Community Health Care - Nutricia

Quality Report

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Date of inspection visit: 27 March - 6 April 2017
Date of publication: 22/06/2017

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

Overall summary

Nutricia Homeward is part of Community Health Care (Nutricia Limited) which provides services for adults and children who have specialist feeding requirements. The organisation supplies and delivers nutritional feeds and provides nursing support for patients with feeding tubes. Community Health Care (Nutricia Limited) call their enteral feeding and nursing service Nutricia Homeward. Nutricia Homeward services are specific to patient nutrition. This report includes the Community Adults service and also reports on the services delivered to children and young people in the community, where appropriate.

NHS trusts, Clinical Commissioning Groups and independent health providers negotiate services with the organisation to form a contractual agreement. The organisation then deliver services under a service level agreement. The NHS trust or independent health providers who have commissioned these services retain overall responsibility for healthcare delivery to their patients and allocate a managing health care professional for each patient. This managing healthcare professional liaises with the organisation about the level of service and specific needs of each patient. The organisation and the managing health care professional coordinate the delivery of care for the patient regarding enteral feeding.

Nursing staff provide nursing care, support and training about enteral feeding for patients, their families and carers. This is in line with the service level agreement with the NHS Trust or independent health provider. The regulated activities for the organisation are to provide patients with treatment of disease, disorder or injury.

As of March 2017 Nutricia Homeward was supporting 22,797 patients in England. Of these 13,544 (59.4%) were adult patients and 9,253 (40.5%) were children and young people.

We found the following areas of good practice:

- Competency training for nursing and call centre staff equipped them to carry out the functions of their roles. Staff felt supported and valued by their managers.
- Staff followed policies and protocols to prevent and control infection.
- Staff showed respect to patients and their carers giving time and explanations which were suitable for their

Summary of findings

needs. Children were treated appropriately for their age and responses by the nurses to support them during emotional upset showed a clear understanding of children's needs.

- There was good multi agency working. Nursing staff were clear on their scope of practice and when they needed to liaise with other health professionals.
- The organisation supported patients to maintain as much independence as they could. A travel and holiday service helped patients plan trips both in the UK and abroad.
- Staff showed a comprehensive understanding of best practice when it came to obtaining patient consent for both adults and children.
- Staff were flexible in the care they provided giving time to patients when they needed it, treating patients with sensitivity and compassion.
- The organisation showed commitment towards continual improvement. They engaged with service users to gather feedback on how to improve services for their patients and acted on information they received; collaborated with other healthcare professionals to research improvements in care; used secure mobile technology to improve the services provided for patients.

However, we also found the following issues that the service provider needs to improve:

- Some staff were not aware of the impact that reporting incidents and near misses could have on patient safety. They were not always aware of what type of incident or near miss needed to be reported.
- Some staff seemed unsure of what constituted a safeguarding concern and how to report it without their manager's support.
- There was no written information about procedures that was suitable for patients living with learning disabilities or dementia. Staff adapted the information used for children.
- There was some governance of procedures to promote patient safety but overview at a senior level was not embedded. However, processes were being developed to improve oversight.
- Fit and proper person processes and procedures were not robust.

Following this inspection, we told the provider that it must take some actions to comply with the regulations and that it should make other improvements, even though a regulation had not been breached, to help the service improve. We issued the provider with two requirement notices that affected the adults and children's services. Details are at the end of the report.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Community health services for adults		• Staff followed policies and protocols to protect patients from experiencing avoidable harm. • Training for staff was effective and thorough to enable them to fulfil their roles. • There was good multidisciplinary working. Nursing staff were clear on their scope of practice and when they needed to liaise with other healthcare professionals. • Staff showed a comprehensive understanding of best practice for obtaining patient consent. • Staff responded appropriately to the needs of patients and their carers. • Treatment was only delayed or cancelled when absolutely necessary. • Where targets were not being met, the organisation investigated reasons why. • Patients were supported to be independent. • There was focussed commitment towards continual improvement and innovation using patient feedback and conducting research. • Managers were visible, approachable and supportive. However; • Staff were unsure of what should be reported as an incident or near miss. • Staff were unsure of what a safeguarding concern would be. • Staff did not have access to written information for patients with learning difficulties or dementia. • Some governance of the procedures for patient safety were in place but more detailed procedures were in development. • Fit and proper person processes for director level and were not robust.

Summary of findings

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Background to Community Health Care - Nutricia

Community Health Care (Nutricia Ltd.) supports adults and children who need specialist enteral nutrition support. They do this through the part of their service called Nutricia Homeward. Additional nutrition is prescribed by doctors in liaison with dieticians and the specially made up formula and medical equipment is delivered. Patients who cannot take nutrition orally may need to take nutrition through tubes which have been surgically placed into their abdomen by specialist doctors. Nutricia Homeward provide ongoing nursing support and training for patients and carers to administer the enteral nutrition. This includes routine visits, urgent visits telephone support and out of hours telephone support. NHS Trusts and independent health providers negotiate contracts for the use of these services which are delivered by Nutricia Homeward under a service level agreement. There is a close working relationship between the NHS Trusts and independent health providers who liaise with Nutricia Homeward staff to ensure each patient receives the recommended care and treatment for their condition.

- Community Health Care has been registered with CQC since 13 April 2011. There have been two inspections carried out at this service. The most recent inspection was carried out on 3 February 2014 and showed compliance with regulations.
- The regulated activities are for treatment of disease, disorder or injury and the registered manager is Cheryl Mallet who has been in post since November 2015.
- We reviewed services provided in England only although the organisation provides services for patients in all parts of the United Kingdom.
- Nursing staff are home based and cover one of the10 regions in England. They visit a variety of locations to support their patients including patients' own homes, hospitals, schools, clinics and care homes.

Our inspection team

The inspection was led by: Helen Rawlings – Inspection Manager CQC

The team that inspected the service comprised of seven CQC inspectors, one inspection manager and the following specialist advisors: consultant nurse specialist in enteral feeding, a commissioning lead for quality, safety and governance. An expert by experience spoke with patients, relatives and carers who had consented to talk with us by telephone about their views and opinions.

Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive independent health inspection programme. Current regulations and methodology do not allow us to rate the service.

How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?

Summary of this inspection

- Is it well-led?

Before visiting Community Health Care (Nutricia Ltd), we reviewed a range of information that we held about the organisation and asked a range of stakeholders for information. We also sought feedback from patients using anonymous comment cards.

During the inspection visit, the inspection team:

- Shadowed nurses visiting adults and children across six regions in England and observed how staff were caring for patients;
- Spoke with 81 patients, their relatives and carers who were using the service;
- Spoke with eight managing healthcare professionals who had oversight of the delivery of patient care and contracted Nutricia Homeward to provide services.
- Spoke with the registered manager, service leads and regional nursing managers ;
- Spoke with 21 other staff members; including nurses, advisory doctors and administrative staff;
- Looked at 19 care and treatment records of patients;
- Looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

During the inspection, we spoke to 21 patients and 40 relatives/carers who were all overwhelmingly positive about the care and treatment they had received from Community Health Care services and staff. We phoned a further 20 patients who used community adult and children's services and all feedback was positive. Patients told us the nurse visits helped them to feel safe and described how nursing staff maintained good hygiene practises when delivering care. Patients felt support was readily available if they had any concerns. Nurses were respectful and protected their dignity during personal care. Staff always gained consent before carrying out any procedure. Patients and their relatives felt informed and involved in choices about care.

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?

