

Friends in the Community Home Nursing Reevey Gate Cottage

Inspection report

Reevey Gate Cottage
Reevey, Kempsford
Fairford
Gloucestershire
GL7 4HD

Date of inspection visit:
14 June 2016

Date of publication:
07 September 2016

Tel: 01285810440

Ratings

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

Summary of findings

Overall summary

This inspection took place on 14 June 2016 and was announced. Reevey Gate Cottage provides personal and nursing care to people who live in their own home. At the time of our inspection there were two people being supported by nursing and care staff from Reevey Gate Cottage. Reevey Gate Cottage is funded by the League of Friends for Fairford Hospital. They provide nursing and personal care to people who live in Fairford, Lechlade and surrounding villages. Most of the care they provide is referred to them by district nurses. They provided support for people who needed short term care, or required additional nursing care at the end of their life. As a service they have close links with the League of Friends and a local hospice.

We last inspected this service in September 2014. At this inspection we found the provider was meeting all of the requirements we inspected.

The service had a registered manager. 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 and associated Regulations about how the service is run.

People received safe and effective care which enabled them to live in their own homes. People and their relatives praised the care and nursing staff and expressed their gratitude for the care they received. The care people received was personalised to their needs, wishes and goals. The provider and registered manager worked with local hospices, district nurses and people's GP's to provide consistent and considered care. People told us they felt listened to and could not fault the service.

People were cared for by nursing and care staff who were supported by the registered manager and provider. Nursing staff had access to professional development through the provider or through their other employment. The registered manager and service co-ordinators knew the needs of staff and had systems to ensure staff had access to the training and support they needed. All staff told us the registered manager was incredibly supportive.

The registered manager had systems to monitor the quality of service people received. Care was tailored to people's individual needs, with nursing staff being carefully matched to the people they cared for. The registered manager and provider (The League of Friends of Fairford Hospital) had clearly identified a need for the service in their area. People also had access to additional services through the provider which was not provided by Reevey Gate Cottage.

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. People felt safe when receiving care from care staff. Staff had a clear understanding of their responsibilities to identify and report concerns or allegations of abuse.

People told us staff spent time with them and were rarely rushed. Staff told us they had enough time to assist people in a safe way. The provider ensured staff were of good character.

Care plans identified risks to people's care and there was clear guidance to staff on how to manage these risks.

Is the service effective?

Good ●

The service was effective. Staff had access to one to one meetings with their line managers and felt supported. Where needed, the provider provided access to training and professional development.

Staff followed the instructions of healthcare professionals where necessary.

Staff had knowledge of the Mental Capacity Act, and people's rights were being protected.

Is the service caring?

Good ●

The service was caring. The care had a positive impact on people and their relatives. People and their relatives spoke highly about the staff and felt they were treated with dignity and respect.

There was a caring culture. Staff spoke about people in a kind and a caring manner.

People were involved in decisions about their care and that their reviews were respected.

Is the service responsive?

Good ●

The service was responsive. Staff from the service had their own plans of care which linked heavily with those provided by community nurses.

People and their relatives told us the service was very responsive to their needs and enabled people to stay in their own homes.

People and their relatives were confident their comments and concerns were listened to and acted upon by the provider.

Is the service well-led?

The service was well well-led. The provider had identified a need for support for people in this area and this had been provided.

The provider had systems in place which enabled them to monitor the quality of the service they provided.

The views of people and their relatives were sought at the end of their care. The service reviewed these records to ensure the service they provided was effective.

Good ●

Reevey Gate Cottage

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14 June 2016 and was announced. We gave the provider 48 hours' notice of our inspection. We did this because the provider is often out of the office supporting staff or visiting people who use the service. Additionally the provider is not always providing a service to people. We needed to be sure that they would be in and that people were receiving care. The inspection was carried out by one inspector.

