- We observed care provided in a caring and compassionate manner.
- Staff spent time ensuring patients, and where appropriate family members and carers, understood the management of their feeding tubes and how to administer feed. Staff were aware of the emotional impact some patients experienced and took appropriate action to support patients with their emotional needs.

Detailed findings

Compassionate care

- We spoke with patients who receive a service from ANAS. All of the patients told us how kind and caring the nurses were. Comments included "staff are all polite, friendly and seem happy to offer help" and "staff nice natured and happily answer any questions."
- Feedback from trust dietitians indicated the nurses provided compassionate care to patients. Comments included, "They have a nice, caring and empathetic manner. They respect patient dignity, for example when examining a patient they ensure that patient privacy is maintained"," Body language and a friendly attitude is often used to provide a caring approach" and "from joint visits and telephone consultations (the nurses are) observed to always be caring, compassionate and whilst maintaining (patient) dignity and respect."

Understanding and involvement of patients and those close to them

- The main objective of the service provided by ANAS was to enable patients to self-manage their enteral feeding needs independently. This meant training and education of patients and their carers and family was a fundamental aspect of the nurses' role.
- During observations of care, we saw the nurse involved the patient in all aspects of the care and treatment carried out at that time. They explained what they were doing and why they were doing it in a manner the patient understood. The nurse checked with the patients that they had understood what was being explained to them.
- Staff explained that they provided training and support in the environment that best met the individual patient's needs. They carried out training in hospital settings, so patients had the skills to care for their own enteral feeding when discharged form hospital. For children, the nurses carried out training in schools, in after school care facilities as well to ensure all involved in the care of the child knew how to support the child with enteral feeding. Some patients lived in care homes or spent periods of time in respite care setting. Staff provided

training for the care home staff. We observed a training session for care home staff. The training was tailored to meet the individual needs of the patients living at the care home.

- This emphasis on training was confirmed with dietitians from the trusts who contracted with ANAS. Dietitians told us the service provided “training and support for patients and carers regarding feeding in preparation for discharge and after discharge if required, to ensure the patient and/or/carer is competent to administer feed and provide tube care. Training is also provided for nursing home care staff to ensure (they have) up to date guidance on PEG tube care and feeding.”
- Patients we spoke with were very complimentary about the training they received. They described the nurses first visiting them in hospital and then at their home to teach them and their families how to give the feeds and look after their feeding tube. One relative told us they now “knew a lot more about their husband’s care, thanks to Abbott.” Relatives of another patient told us the nurses involved the patient and the whole family in decisions about their care.

Emotional support

- Staff we spoke with had a good understanding about the emotional impact patients might be experiencing. For some patients enteral feeding was a long term solution to ensuring nutrition and hydration needs were met. For others, it was a short term solution whilst undergoing treatment for other diseases.
- Nurses provided opportunity for patients to express how they were feeling. They provided patients with information about local and national support groups.
- Staff were aware of how not being able to eat had an impact on the social life of patients, some patients expressed their families and friends were reluctant to include them in meals for fear for them being embarrassed or distressed. However, this had the effect of isolating the person from social interactions. Nurses explained how, if a patient asked them to sit and have a cup of tea or coffee with them, they would do this as it was a social activity that some were no longer included in.
- If needed, the nurses supported patients to access support or counselling services through their local NHS services.
- Access to the nurses via their work mobile numbers or the out of hours contact system gave patients the reassurance they could contact a member of staff if they had concerns at any time of day or night. Patients we spoke with expressed their gratitude they could contact the service at any time. Comments included “service easily accessible, nurse has given me her mobile number so I can contact her at any time with questions” and “wouldn’t know what I would do without them.”

Are community health services for adults responsive to people’s needs?
(for example, to feedback?)

Summary

By responsive, we mean that services are organised so they meet people’s needs.

- The service was designed specifically to support patients and their family members or carers independently manage their enteral feeding at home.
- Patients had a named nurse, who they made appointments directly with.
- Staff were flexible with the time and location of training appointments. Training was provided in the evenings after working hours for family members who worked. For children, training was provided for staff at their schools and at after school care locations
- The service responded to complaints and made changes in their practices in response to complaints.