We found that;

- Nurse staffing was appropriate for their caseload of patients. Nurses were able to give time for each visit as the patient needed.
- Nurses followed best practice infection prevention and control procedures in the community.
- Staff underwent a comprehensive training and induction programme to allow them to operate as enteral feeding specialist nurses, which included an ongoing programme of validation. Staff were 100% compliant with mandatory training.
- Nursing staff were trained in safeguarding of adults and children to an appropriate level for their roles.
- Nurses arranged their stock of equipment to deal with common problems on their visits. This prevented disruption for the patient.
- Any learning from incidents was taken seriously and used to improve practice.
- Equipment was properly maintained and suitable for use by the patient.
- Patient records were kept securely and completed in a timely way. Quality of records was audited with actions taken if any were below an agreed standard.
- The organisation developed a system to support patients at times of severe weather and supplied an additional week of feed supply.
- Patient risk was assessed and responded to appropriately with the managing healthcare professional being informed of any problems.
- There was an open and honest culture in the organisation although some staff were not aware of legal requirements of duty of candour.

However;

- Some staff were unsure of what should be reported as an incident or near miss. This meant there was poor oversight of incidents occurring in the community and learning opportunities missed. However, incidents that were reported were thoroughly investigated and learning shared.

Summary of this inspection

- Some staff were unsure of what would need to be reported as a safeguarding concern and there were no formal arrangements for staff to engage in safeguarding supervision. However, staff were able to seek support from safeguarding leads who would advise on appropriate actions.

Are services effective?

We found that;

- Available best practice evidence was used to provide care for patients. The organisation was committed to using evidence to drive improvements in their service.
- Nursing staff were clear on their scope of practice and knew what they were contracted to do.
- There was clear and meaningful multidisciplinary working between the service and other healthcare providers to ensure patients received appropriate care.
- The organisation was committed to reducing patients being admitted to hospital for procedures that could be safely performed in the home. Managers and nursing staff were working with specialists in gastroenterology to research and develop evidence that supported reduced hospital admissions.
- Relevant information was available for staff who were involved in patient care in a timely way and included those outside of Nutricia Homeward.
- Technology was used to improve systems that supported staff to provide more timely care for patients and information sharing with professionals. This included texting services and mobile devices for electronic record keeping.
- Staff showed a comprehensive understanding of best practice when it came to obtaining patient consent for both adults and children.
- Staff were actively encouraged to maintain their competencies and were monitored by their managers with support to complete nursing revalidation.

However;

- Monitoring of patient outcomes at a senior level was limited. Senior managers were in the process of developing systems which would monitor patient outcomes in more detail.

Are services caring?

We found that;

Summary of this inspection

- Staff adapted the way they communicated with patients and relatives in line with their individual needs, and provided additional training and support where people needed extra help.
- Staff used play specialists to help anxious children cope with the care and treatment associated with their tubes.
- Nursing staff were sensitive to children's needs and used skills to enable children to cope with the procedure.
- Staff acknowledged when patients and relatives were not coping with their tubes and pumps, and tailored their training to suit the patient.
- Information was given to patients in a way they could understand.
- Patients felt supported and were overwhelmingly positive about the care they received.

Are services responsive?

We found that;

- Contracts with each individual organisation were monitored by Nutricia Homeward. Where targets were not being met, the organisation investigated and identified the specific reasons why.
- Treatment was only delayed or cancelled when absolutely necessary and reasons were clearly explained to patients. Nursing staff were flexible in providing care depending on the patient's needs at the time of their visit. Patients had access to a support service out of normal working hours and troubleshooting visits were arranged as the patient required.
- Services helped patients to remain as independent as they could and equipment was provided to support patient lifestyles. A travel and holiday service helped patients plan trips both in the UK and abroad.
- Staff were aware of cultural and religious needs and were able to provide nutrition in a way that suited individual patients' beliefs.
- Nurses contacted and visited patients in a timely way when they were due for discharge from hospital. They also ensured the managing health care professionals had information about the care they provided to the patient and any changes that were observed.
- Complaints procedures were clear for patients and were investigated with responses sent to complainants within 10 working days.

However;

Summary of this inspection

- Staff did not have access to written information or leaflets for patients with learning difficulties or dementia. Instead, picture and children's guides were adapted for these patient groups.

Are services well-led?

We found that;

- There was focussed commitment towards continual improvement and innovation at all levels.
- There was a clear strategy and vision and investment in the service was taking place to improve support to staff and care to patients
- The service actively sought and was responsive to feedback from patients, staff and external stakeholders, taking action where they could.
- Managers were visible, approachable and accessible to all staff, and welcomed engagement.
- All staff we spoke with were proud of the service they delivered and positive about working for Nutricia Homeward. They felt valued and supported by every level of manager.
- The organisation was keen to collaborate in research that would improve services and sustainability of the service.

However;

- Oversight of safety and clinical governance was not embedded at senior staff and director level. A process had been instigated within the previous 12 months but it was not robust.
- Processes to ensure staff at director level were fit and able to perform their tasks were not robustly enforced according to the Fit and Proper Persons Requirement (regulation 5) of the Health and Social Care Act 2014.
- Requirements of the workforce race equality standard were not being fully met.

Community health services for adults

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are community health services for adults safe?

Safety performance

- The safety performance over time was good, and the organisation reported no serious incidents in the 12 months prior to the inspection.
- Safety goals had been set, and performance was monitored using a range of information including national safety alerts. Senior staff told us nursing staff only operated within the scope of Nutricia Homeward policies, and used national safety alerts to support their decisions. For example, staff told us of an incident where an acute hospital trust wanted a nurse to reinsert a balloon gastroscopy tube after it had fallen out of a patient. The nurse explained that Nutricia Homeward policy, which followed national safety guidelines, was not to reinsert tubes which had fallen out with the balloon inflated; as they could not be sure the balloon had not caused damage on its way out. The nurse then referred the patient to accident and emergency to have their tube reinserted in the hospital.

Incident reporting, learning and improvement

- Patient safety incident reporting systems were in place with a low number of incidents being reported. Between January 2016 and December 2016, 13 patient safety incidents were reported across the organisation. Of those incidents reported, six were classed as patient safety clinical incidents, four were classed as near misses and three were classed as non-compliance with no harm.
- Staff demonstrated an understanding of their responsibilities and the system to report incidents and near misses. However, they were unclear about what type of issues to report. For example an incident was not recorded when equipment was forgotten for a particular procedure, which resulted in the nurse having to return to the patient for another appointment. Senior managers we spoke to were clear what should be reported as an incident or a near miss. However, some staff we spoke with did not reflect this level of understanding. Since our inspection the organisation told us they have sent further information to staff about incident reporting.
- Some staff did not understand how the reporting and monitoring of incidents contributed to improving patient care. For example, we saw a patient with a feeding tube who had a piece of equipment incorrectly fitted by the hospital they had been discharged from. This was a clinical incident which was affecting the patient and also affected the care given by the Nutricia Homeward nurse. We were told in all cases that the managing healthcare professional from the NHS trust who had clinical responsibility for the patient would be informed. However, it was not clear how Nutricia Homeward staff would record and monitor this type of incident. Since our visit staff guidance for incident reporting has been revised.
- Learning was shared with staff and improvements made when things went wrong. We reviewed the end of year 2016 patient safety awareness update which had been sent to all nursing staff and nurse managers. This summarised 11 key areas of learning as a result of incidents including appropriate guidance on practice. A compliance, accountability, respect, and excellence (C+A+R=E) safety dialogue was produced for each incident. The purpose of this was to raise awareness and generate discussion within the teams to consider how to prevent similar incidents happening again. It was the role of the nurse managers to review these C+A+R=E safety dialogues with their teams and staff told us these were distributed to staff and discussed at regional team meetings.