We reviewed the information we held about the service. We looked at the Provider Information Return for the service. 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 reviewed the notifications about important events which the service is required to send us by law and also spoke with three healthcare professionals about the service.

We spoke with two people who were using the service and with three people or their relatives who had previously received care from the service. We spoke with six staff which included a health care assistant, two nurses, two co-ordinators and the registered manager. We also spoke with a local chair for the service and the chairman of the League of Friends of Fairford Hospital (a charity which funds Reevey Gate Cottage). We reviewed two people's care files, staff training and recruitment records and records relating to the general management of the service.

Is the service safe?

Our findings

People and their relatives told us they or their relatives were safe when receiving care from the nursing and care staff. Comments included: "It made me feel secure. It helped ease the pain"; "Really safe in their hands"; "Absolutely safe" and "I definitely have peace of mind. I know they [relative] are safe with them."

People were protected from the risk of abuse. Staff had knowledge of types of abuse, signs of possible abuse which included neglect, and understood their responsibility to report any concerns promptly. Staff told us they would document concerns and report them to the co-ordinator or provider. One staff member said, "I would go to the provider or the senior in charge. There is always someone on call." Another staff member added that, if they were unhappy with the registered manager's response they would speak to local authority safeguarding or the CQC. They said, "If I need to I can raise the concerns to social services."

People's care plans contained assessments of all aspects of their support needs. Assessments included mobility, nutrition, skin integrity and psychological support. Where risks had been identified as part of people's care needs, risk assessments were documented. These assessments provided clear information for nursing and care staff to follow. As the service worked closely with district nurses, they often had access or made reference to their notes. For example, nursing staff had access to clear guidance for one person around their anticipatory medicines (medicines people may require at the end of their life). Any risks had been identified and the client's views were sought.

Specific risks regarding people's care were identified and guidance was provided for nursing and care staff to follow. For example, one person had a clear care plan around their risk of seizures and the action staff needed to take. This included when recovery medicines, such as midazolam should be provided and how the person should be kept safe.

The registered manager ensured they carried out relevant recruitment checks before staff worked unsupervised with people in the community. These checks included disclosure and barring checks (criminal record checks) and references were sought for staff member's to check if they were of good character. One member of staff told us about how they were recruited into the service, they said, "They took references and I had a thorough interview. I knew people who worked for the provider beforehand, however everything was done formally." The registered manager maintained a record of all nurse's registration pins with the nursing and midwifery council. This registration ensured nurses were able to provide nursing care. The registered manager and care coordinators spoke positively regarding the support they could provide nurses to revalidate their registrations.

There were enough staff to meet people's needs. The service worked across Fairford, Lechlade and surrounding villages. People were referred to the service by district nurses at local GP surgeries. At the time of our inspection two people were receiving support from staff, however this support was not provided on a daily basis. For example, one person received support every other week. People told us that staff always turned up when they expected them. Comments included: "Came exactly when we expected them to" and "They turn up when I expect them to, never had any problem."

Nursing and care staff spoke positively about the time they had to spend with people. The registered manager explained how the service was run and funded. This meant staff did not have to worry about travel time, and were never rushed when providing people with their care and support. One member of staff said, "The way we operate means we're not time restricted at all, it's lovely. Sometimes we're helping people with care, sometimes with providing people with company."

Where necessary nurses supported people with their medicines. Nurses professional development records showed that staff had the training they needed to assist people with their medicines. Clear guidelines were in place where someone may require support with their medicines as part of the care they received. No one we spoke with raised any concerns regarding the administration of their or their relative's medicines.

Is the service effective?

Our findings

People and their relatives were positive about care staff and felt they were skilled to meet their needs. Comments included: "They're very good, most impressed with them and their knowledge"; "They are all very experienced, they know what to do and they're so willing" and "They're brilliant. Knew exactly how to help me."