Detailed findings

Planning and delivering services which meet people’s needs

- ANAS was planned to support patients manage their own enteral feeding needs at home and reduce hospital admissions by monitoring their wellbeing and taking action, such as replacement of feeding tubes and referring to other health care professionals such as dietitians or GPs when concerns arose. The detailed delivery of service differed for regions dependant on the contract arranged with local trusts. Managers and the Head of Patient Services told us they were involved in the negotiating of contracts to ensure the service was able to meet the requirements of the contracts.

Equality and diversity/Meeting the needs of people in vulnerable circumstances

Community health services for adults

- At initial referral from trust dietitians, nurses received information about patients, including information about whether there were any specific needs relating communication, cultural or religious needs or any specific learning disability or mental health needs.
- Staff, in discussions, evidenced an ethos of provision of individualised care, tailoring the delivery of care to meet the individual needs of the patient. They described meeting the needs of people living with dementia or who had a learning disability as part of the working ethos of meeting people's individual needs.
- ANAS had an agreement with a translation service to provide translation services for patients whose first language was not English. Information leaflets could be provided in a range of languages. Where needed, translation services were also accessed through the contracting trust's interpretation services.

Access to the right care at the right time

- Processes were followed to ensure patients were able to have the care and support they needed in a timely manner that met their individual health and social needs.
- Each nurse held their own caseload of patients and arranged appointment dates and times directly with the patients. This supported appointment times that met the individual needs and circumstances of patients. All nurses had a personalised voice mail message on their phone that helped to direct calls to the appropriate people for example the out of hour's service. The message detailed that calls were listened to throughout the day and that if a call was made late in the day it would be responded to the next working day.
- Information provided by trust dietitians confirmed that patients could contact a member of the ANAS 24 hours a day for support and advice. They told us there was a "24 hour help line for patients, where an on call nurse is available."
- Contracts with individual trusts detailed the time scales for first appointments the service was required to comply with when initial patient referrals were made for support with enteral feeding. Feedback we received from trust dietitians showed the service met these targets. Comments included "ANA (nurses) respond to new patient discharges within 24hours in line with the service specification", "the nurses see the majority of patients (68%) within one working day of referral being received. (The remaining patients were not seen due to other circumstances such as the appointment was not accepted by the patient)" and "the staff have has always been very responsive to our needs and will train parents/ carers and schools etc. within 24-48 hrs of the request."
- Staff explained they provided training at venues and at times to meet the needs of patients and their families and carers. This sometimes meant providing training and support out of the core working hours. Trust dietitians told us the "ANA (nurses) are flexible to see patient and support their carers in a wide range of different settings in order to meet their needs. This incudes in hospital before discharge, at school, at home, day care centres, nursing homes and hospices," and that " training is often planned outside the normal working hours in order to accommodate the patient's carer."
- Staff explained they were flexible with appointment times. They would move appointment times if patients had other commitments, such as medical appointments or social commitments. This was confirmed in conversations we had with patients.

Learning from complaints and concerns

- The service had a formal complaints process that all patients were made aware of. Staff told us that any concerns raised by patients during visits were discussed and resolved at the time they were raised. The service kept a record of all formal complaints received, this showed they investigated complaints, provide a response to the complainant and where necessary, made changes to practices. Records of managers and area meetings showed complaints and learning from complaints were discussed. This meant the learning from complaints was shared across all areas and staff.

Are community health services for adults well-led?

Summary

By well-led, we mean that the leadership, management and governance of the organisation assures delivery of high-quality person-centred care, supports learning and innovation and promotes an open and fair culture.

- There was an embedded strategy and vision for the service that staff demonstrated commitment to in their working practices.
- The service had systems and processes that were used to monitor and support improvements in the quality of the service.
- The service had systems and processes that were used to monitor risks and associated mitigating action.
- Staff felt supported by their managers to carry out their role and put patients at the centre of the service.
- There were formal processes for engaging and acquiring feedback from patients and staff. There was evidence that patients' views were considered in the development of the service and associated equipment.

Detailed findings

Service vision and strategy

- The service had a formalised strategic vision for 2016/ 2017, which was due to be reviewed in April 2017. This detailed the overall vision for the service as "Confident, empowered people, united in purpose, to be the leading medical nutrition provider".
- The service's mission was detailed as "To listen to, and understand the needs of the people we support. To offer a responsive, flexible and patient focussed service. Giving patients confidence and peace of mind. To achieve an excellent patient experience and outcomes, delivered efficiently and with compassion."
- The aims of the strategy were detailed as to "Drive quality improvement. Deliver operational excellence. Deliver innovation. Develop our people."
- The strategic vision document set out the actions the service was staking to achieve this vision, which included the monitoring of the service, the on going training of all staff and seeking out feedback about the service.
- Nursing staff, we spoke with, demonstrated they worked to this vision. They were committed to providing a service that was flexible, supportive and targeted to meet patients' needs in order to achieve the best possible outcomes for patients.