- Managers and staff told us that if an incident happened the nurse would not report the incident themselves on the reporting system. Staff told us that to report an incident they had to discuss it with their line manager first, who would decide if it needed to be reported on the Nutricia Homeward incident system. We reviewed the incident reporting policy and spoke to managers and staff who confirmed the nurse would first report the incident via telephone to their clinical nurse manager. The clinical nurse manager would inform the managing healthcare professional from the NHS trust.The clinical nurse manager would also escalate and discuss the incident with the nursing service quality manager and a decision would be made whether to report the incident on the Nutricia Homeward incident reporting system. If the incident was reported the nurse would be asked to complete a form to provide full details of the incident. This system allowed the managers to be fully informed when an incident happened but it did not allow staff to record safety incidents independently. Since our visit incident reporting guidance has been revised to include alternative reporting options.
- For the incidents reported, thorough and robust investigations were carried out, which involved all relevant staff involved in the incident. For example, one nurse told us of an incident where a tube had been incorrectly inserted by a hospital. The nurse had immediately reported this to their line manager and it was further reported to the relevant NHS trust as a clinical incident. The reporting nurse then received a report of the outcomes from the NHS trust's investigation which was further discussed at the team's monthly 'lunch and learn' meeting
- Feedback on incidents was reported and learning shared with staff. However, this was not consistent in all teams. Some staff we spoke to told us they were clear they received feedback on incidents, whereas another small group of staff were unsure about feedback and how this was obtained.
- Managers told us about learning from a serious incident in 2012 which was continuing to change practice. We reviewed an overview of the serious incident and the learning and changes to practice that had taken place over the last year and continued to do so. This included update calls to nurse managers, learning workshops on: mitigating risk, escalation, documentation, accountability, and location (MEDAL), and changes to policies, procedures, and clinical tools.

Duty of Candour

- Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, is a regulation which was introduced in November 2014. This regulation requires the organisation to be open and transparent with a patient when things go wrong in relation to their care and the patient suffers harm or could suffer harm which for independent healthcare organisations is classed as a specific notifiable incident.
- The organisation had an up to date being open and duty of candour policy, written in March 2017. It informed staff about being open and defined duty of candour, when it should be applied and what the specific requirements were for private healthcare organisations.
- Managers we spoke with had a clear understanding of duty of candour and their responsibilities in relation to this regulation. For the period January 2016 to March 2017 there had been no reported incidents classified as a notifiable safety incident and therefore had not met the criteria for duty of candour to be applied.
- Not all nursing staff we spoke with were aware of this legislation but demonstrated a knowledge of the organisations policy to be open and transparent in all aspects of their practice.
- Managers told us that when Nutricia Homeward nursing staff identified incidents, which were not directly related to care they delivered, the patient's managing healthcare professional was informed and managed any duty of candour requirements. We were told that Nutricia Homeward worked collaboratively with the managing healthcare professional's organisation to do this. However, records of this process were not kept by the Nutricia Homeward and it was not clear what steps had been followed and by whom.

Safeguarding

- Arrangements to safeguard adults and children from abuse followed national guidelines but some members of staff were not clear about their responsibilities. The organisation had two lead safeguarding nurses who staff contacted for advice. However safeguarding supervision and support was not provided by them when nursing staff requested it. There were no

arrangements for regular safeguarding supervision. A safeguarding policy was available for staff to consult and was provided in a laminated format which could be carried with them on visits.

- We saw that staff had taken actions around safeguarding concerns but not all were confident in their responsibilities regarding safeguarding procedures. For example, the safeguarding policy stated nurses should refer concerns or alerts directly to the local authority for the area. Staff told us they sought advice from line managers and safeguarding leads to decide if their concerns were of a safeguarding nature. Information was provided for the managing healthcare professional about any concerns Nutricia Homeward nursing staff had. Other staff were knowledgeable about assessing safeguarding needs for the patient and others in the household. They told us they would consider the wellbeing of patients, partners or children when visiting patients in their home. We were given several examples of previous safeguarding concerns having been highlighted.
- Safeguarding training was provided by an external training company which also delivered this training to some local NHS organisations. All paediatric nursing staff had been trained to level three in child safeguarding and level two in adult safeguarding. All adult nursing staff had been trained to level two in both children and adult safeguarding. We were told of plans to train all staff to level three in children's and adult safeguarding regardless of specialty. This was to ensure staff were appropriately trained for all ages of patients they visited. At the time of our inspection, the organisation reported 100% compliance with safeguarding training for all clinical staff.
- Staff in Bristol told us they had been involved in a local safeguarding case review, and were planning to attend a multi-disciplinary meeting led by the local authority in the near future. This was regarding a safeguarding concern that had been raised by another organisation.
- Electronic records clearly highlighted any specific concerns about a patient including safeguarding concerns or alerts.

Medicines

- Arrangements for the delivery, recording and storage of medicines were the responsibility of a third party pharmacy who acted on behalf of Nutricia Homeward. The third party pharmacy managed the storage of feeds at Nutricia's distribution warehouse in Worcestershire. It was regulated by the General Pharmaceutical Council and not inspected by the CQC. Nutricia employed a registered superintendent pharmacist to oversee these arrangements and act as a link between the third party pharmacy, Nutricia and their patients.
- Nursing staff and managers were consistent with the policy that Nutricia Homeward did not administer medications or prescription feeds when providing care for patients. Nutricia Homeward nurses delivered training for patients and their carers which included how to administer prescription feeds. This was carried out using training equipment and Nutricia Homeward nurses did not administer any prescription medicines or feed to the patient during these sessions.
- Nursing staff were aware of medications patients were using and how it might affect any gastrostomy tube care. We observed staff liaising with community nurses and GPs to ensure the patient record had up to date medication lists for their patients. Nursing staff contacted patients and carers to about withholding certain medications before planned gastrostomy tube change.
- Nutricia Homeward followed a process to ensure patients received their feeds in a timely way. The process for patients to obtain their prescription feeds involved input from the managing healthcare professional, Nutricia Homeward care coordinators and the patient's GP. Nutricia Homeward care coordinators were based at their head office location and had responsibility for ensuring patients had sufficient stock of feeds. The managing healthcare organisation's dietitian, set up or made changes to a regimen for patient nutrition and informed Nutricia Homeward care coordinators and the patient's GP. Care coordinators contacted GP surgeries to request they send authorised prescriptions to Nutricia Homeward. The third party pharmacist was informed of the prescription and authorised delivery to the patient from the distribution warehouse. In cases where there was no change to the prescription the feed may be distributed if the GP had communicated their intent to prescribe but before the authorised prescription was received from the GP.
- Staff and managers told us that if the patient's dietitian recommended a change in feed, they entered this information directly onto the patient electronic record held by Nutricia Homeward. This triggered a change in

prescription for the third party pharmacy to dispense. The prescription guide for primary care (an up to date information guide provided by the organisation to GPs which informs GPs of the processes for prescribing feed) stated this change required a new prescription to be signed by the GP before Nutricia Homeward dispatched the newly prescribed feed. Records we saw showed how feed was not released until any queries had been resolved.