People's needs were met by nursing and care staff who had access to the training they required. The majority of nursing staff employed by Reevey Gate Cottage, also worked within the NHS. Their employment at Reevey Gate Cottage was not always the main part of their job. The registered manager kept a copy of each nurse's professional development records and the training they had accessed and gained from their main employment. This enabled the registered manager to ensure that nursing staff had the training and skills they needed to meet people's needs.

Nursing and care staff told us about the training they received from Reevey Gate Cottage. Comments included: "We get any training we need, we can always ask (the registered manager) for training"; "We can access online training, I keep a check on all the different training we can access" and "All my training is good and I'm up to date." The League of Friends also provided funding for a local hospice, as part of this funding Reevey Gate Cottage worked closely with the service and had access to specific training, such as end of life care. One member of staff spoke positively about this arrangement. They said, "We have links with Prospect Hospice, this gives us access to training which is good."

New staff were given time, support and training to meet people's needs. One staff member spoke positively about the support they had during their induction to the service and the support they received from the registered manager. They told us, "I'm doing the care certificate and refreshing my knowledge. I've always had a lot of support; (the registered manager) has always been entirely supportive." The registered manager was using the care certificate as part of their training for care staff. The care certificate training allowed the registered manager and provider to monitor staff competences against expected standards of care.

People were cared for by nursing and care staff who had access to effective supervision (one to one meetings with their line manager). These meetings discussed any concerns, significant events, and training needs. All staff told us they had access to one to one meetings with their manager and felt this was useful. One member of staff told us, "definitely useful."

Staff we spoke with had undertaken training on the Mental Capacity Act (MCA) 2005. 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. Nursing and care staff showed a good understanding of this legislation and were able to explain specific points about it. Comments included: "The care is based on what people want and need, we don't force anyone to do anything" and "I always provide choice. I've not been in a situation where you can't provide

people choice." Both people's care plans clearly detailed where people had consented to their care and other healthcare professionals involved in their care. People told us they were involved in their care and staff never forced them to do things they did not want to do. One person told us, "They wouldn't do anything I didn't want them to. There efforts are all about me."

People were supported to maintain good health through access to a range of health professionals. These professionals were involved in assessing, planning, implementing and evaluating people's care and treatment. These included GPs, social workers, community nurses and occupational therapists. For example, where guidance had been received regarding people's care, this was documented as part of the person's care plans. Nursing and care staff from Reevey Gate Cottage worked with GP's from Fairford and Lechlade as well as community nurses. Often they were referred to provide people's care by these surgeries. Healthcare professionals spoke entirely positively about Reevey Gate Cottage. Comments included: "They're amazing" and "They make a huge difference."

People we spoke with told us they did not receive support with their nutritional needs. Care and nursing staff would be able to support people with their dietary needs if they required.

Is the service caring?

Our findings

People and their relatives spoke positively about the care they or their relative received and the staff who supported them. Comments included: "Can't fault them in anyway", "Extremely fantastic. Quality personal care", "Marvellous, they were very good", "Absolutely wonderful, I couldn't be more grateful" and "I think they're fantastic."

A newly recruited nurse spoke positively about the service and the impact it had on people. They said, "It is a unique service. It's how we all would like care to be. We can take the time we need with people as necessary. We can support people as they wish and spend time with them." Two healthcare professionals spoke positively about the service and the care people received. Comments included: "We'd be extremely stuck if we didn't have them. They're flexible, person centred" and "I think they provide an excellent service, which has a positive impact on people, helping them stay within their own homes and providing support to people's families as well."

Staff spoke with kindness and respect when speaking about people. Staff had time to get to know people and how they liked their care. One member of staff clearly described how they respected people as individuals and involved them in their care. They told us, "At the first visit with the client we don't do anything without talking to them. We get to know them, make sure they're alright and involved. I treat everyone as I would like to be treated." Another member of staff said, "We do a 'getting to know you sessions' where we try and build a relationship with people and their carers before we start care."