Governance, risk management and quality measurement

- The service used effective systems to monitor and support improvements in the quality of the service. Their quality assurance framework dated 2016/17 for review April 2017, set out how the service was going to monitor and support improvements. As part of this, their quality assurance action plan detailed how the service gained assurance about their delivery of service against contracted KPIs, effectiveness of the service in preventing hospital referrals, skills of ANAS staff, patient experiences and safeguarding vulnerable adults and children. A service development plan detailed the action the service was taking to ensure quality of the service was maintained and improved. This included, for example, the development and launch of ANAS electronic notes and audit of the effectiveness of training provided on Nursing Home Staff, both of which were in progress at the time of the inspection.
- Regular contract review meetings with trusts allowed both the provider and the trust to monitor and review the service provided and agree changes to the service to bring about improvements. This included review of any incidents that had been reported using the relevant trust's incident reporting system.
- The service used incident logs, complaints logs and root cause analysis investigations of incidents and complaints to review risks and incidents. Records of manager and area meetings evidenced risks and actions being taken to mitigate risks were reviewed.
- Managers reviewed staff adherence to clinical procedures and the agreed standard operating procedures for the relevant trusts during field visit reviews.

Leadership of this service

- There was an area manager for each of the four areas of England that ANAS provided a service to. Each of these managers provided leadership and guidance to their area, supporting staff in their development through regular meetings, field visits and appraisals.
- The manager for each area was registered with the Commission as a manager. Discussion with managers available at the time of inspection evidenced they understood their legal responsibilities with regard to the Health and Social Care Act 2008.
- Staff told us managers were approachable, accessible and available if advice or support was required.
- Dietitians from contracting trusts told us they had no concerns around the capability and experience of the senior leaders for Abbott Nurse Advisor Service.

Culture within this service

Community health services for adults

- All staff told us they put patients at the centre of their care and that the service was organised to best meet patient's individual needs.
- Staff told us the organisation had an open and no blame culture.

Public engagement

- The organisation, with the support of the trusts that contracted with them, carried out formal annual surveys of patients' experiences of using the service. The results of these surveys assisted the organisation in developing and improving the service.
- The provider gave examples where patients had been involved in the development of the service; this included the development of feed pumps that were easy for patients with limited dexterity in their hands or with visual impairments to use. The ANAS ethos enabled effective working relationships with patients and their families. This facilitated an effective informal process for getting patients feedback about the service. During observations of care, we saw patients were asked for their views and if there was anything that the nurse could have done better for them.

Staff engagement

- The provider carried out annual surveys to gauge staff views about working for the organisation. Results from the survey fed into the development plan for the service.
- Area meetings held every two months were an opportunity to review the effectiveness of the service and share learning from any clinical concerns, incidents, safeguarding incidents and any service complaints. The meetings also provided an opportunity for staff to receive feedback from the organisations clinical governance meeting.

Innovation, improvement and sustainability

- The provider told us they were exploring ways to support NHS trusts to implement seven day working services. To improve the quality of the service provided to patients they were exploring ways to enhance clinical lead roles, provide bespoke clinical support for enteral feeding patients and enhance the referral and reporting systems. The new electronic record system was planned to reduce administrative time for nursing staff, enabling them to provide more clinical care to patients.
- Dietitians from contracting trusts told us that ANAS was receptive and supportive of new and innovative ways of working. One example given was that the Abbott nurses training dietetic staff had enabled positive changes in the delivery of the enteral feeding service in that trust.

Outstanding practice and areas for improvement

Outstanding practice

- The lead and support nurse system, ensured there was always a second nurse available who knew the care and support needs of an individual patient and whom the patient knew. This reduced the risks of patients having to be seen by a nurse who they did not know or who did not know them, when their named nurse was not available.

Areas for improvement

Action the provider SHOULD take to improve

- Ensure all staff fully understand the process for reporting and alerting contracting NHS trusts about incidents relating to care and treatment delivered by that NHS trust.