- The prescription process was monitored and the quality and safety governance meeting of January 2017 showed 74% of prescriptions had been received by Nutricia Homeward in a timely way. Staff informed us they chased any missing prescriptions by calling the relevant GP surgeries.
- Paper prescriptions were stored securely in locked cabinets at head office and identifiable using a tracking number. A scanned copy of the prescription was available on the patient's records for reference.
- Delivery of prescription feed to the patient was reliable and processes were in place to prevent feed running out. Patients received deliveries monthly between these deliveries monthly stock checks were carried out with every patient over the phone by the Nutricia Homeward care coordinators. Patients also had the option to enter data about their stock levels using an internet tool which informed the organisation what was needed and when. In addition, nurses were happy to check stock levels during a visit if required.
- Nutricia Homeward staff had no responsibility for medicines management in patient homes. However, they were aware of suitable storage guidelines for the product and advised patients appropriately. For example, we saw nurses advising patients on safe storage where one patient was storing their feed in their conservatory. The nurse advised the patient to find a more suitable place where temperature variations were less likely, and explained the importance of storing enteral feed within its recommended temperature range. We saw another nurse advise a patient to get a thermometer and measure minimum and maximum daily temperatures in the area their enteral feed was stored.

Environment and equipment

- The organisation had a comprehensive equipment maintenance programme which ensured the use of equipment reduced the risk of patient harm. For example, we saw that tamper proof feeding pumps sent out to patient's homes, had their service dates clearly displayed on the pump which staff checked at each visit. Staff and patients told us the Nutricia Homeward call centre arranged delivery of another pump before the pump due for service was collected. The organisation monitored how many pumps were past their servicing date and organised servicing as soon as possible. The data we viewed showed this was a very small number and arrangements had already been made for their maintenance service.
- Where specialist equipment was needed to provide care and treatment to people in their homes, the organisation ensured this was appropriate and fit for purpose. In 2016 an international standard (ISO 80369-3) was introduced for enteral feeding tubes, which was designed to prevent the risk of medications and feed being administered through an incorrect route. The organisation responded to this new standard by implementing a phased roll out of new feeding connectors which were compliant with the standard. The organisation provided both written and electronic information to all affected patients to help them understand the need for the change.
- Staff told us they carried a small stock of items such as pump chargers and replacement tubes with them at all times, as these was the most frequently used items or reason a pump was not working. However, staff told us if they had any concerns about a pump, they ordered a new one through Nutricia Homeward Customer Service, which could be delivered within six hours if the patient's need was urgent. In some areas a month's equipment supply was delivered to secure storage facility until needed by the nursing staff. Nurses ensured stock was rotated and within its 'use by' date. Equipment carried in the car boots of Nutricia Homeward nurses was kept in storage boxes to protect the equipment from damage.
- Most patient care was provided in non-clinical environments such as homes and schools. We saw nurses using personal protective equipment such as aprons, gloves and sterile dressing packs to ensure hygiene standards were maintained. We observed a nurse visiting a patient in a school and using a dedicated clean room to provide necessary care.
- We saw Nutricia Homeward nursing staff followed safe manual handling practices.

Community health services for adults

Quality of records

- People's individual care records were written and managed in a way that kept people safe. The organisation had made changes to the electronic patient record system and mobile working in May 2016. Managers told us how the safe storage of information had improved since these changes and we were told the organisation had seen a reduction in information governance incidents as a result.
- Nurses carried an encrypted, secure portable electronic device which allowed them to access and update records when in the community. The front sheet of the electronic record gave headline details of the patient including tube size and type of feed, allergies and any other concerns. Some Nutricia Homeward nurses updated the patient record electronically at the patient's home and others kept written notes and updated electronic records when their diaries allowed. Nursing staff had lockable boxes in the boot of their cars to keep confidential information secure. We looked at 19 patient records, most of which were complete and up to date. However, in one record we saw an adult patient incorrectly entered as a paediatric patient, and another record contained details of consent given by a patient where a previous alert had stated the patient may not understand all information given to them. When we told a senior manager about the incorrectly entered adult patient, it was immediately rectified.
- Care planning records consisted of standardised templates for the nursing activities performed and areas of free text to detail variation to care given.
- The quality of people's care records was regularly audited and the results were collated for the national nursing team annually. Results for 2016 highlighted areas where the100% target for staff compliance with policy had not been achieved. Results were shared with teams at regional team meetings, using read and sign documents for staff to verify they had read the feedback. Managers continued to monitor record keeping for staff in their teams.
- The organisation had an information governance lead who had overall responsibility for the safe processing and storage of information. We reviewed the Department of Health information governance audit the organisation had completed in December 2016. This self-assessment questionnaire assessed information governance, confidentiality and data protection assurance, information security assurance, and clinical information assurance. The organisation had an overall compliance score of 97%.
- We reviewed the 16 information governance incidents for the delivery drivers which had happened in January and February 2017. Incidents included items being delivered to the wrong patient or wrong address, and patient information being left in public view. All incidents had root causes identified, corrective actions which often involved training, preventative actions, and further actions if required.

Cleanliness, infection control and hygiene

- Nutricia Homeward nursing staff followed the organisation's protocol for infection prevention and control. Nurses told us handwashing techniques were followed in line with National Patient Safety Association (NPSA 2007) best practice guidance. We saw all staff washing their hands before and after every patient contact. We also saw that staff were bare below the elbow in line with organisational policy. However, we saw a nurse wearing a ring with stones in which was not in line with organisational policy. Staff used hand cleansing gel appropriately and personal protective equipment such as aprons and gloves when delivering any treatment or care.
- Staff told us maintaining standards of cleanliness when delivering care in patient's homes could be challenging. We saw the training delivered by staff to patients about their pumps and tubes included advice on infection prevention and best practice hand hygiene. Nurses performed visual assessments of tube entry sites for signs of infection. We saw nurses advising patients to call the district nurses to provided further investigation for a site that was showing signs of infection. Staff told us that as they had no facilities to take or analyse samples for infections. Any possible infections were escalated to the patient's GP or district nursing team. Appropriate advice was given to the patient to prevent infection crossing from an infected wound to feeding tube site. Nutricia Homeward nursing staff would call the patient's GP if the patient was unable to or did not understand the advice.

- Staff followed processes for disposing of clinical waste safely. A system of having clinical waste collected from patient homes meant nursing staff did not carry any clinical waste in their cars. This reduced the risk of cross contamination between patients.
- Infection prevention and control practices were audited by the organisation locally and collated as a national nursing team annually. Senior managers told us they observed infection prevention and control procedures as part of their regular field visits with their nursing teams. This information was fed into the quality management framework (QMF) to monitor staff compliance with procedures. This data was then collated annually as an audit. The organisation's target for staff compliance was 85%. Data collated showed numbers of activities for infection control practices monitored but did not give a percentage of compliance or detailed analysis. Senior staff knew how many staff had been audited but had not had capacity to provide detailed analysis. Individual staff were informed if they fell below the 85% bench mark for compliance and supported to improve their practice. Trends were identified and shared with staff at regional team meetings with managers continuing to monitor staff compliance on joint visits. An action following the most recent audit included a new practice for staff to carry a clinical waste policy document to ensure they had access to information about disposing of clinical waste in patient's homes. Senior managers were reviewing what should be included in future audits to provide relevant details for measuring improvement.
- Nutricia Homeward nurses passed on concerns to another healthcare professional such as GP or community nurse who took over wound management for the patient.

Mandatory training

- Data submitted showed 100% compliance with all mandatory training subjects for all nursing staff at the time of our inspection.
- Mandatory training was delivered through a combination of face-to-face sessions and e learning. It was attended by all Nutricia Homeward staff which covered safety systems, processes and practices. Subjects included were basic life support, clinical governance, conflict resolution, equality and diversity, lone working, fraud awareness, patient safety, infection prevention and control, information governance, mental capacity act, moving and handling, safeguarding adults level two and safeguarding children level three. Line managers monitored training attended and an electronic system alerted staff of any training that was due to be completed.
- Staff told us they had sufficient time in their working day to complete this training and that it was comprehensive and of good quality. Nutricia Homeward nurses had additional mandatory training to complete annually. This included nasogastric tube replacement, balloon gastrostomy replacement and pump care.
- Staff who were new to Nutricia Homeward received a comprehensive induction programme. This included eight weeks of shadow visits alongside all mandatory training subjects. Staff said this training was excellent and helped them to feel thoroughly prepared to manage their caseloads.