People and their relatives told us they were treated with dignity and respect by care staff. One person spoke positively about the support they received and how the staff ensured their worries about receiving personal care were reduced. They said, "I was worried. However, they made it so it wasn't embarrassing. They knew how to do things, which really engaged me. I'm ever so grateful."

People told us the care and support they received was tailored to their needs and wishes. One person's told us that the care had enabled them to stay living in their home following an operation. They told us how the staff supported them with washing, and how grateful they were that they didn't have to go to a care home for respite care, they felt the positive impact staff had on their life was "incredibly excellent." They said, "I couldn't be more grateful, for their kindness, care and punctuality."

Another person told us how they felt the service was incredibly flexible and enabled them to live as independently as possible. They said, "They are always too happy to help. They assisted us with care at such short notice." Staff told us how they took time to meet people's needs and ensure people had the support they needed. This included carrying out visits at time's people wanted.

The registered manager and staff told us how they ensured people were cared for by a consistent team of staff. The registered manager and care co-ordinators explained how they matched people to staff to ensure the experience was beneficial to people. They considered how people would get on with each other. They told us that due to the service being small, that people often knew some staff. One person was allocated a

staff member they knew personally. The person requested a different member of staff as they did not wish to the situation to be awkward. This decision was respected. Another person told us, "They matched us with a great nurse. They always allowed for continuity of care. They were really good, and linked well with my doctor." One person told us, "It's nice to get to know them, they're all helpful."

People told us staff involved them and made care fun. One person explained how staff engaged them with conversation which was important to them, and how staff made personal care such as washing and dressing amusing. They also told us they enjoyed the humour and relationship they shared with staff. They said, "They made care fun. They were incredibly excellent."

The registered manager kept a record of people and their relative's views. They had a list of testimonials which clearly documented the positive thoughts people had regarding the service. Comments included: 'The care provided to me and my mother was appropriate, thoughtful and given with warmth and kindness'; "We could not have had better care taken, they were kind, pleasant and happy in their work, which makes a lot of difference when someone is very poorly. I've never known carers and nurses so very good, it was nice to have met them"; "Without the help I received I would not have managed. In every way they were very helpful."

The registered manager worked with community nurses to provide personalised care for people at the end of their lives. They spoke about the importance of providing high quality care and anticipating people's needs at the end of their life. This included providing after care support to people's families. The provider told us, "We support the families, we do bereavement visits. We can still provide support, depending on what people need."

One co-ordinator told us how they worked with the person and their families and respected their wishes. We saw feedback from people's relatives regarding the end of life care their loved one received. One testimonial stated, "The care was exceptional they helped me a lot emotionally in coming to terms with looking after my dying father. I cried a lot during their visits and they supported me well."

Is the service responsive?

Our findings

People and their relatives told us the service was responsive to their needs. Comments included: "They've been a life line. They've provided cover when we've needed it"; "So so flexible, always able to accommodate us" and "They've been just marvellous at being able to fill in and help. Most impressed."

The service were quick to provide care for people to enable them to stay within their own homes. Healthcare professionals complimented the service for their reaction times. One healthcare professional told us, "They're very responsive. They are quick to act; I honestly think they're brilliant." Another healthcare professional told us, "They're absolutely brilliant."

People had access to additional services provided by the provider. Reevey Gate Cottage was funded by the League of Friends for Fairford Hospital. The League of Friends also ensured additional services were available for people living in this area, which included a voluntary car service and events such as cheese and wine evenings and picnics. People and their relatives told us they were aware of the services available to them, and would access these services, following their positive experiences with Reevey Gate Cottage.

People and their relatives were involved in all decisions about their care. Thorough assessments of people's needs were carried out when they started to receive a service. Assessments included; nutrition, mobility and psychological support. People, their relatives and nursing staff told us the first visit was focused on getting to know each other. The registered manager told us they carried out their own assessments as their nursing staff did not always have access to records maintained by district nurse. The registered manager also did not always have a record of the support they had provided people when their staff and district nurses stopped providing people with care.