Assessing and responding to patient risk

- Comprehensive risk assessments were carried out for patients who used services. We saw nurses carrying laminated prompt sheets to follow before they delivered any care of treatment. For example, we visited a paediatric patient who had pulled their nasogastric tube out. The nurse asked the parent a range of questions about nose bleeds and chest infections before they reinserted a new tube.
- Patients could call the Nutricia Homeward Careline if they had any concerns. This was staffed with registered nurses who could assess any risks to patient safety and arrange support appropriately. If messages were left outside of working hours staff would respond the next working day.
- Staff carried out risk assessments over the phone before they visited a patient in addition to the onsite risk assessments. Staff told us this was an extra level of assurance as things may change for a patient between initial phone call and visits. We saw evidence of these pre-assessments documented in patient records.
- We looked at patient records which showed staff had followed the risk assessment protocol to test stomach contents acidity after each tube insertion.
- Staff identified and responded appropriately to changing risks to patients who used services and were clear about the limit of their responsibilities. We were told of examples where they had referred patients to GP surgeries, x-ray departments and emergency

departments for more detailed assessment and care. This had included a patient with a dislodged nasogastric tube, confirming placement of a newly inserted nasogastric tube and concerns about wound infections.

Staffing levels and caseload

- The number of whole time equivalent nursing staff varied depending on the agreed regional contracts. Information we were given showed there were 113 nursing staff across England. The number of patients receiving a service in England at this time was over 22,790. The level of patient care provided ranged from annual nurse reviews, three monthly nurse reviews to more frequent visits when first discharged from hospital. Managers determined staffing levels and skill mix at the start of each contract according to the needs of the caseload. We reviewed the current contract list including those which had been secured but were yet to start. Each had clearly identified nurse staffing levels next to them and recruitment was in progress to fill these posts. Managers told us that when a new contract started existing staff were not expected to cover this if they had no capacity to do so and new staff would be recruited.
- Staffing levels and skill mix were planned and reviewed in relation to the mix of adult and paediatric patients. In one region, where there were a high number of paediatric patients, the nursing team included three registered children's nurses and two registered adult nurses. All of these nurses took troubleshooting calls for any of the patients. Registered children's nurses undertook all the paediatric interventions and tube changes. Staff told us the registered adult nurses in the team were considering upskilling to undertake some routine paediatric tube change, but this had not yet been finalised.
- Most nursing staff told us their caseloads were manageable and they had enough time to deliver the care required. We were told of staff shortages over the previous year which were being resolved. This was due to unexpected absences. For example, one nursing team was contracted for five nurses, but only had four due to staff sickness. The additional patients were children which meant that only the two registered children's nurses could take these patients on to their caseload. Staff told us the ongoing staff shortage had been challenging, however they felt it had been dealt with well as extra nursing resources had been brought in from other regions when workloads had fluctuated and increased, or when nurses were on leave.
- Staff told us no agency staff were used because the service was so specialised. As an alternative, extra nurses were brought in from other regions to ensure patients received safe care and treatment. Nurses' electronic diaries could be viewed by their team members and managers which meant they could prioritise and re-allocate work load. Managers told us they were considering recruiting and training more nurses to provide a flexible workforce who could support the existing teams if their demand increased or there were staff shortages.
- The nursing service was in the process of reorganising and expanding. This was to enable managers to increase their own clinical time and spend more direct time supporting nurses. The number of local area managers was increasing from eleven to seventeen, and the number of regional mangers was increasing from two to four. This change had been initiated by feedback from clinical staff and the result was an investment in the service. Staff and managers told us it was a very positive change for the service.

Managing anticipated risks

- The service had a business continuity policy which outlined the actions which needed to be taken if a disruptive event occurred which threatened personnel, buildings or operational procedures. The overriding objective of the policy was to ensure the safety of employees and protect the supply of product to the patients. Staff were aware of this policy and told us of an additional safeguard where an extra week's worth of product was delivered each month. This gave every patient a seven day buffer if a disruptive event occurred such as bad weather or a fuel shortage. The plan detailed actions that would help to mitigate any risks in an adverse event. For example, staff having additional skills to support colleagues, ability for staff to work from home and having backup generators in case of power outage.
- During 2016 managers had anticipated a rise in the number of calls patients would be making to the customer service line over the 10 months before our inspection. This was due to a national change to standardise feeding equipment. Nutricia Homeward

had a strategy for ensuring each patient was provided with the correct equipment and support. They achieved this by training additional customer service staff on this process so that patients received accurate information.

Major incident awareness and training

- The organisation had processes in place to cope with emergencies at their head office. At the time of our visit a fire alarm was sounded which was outside of the normal testing period. All staff remained calm and congregated at allocated safe points until it was indicated as safe to re-enter the building.
- We saw there was a range of policies and procedures in place to mitigate against events or issues which could impact on the smooth running of the service.

Are community health services for adults effective?
(for example, treatment is effective)

Evidence based care and treatment

- The organisation based policies, templates, tools and care plans on relevant and current evidence-based guidance, standards, best practice and legislation. Patient support followed National Institute for Health and Care Excellence (NICE) quality standard 24 by supporting patients to manage their own feeding regimes at home. Amendments to policies and guidance were disseminated to teams using email and team meetings. Detailed guidance from the British Association for Parenteral and Enteral Feeding (BAPEN) was used when staff trained patients and carers to administer medications through feeding tubes. Few elements from the British Society of Gastroenterology guidance were relevant for community care but those that were, contributed to protocols and guidance for Nutricia Homeward Nurses. This included risk assessing every patient before changing any tubes and escalating increasing healthcare needs appropriately.
- Nutricia Homeward agreed contracts with each health care provider they supported. Contracts we reviewed included detail about using equipment appropriately (as its licence intended). All staff were clear about using equipment correctly and referred any issues to the managing healthcare provider for their patients.
- A medical affairs team consisting of experienced dietitians was part of Nutricia Ltd. The team's role was to drive improvements through research and product development. Evidence they produced was shared with national organisations such as a BAPEN.
- Patients had their needs assessed and care goals managed in line with evidence based guidance, standards and best practice. For example, the service promoted best practice in obtaining patient consent in line with Royal College of Nursing (RCN 2015) and National Midwifery Council (NMC 2015) best practice guidance.
- Nurses followed best practice guidelines to assess if the feeding tube was correctly placed. Nurses tested the pH (acidity level) of any stomach contents before and after the removal or insertion of a feeding tube. We visited a patient who had been given a small amount of formula prior to the nurse's visit. Staff explained to the parents that food in the stomach altered the PH of the stomach contents, making it appear less acidic, which might give the appearance that the tube was not in the correct place. The nurse waited with the patient until it was appropriate to re-test the acidity levels of stomach contents.
- Staff told us and we saw how patients were treated equally and without bias on the grounds of age, disability, gender, gender reassignment, pregnancy and maternity status, race, religion or belief and sexual orientation.
- Staff were aware of their responsibilities under the rights of people subject to the Mental Capacity Act (MCA 2005) and explained to us that any patient MCA assessments were carried out before the patient was referred to the service. Staff told us if they identified a patient as lacking the mental capacity to understand the implications of their care, under Nutricia Homeward policy they could not provide care or treatment. Patients were referred back to the managing healthcare provider for further assessment.
- Leaflets were available for patients to inform them of best practice and were in line with National Institute for health and Care Excellence guidelines. For example preventing infections at stoma sites.

Pain relief

- Staff told us they did not use any formal tools to monitor patient's pain as it was not part of the contract and they did not have any means of easing pain through

medication. If a patient reported pain to them they referred the patient either to their GP, paediatric day assessment unit (if a child) or back to the managing healthcare provider. However, staff did share tips with patients to help make feeding and tube care more comfortable. For example, we visited a patient with a tube going into their jejunum (a part of the small bowel). Nurses explained the patient might experience some pain when flushing their tube. The nurse suggested using warm boiled water to ease any discomfort.

- Patients we spoke with did not report being in pain as a result of the care and treatment they received from the Nutricia Homeward nurse.

Nutrition and hydration

- Staff told us they provided training in dysphagia screening and Malnutrition Universal Screening Tool (MUST) assessments, but did not carry out any assessments. Nutricia Homeward nurses worked closely with dietitians from the leading healthcare provider to ensure patients received the required nutrition and hydration although completion of these assessments and plans were the responsibility of the dietitians. If nursing staff identified any problems they informed the patient's dietitian.
- We saw the nurses called the dietitians to check information and ask for specific advice as required when visiting patients.
- Nutricia Homeward had automated systems in place which prompted staff to contact patients and ensure they had sufficient enteral feeds at all times. We observed Nutricia's call centre routinely contacted patients and/or their relatives to check they had adequate stocks of feeds, to confirm delivery details and check where supplies could be left if no one was home.
- Call centre staff also checked if patients were going away or on holiday and arranged for sufficient stocks to be supplied. The centre staff also provided advice regarding airline companies and what information would be required to meet various rules and regulations.

Technology and telemedicine

- The service offered patients an online tool to help manage their stock levels at home. Patients could register for the service and input their data securely. Staff told us some patients found this useful as it helped them to manage their own care. However, monthly telephone calls from the Nutiricia Homeward service continued as an additional assurance that stock levels on the online system were correct.
- Mobile technology was used to support deliveries of equipment and nutrition to patients' homes. Delivery drivers would send a text to patients informing them of the expected delivery time slot. This meant patients did not have to wait in all day for a delivery.
- Electronic pumps for feeding tubes were electronic with a battery backup which reduced the risk of pump failure due to a power outage.

Patient outcomes

- Information about people's care and outcomes was a developing project. A patient survey had been in place since 2013 but changes had been made recently. Information was collected and monitored but the scope of practice was quite narrow and patient outcomes such as weight gain and nutritional state was monitored by the managing healthcare professional. Outcomes such as patient understanding and confidence to manage their nutrition at home was measured by Nutricia Homeward using patient satisfaction surveys after their first nurse visit. Customer service teams analysed the information and informed the regional manager to enable them to take any further action to support the patient. This new system had been in place for five months and had not indicated any trends at the time of our visit.
- One outcome measure was for successful insertion of feeding tubes. Nurses completed risk assessments for suitability of tube insertion and documented any that could not be carried out. Reasons for failed tube insertion were analysed by managers but did not give enough specific detail. Senior managers were working with colleagues to revise the risk assessment tool held within the patient record. This would provide more detail about where the risk was that prevented the tube insertion being carried out.
- Each contract had key performance indicators which were monitored by Nutricia Homeward account managers. These monitored activities to maintain care rather than patient outcomes. For example, timeliness of delivering supplies to patients, servicing of pumps (for feeds) and any complaints received. A target was set for each indicator and progress against the target

reported on for each region. The reports we saw showed these activities were either very close to or achieved the target and where it was not achieved analysis was undertaken to identify actions needed.

- Other audits were routinely undertaken to assure the quality of services delivered would improve outcomes for patients. These included infection prevention and control practices and record keeping. Audits identified where practice was good or needed improving and what actions Nutricia Homeward planned to meet the benchmark. This included managers ensuring that staff followed Nutricia's policy for hand hygiene.
- Areas of practice were being monitored by steering groups within Nutricia Homeward to contribute to improvements for patients. One steering group was currently looking into the effectiveness of stoppers for feeding tubes. Some patients were discharged from hospital with a small sterile plastic stopper which could be placed into a stoma to keep it open in the event of a tube falling out. Staff told us four of these stoppers had been used since February 2016, and data from these interventions was currently being analysed to assess how successful the stoppers were in preventing readmissions to hospital.
- Staff told us how the C+A+R=E (compliance, accountability, respect and excellence) process was used to investigate, share learning and embed changes and improvements to practice.
- Nutricia Homeward staff were working with specialists in other health organisations to reduce patient admission to hospital for re insertion of a feeding tube that had fallen out. The current guidelines gave a two hour window for the tube to be inserted before the stoma potentially closed. As a result Nutricia Homeward policy for tube reinsertion by a nurse was within two hours of the tube falling out. Nutricia Homeward nurses could not always respond within this timeframe and the patient would need to attend hospital for the procedure. Health experts in this field believed the stoma would not close within two hours and that nurses would be able to reinsert tubes within a six hour timeframe giving more opportunity for nurses to respond and prevent a patient attending hospital. Nutricia Homeward staff were collaborating with these health experts to research this and develop an evidence base for future practice.

Competent staff

- The organisation ensured that staff had the right qualifications, skills, knowledge and experience to do their jobs. Nutricia used a recruitment agency to ensure the nurses employed had the necessary skills, experience and competencies to provide safe and effective patient care prior to selection for interview. This included ensuring all nurses had valid registration with the Nursing and Midwifery Council (NMC) and the Royal College of Nursing (RCN). Once employed nurses were supported to maintain their registration with ongoing professional development and their registration fees were paid for. Registration was checked for all nurses on a yearly basis by a central team who provided an overview to the human resources business partners and the head of nursing.
- We reviewed the induction process for new nurses. This was comprehensive and extensive and designed to equip nurses with all the knowledge and clinical skills required to provide safe and effective patient treatment and care. Nurses received training over a three to six month period when they joined the organisation. We spoke with two staff who had commenced work during the previous year and the manager responsible for overseeing the standards, policies, processes and procedures provided to nurses. Staff were overwhelmingly positive regarding the induction process, saying by far it was the best they had experienced in their careers in terms of quality of training provided.
- Managers were able to supervise staff and tailor training programmes to the needs of the individual nurse. This had included allowing more time for nurses to complete their training, altering shift patterns providing more coaching.
- Staff told us they had regular performance development reviews, monthly one to ones and quarterly field visits from their line managers during which, they were observed and assessed whilst performing various nursing tasks. All were documented and used by staff and managers to review performance, identify areas of learning and development, with the focus of ensuring safe patient care.
- Staff appraisals were all up to date and staff areas for development were identified. We reviewed an appraisal document which included a staff personality type assessment and analysis. This provided a

comprehensive overview of the individual's personality type and work style preferences so they could reflect on their preferred style and inform others of how they preferred to work.