People's care plans provided nursing and care staff with clear guidance on how to meet people's needs. For example, there were clear action plans in place around people's identified needs such as washing and dressing and if they required any support with their mobility. Nursing staff spoke confidently about the care plans and told us they had all the information they needed to meet people's needs.

People and their relatives told us they knew how to complain about the service, however everyone we spoke with told us they had never had to complain. The registered manager had not received any complaints regarding the service. The service had a complaints policy which people and their relatives were clearly aware of. Comments from people and their relatives included: "We have nothing to complain about"; "Nothing to grumble about; they're fantastic, if I needed to I'd go to the manager" and "Can't fault them. We can't quibble."

The registered manager kept a record of the compliments they received from people and their relatives. These compliments were kept in a testimonial file. Compliments often sent to the chairman of the League of Friends, who ensured they were passed to the registered manager. The registered manager informed us nursing and care staff were informed of any compliments. One compliment we saw stated, 'Received the right amount and type of care needed.'

Is the service well-led?

Our findings

Reevey Gate Cottage was funded by the League of Friends of Fairford Hospital. The service had been set up to provide care for people in their own homes in Fairford, Lechlade and surrounding areas. This need had been identified by the League of Friends, as people in this area had experienced issues with receiving care. People, their relatives, staff and healthcare professionals spoke positively about the service and the support they provided. One healthcare professional told us, "We would be extremely stuck if we didn't have them. They are always too happy to help. I think they need to be everywhere, they allow people to fulfil what they wish."

People and their relatives spoke very positively about the provider. Comments included: "They were very detailed, would definitely go back and use them again"; "I can only praise them. They would do anything for me"; "I know we can always speak to a manager or co-ordinator, they're very good at being in touch" and "I'm happy to speak to the manager. I think it's all well managed."

Healthcare professionals spoke highly about the service and the registered manager. One healthcare professional told us, "My view on the League of Friends is that they provide an excellent service which is much needed in the community."

The registered manager sought people and their relative's feedback about the service. The registered manager told us that they had systems to ensure people were happy with their care, or the care they'd received. After two weeks of providing care, the service contacted people to ask for their views and ensure they were happy. At the end of people's care the registered manager used questionnaires to document people's views. The registered manager told us these questionnaires were used to identify any improvements which could be made to the service. All of the feedback the provider had received was wholly positive. Comments people had provided included: "It is a brilliant idea that is well organised and needed in the community" and "I was very impressed by the service provider. At no time did they not attend at the time promised."

The registered manager implemented ideas which had improved the service. For example, the registered manager, service co-ordinators and staff told us about an initiative they were planning regarding staff training. The service had online training and the registered manager had identified that some staff were not confident or comfortable using this form of training. The registered manager had arranged a team training session where staff could work together to build a familiarity with online training with the aim of improving people's confidence. Staff we spoke with felt this was a positive idea. One staff member said, "It's a good idea, it can be quite frustrating, I'm looking forward to it."

Staff felt the registered manager was supportive and approachable. Staff felt confident that they could suggest ideas to the registered manager and the co-ordinators and that these ideas would be listened to. There were bi monthly staff meetings, which discussed significant events, people's care and care records. All staff felt the meetings were helpful. The registered manager also invited the chairman of the League of Friends of Fairford Hospital to attend these meetings. They attended after staff had discussed people's care

needs to ensure people's confidentiality was respected.

The service worked extensively with other organisations to ensure people's on-going healthcare needs were met. The registered manager explained the process of how people were referred to the service. They also told us how they used these professional relationships to raise awareness of the service and end of life care such as being involved in the "Hospice at home week." The League of Friends of Fairford Hospital carried out fundraising for Reevey Gate Cottage and other services provided in the area, which raised awareness in the local area. The chairman of the League of Friends told us how they worked with the charity and the registered manager to ensure people were receiving good quality care.