- The organisation offered opportunities for peer review, supervision and access to expertise. Staff attended regional 'lunch and learn' meetings, patient safety study days were attended and an annual nursing conference. Nursing staff who answered patient calls on Nutricia Careline were able to join their colleagues on patient visits each month.
- Staff were allowed to develop existing skills. For example one nurse told us they were able to undertake validation training within three months of being with Nutricia Homeward instead of the usual two years. This was because of the nurse's background and skills.
- Nurses who needed to revalidate their professional registration were actively supported by managers. Staff were provided with folders to record activities needed to evidence practice throughout the year and reminders were sent when revalidation was due. External organisations provided some of the online training.
- Nurses also undertook a comprehensive internal yearly revalidation of the specific skills needed to deliver care to Nutricia Homeward patients. This revalidation was in-line with the policies and standard operating procedures which documented how staff should practice. We were told by managers that if staff did not pass the revalidation then their practice would be restricted and they would be supported to improve these skills until revalidation was achieved.
- Senior managers told us if practice was seen which did not meet organisational standards or fell outside of the scope of practice for that contract, the staff member in question would have a one to one meeting with their line manager to discuss the incident and to offer additional training if needed.
- Patients told us they thought Nutricia Homeward nurses were competent to care for them or their relative. One patient said "They really do have the proper training to look after me".

Multi-disciplinary working and coordinated care pathways

- All necessary staff, including those in different teams and services, were involved in assessing, planning and delivering people's care and treatment. Staff were clear about who had overall responsibility for each patient's care, which remained with the dietitians or managing healthcare provider for that contract.
- The electronic patient record system promoted good integrated care and inclusive communication. Dietitians from the leading healthcare provider were able to view the electronic Nutricia Homeward patient records and this ensured they were up to date with care needs of their patients. If Nutricia Homeward nurses had any concerns they would telephone the dietitian and the patient's GP.
- We observed effective multidisciplinary team working during the inspection. For example, Nutricia Homeward nurses attended quarterly multidisciplinary team meeting with other healthcare professionals and doctors involved in their patients' care.
- Patients' needs were assessed and care planned accordingly. Where appropriate care planning involved joint visits with staff from the dietetics service, district nursing service or GPs. For example, we visited a paediatric patient who had spent time on the Neonatal Intensive Care Unit (NICU). The visit was timed to enable the NICU outreach nurse to give a handover to the Nutricia Homeward nurse at the patient's home to discuss ongoing care needs.
- Nutricia Homeward nurses supported care for children and young people by holding clinics with dietitians in schools.
- We saw Nutricia Homeward nurses ensuring district nurses were up to date with patient care needs by contributing to district nursing records held in the patient home.
- Leading healthcare professionals told us they were always able to contact Nutricia Homeward nurses to update or resolve any issues either by telephone or email.

Referral, transfer, discharge and transition

- Staff worked together to assess and plan ongoing care and treatment in a timely way when people were due to be discharged from hospital. The Homeward customer service and Careline nursing team triaged referrals from lead healthcare providers and sent them to the appropriate regional team. A Nutricia Homeward nurse

would support the discharge of a patient from hospital by providing training and information to the patient before their discharge and within 48 hours of arriving at home.
- Referrals were also made between teams and services. For example nurses referred patient's to the patient's managing healthcare provider when a feeding tube needed to be changed.
- Discharge and transition planning for young people started at least one year before a patient was due to move to adult services. For example, staff arranged a joint visit for a young person who was due to move to adult services. The visit gave the patient a chance to meet their new named adult nurse whilst their existing paediatric nurse was present. Staff told us they could tell when a family had received a joint visit as they were more relaxed at the next Nutricia Homeward visit.

Access to information

- Staff had access to all the information they needed to deliver effective care and treatment. The quality of referrals they received was good, and contained relevant information from the lead healthcare professional. Nutricia Homeward nursing staff did not have access to NHS patient records and they called GPs or hospital wards if they needed any additional information. For example, a nurse told us about a patient with burns and some facial scarring who was referred to the service. The scarring could sometimes affect how a feeding tube was inserted but it had not been mentioned in the referral information. The nurse contacted the burns ward to find out more information, and updated the patient's electronic recorded accordingly.
- Systems which managed information and electronic patient records supported staff to deliver effective care and treatment. Staff told us about the new electronic patient record system which allowed Nutricia Homeward staff and the managing healthcare professional to input and access patient information. The electronic patient record restricted information viewing so only appropriate information was available for staff. For example we were told the prescriptions administration team could only see information about the prescription and feed required and could not view the nurse's clinical record. A further example was that the managing healthcare professional could update input any changes to the feed recommended on the electronic record. Both the nursing staff and prescription administration team could view the information and ensure the patient received the correct feed. Staff and managers told us how the system allowed a coordinated approach for the patient record and resulted in effective and responsive care for the patient.
- There was a process in place to ensure sharing of information between the organisation and third party organisations was appropriate and safe. The information governance team had produced a map of the data flow both within and outside of the organisation. This clearly defined which people and organisations data could be shared with and the appropriate data sharing route. For example communication between the nurses and the patient's dietitian at the local NHS trust would happen via the secure NHS email system; all nurses had their own NHS.net email account to do this.
- When people moved between teams and services, including referral, discharge, transfer and transition, all the information needed for their ongoing care was shared appropriately. We visited a family who had moved area for an initial welcome visit. The family told us the nurse had been in contact within the first week of them moving and had all of their child's feeding information before they had actually moved.
- Staff working in the community had access to patient care records on a secure portable electronic device. Nursing staff prioritised care by checking their messages and caseload before they left home. The Bristol contract did not include the Careline service which triaged calls. Any calls or records of out of hour's patient contacts were sent directly to their email account. Staff read all emails to establish the urgency of each contact before planning their day.

Consent, Mental Capacity act and Deprivation of Liberty Safeguards

- Staff understood the relevant consent and decision making requirements of legislation and guidance, including the Mental Capacity Act 2005 and the Children Acts 1989 and 2004. Staff explained that consent had to be obtained on every visit they attended and prior to any treatment or care. All consent decisions were recorded in the patient electronic record.
- All nursing staff received Mental Capacity Act (MCA 2007) online training annually. Data submitted showed 100% compliance with the training at the time of inspection.

- The lead healthcare provider documented their assessment of a patient's capacity to consent to care or treatment prior to the Nutricia Homeward referral form. We saw where information about mental capacity assessments would be found in the patient records but we did not see a record with an assessment included. Staff told us if there was any concern about a patient's ability to consent to treatment they referred the patient back to the managing healthcare provider.
- When people lacked the mental capacity to make a decision, Nutricia Homeward staff made 'best interests' decisions in accordance with legislation and we saw this documented in the consent section of the patient's electronic notes. We looked at records for patients who were unable to consent for themselves (including children) and saw best interest decisions had been clearly documented.
- A report on quality and safety governance in January 2017 showed that between January 2016 and December 2016, an average of 16% of all patient records audited did not contain evidence of consent. Actions around this included introducing a system to scan and store written information, which was provided by the multi-disciplinary team, to the electronic patient record. This would allow staff to view documents signed by patients.
- The patient records we reviewed had consent to treatment documented. However, one record we saw was unclear about consent having been obtained appropriately. The patient record contained an alert which stated the patient may not understand all the information given to them and required a relative present during conversations. Of the four episodes of care we looked at in this patient record, two stated consent had been given by the patient but it was not documented that the patient understood the information or if any other person was present besides the nurse providing treatment. In all of the other patient records we viewed, where an alert had been raised about the patient's ability to understand or consent, it was clearly documented if another person was present when consent had been given.
- Staff told us they did not use restraint where people who lacked mental capacity were not compliant for care and treatment. Staff told us if a patient was non-compliant and would require restraint for treatment, the patient was referred to hospital for their care.
- Valid consent to treatment was obtained for children and young people who were under 16 with their involvement using the principles of Gillick competence. Staff told us of a 15 year old patient who withdrew consent during treatment. The parent believed their consent would override that of their child and the treatment could still go ahead. The Nutricia Homeward nurse explained that as the patient was judged to be Gillick competent, they could not go against their wishes. They also had a discussion with the patient about the risks associated with not having the recommended treatment. All of the conversations were documented in the patient's electronic notes.
- Staff were aware of the legal requirements for consent of children who were being looked after by carers other than their parents and who had parental responsibility. A manager of the told us that children's safeguarding training had focused on consent and parental responsibility. This was confirmed and understood by the nurses we spoke with.
- A patient told us "They have been coming two years now but they always ask my permission before they do anything"

Are community health services for adults caring?

Compassionate care

- Staff took the time to interact with patients and relatives who used services in a respectful and considerate manner and patients told us they never felt rushed. We saw how visits and training were delivered according to the patient and their carer's needs. If extra time was needed to carry out a visit, it was given. We saw a training session given to a parent about using equipment needed to give their child's feed. The parent had seemed overwhelmed by the training and had questions which could only be answered by the dietitian. The nurse arranged to revisit at the same time as the dietitian to ensure the parent was fully supported.
- When people experienced discomfort or emotional distress during their care and treatment, staff responded in a compassionate and appropriate way. Staff ensured that children they cared for were seen as children first and foremost. For example, we saw a young child who became very distressed when the nurse was preparing their equipment. The nurse

stopped what she was doing and distracted the child by talking about their favourite cartoon, and looking through a comic book with the child until they calmed down and allowed the nurse to continue.

- Staff were encouraging, sensitive and supportive to people who used their services. For example, we attended a first visit with a patient and family who had transferred from another area. Staff told us there had been no dedicated nursing team in the area the patient had come from due to the way the local managing healthcare provider had set up the contract. During the visit, the nurse gave the parents lots of tips to give the child more freedom. This included using portable equipment to give overnight feeds instead of bulkier equipment which could be knocked over.
- Patients were treated with dignity, compassion and empathy. Each patient and family member was greeting in a friendly and caring manner by their nurse. Nurses used language that was appropriate and took account of the patient's clinical condition. Patients told us doors and curtains were closed when Nutricia Homeward nurses were providing care.

Understanding and involvement of patients and those close to them

- Staff communicated with people so that they understood their care and treatment. Nursing staff used language patients and their carers could understand. This helped patients to participate in decisions about their care and treatment. For example, we visited a patient who had just been discharged from hospital. During the visit, the nurse talked with the patient about their condition, and how the feeding tube was going to help them get all of the nutrition they needed whilst they were recovering. The patient had the opportunity to ask questions about their tube and the equipment and how they could manage to leave the house.
- Staff recognised when people who used services needed additional support to help them understand and be involved in their care and treatment. We saw how nurses took time to explain care and treatment.
- Staff made sure that patients and their relatives who used services were able to find further information and ask questions about their care and treatment. When initial pump training was given, nurses told patients and relatives they could contact them at any time, and also made them aware of the 24 hour Nutricia Homeward advice line. A training tool about using the pump was available on the internet for patients to view as often as they needed. A relative told us "the care and training we received was fabulous".
- Information and support was provided in a format that was suitable for children and young people. When a child was first referred to the service, a welcome pack was sent out with picture guides about tube feeding to help children understand what the tubes were used for. When parents received their training on the pumps, children were given picture guides to involve them in the training as well.
- The service had access to play specialists from another organisation who could provide additional support for children who were struggling to cope with their care or treatment. Staff told us they had a good relationship with play specialists located at a nearby children's hospital, and could sometimes arrange for them to visit children in their homes. For example, staff told us of one young child who was extremely anxious about the changing of their tubes. Staff had arranged for a play specialist to attend with them, and they were taught various techniques to help the child remain calm for their tube change. Staff continued to use the techniques and had managed to perform all of the child's tube changes in their home, rather than having to go into hospital.
- Patients who had been affected by the change of equipment to meet national standards, told us the information they had received was easy to follow. One patient told us they had talked the changes through with their nurse so they understood what was different and why.
- Nutricia Homeward nurses ordered additional equipment for patients to allow them the choice of being more independent. Training supported patients to administer their own feeds and medications.

Emotional support

- Nutricia Homeward nurses built relationships with patients and their carers and provided good emotional support. Nursing staff would ensure patients and carers were competent and confident to manage their own care when at home. Patients and their relatives told us emotional support was offered and provided whenever required by all staff involved in their care.
- Patients were given appropriate and timely support and information to cope emotionally with their care. Nutricia

Homeward had recently reorganised when patients received information about their feeding regimes. This was to allow patients and their carers to understand the information in stages rather than be overwhelmed with information at the start of their care package. Nursing staff demonstrated this by answering questions and providing information that was relevant to the patient.

- Staff demonstrated that they understood the importance of providing patients and their families with emotional support. We observed staff providing reassurance and comfort to patients and their relatives. Staff told us that by the time they received a referral for a patient, the patient usually had a lot of information from the hospital about their condition. Nurses told us a huge part of their role was education and making the patients and their families as comfortable as possible with both the equipment and feeding tubes.
- We spoke to one patient who had been using the service for over six years, and told us the nurses had enabled her to continue living her life, and was planning a holiday later in the year.
- The service enabled people to link with their social networks and communities by giving patients advice on how they could adapt their feeding regimes and use equipment in different ways to allow them to attend social events. On patient we visited was involved with some local sports coaching, so the nurse gave the patient tips on how to use their portable feeding stand and rucksack to enable them to take their equipment with them.
- The service worked with various voluntary agencies to support families post diagnosis including a support group for patients and families who needing nutrition therapy other than oral. The service had been approached by the support group to set up a new group in the Bristol area, and nurses used the opportunity to provide additional education about the new standardised connectors. Staff told us a nurse and a dietician always attended the group and it was nice for them to see some of their patients outside of their home, participating in normal activities.
- Children and young people were supported to access and maintain their education and social networks. Nursing staff visited patients in schools using additional feeding pumps which had been supplied by Nutricia Homeward. Training on the pumps was provided to teachers and assistants in and the nurses provided troubleshooting visits and updates as needed. These action helped patients to maintain their education with as little disruption as possible.

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

Planning and delivering services which meet people's needs

- Services were planned and delivered according to the individual contract commissioned by the lead healthcare providers. Each region's contract or service level agreement (SLA) was tailored to the needs of the area. For example, Bristol had no Nutritional district nursing service and used Nutricia Homeward nursing service for all trouble shooting and advice calls from patients.
- Nursing managers told us they met with commissioners regularly to review the service delivered and to review if any changes were required to contracts in order to adequately and safely meet the needs of local people. Nursing staff attended meetings with dietitians and community nurses to meet the needs of their patients.
- Nutricia Homeward nursing staff provided visits with varying frequency depending upon the agreed contract. If patients had a problem they were free to contact Nutricia Homeward for advice in between their allocated visits.
- When patients wanted to travel further afield, Nutricia Homeward provided a free travel and holiday service to support their independence. The service included advice on electricity supplies abroad, water supplies, security and taking pumps on planes. Information booklets were provided and included letters for GP's to complete which supported travel staff in the UK and abroad.
- Nutricia Homeward managers monitored information received to identify where needs were not being met. Senior managers told us they were looking into the activities performed by the Nutricia Homeward nurses in the Bristol team. This was because there had been an increase in Nutricia Homeward nurses performing

stoma reviews. Managers told us that although this was not their role, Nutricia Homeward nurses wanted to prevent delays to patient care which could be caused by waiting to see a GP or district nurse.
- Homeward nursing staff had no premises of their own to see patients. They saw patients in their own homes or community location such as a school or clinic. Nursing staff used equipment to adapt the environment to be suitable for its purpose. This included sterile dressing packs, gloves aprons and hand sanitising equipment. Privacy was always provided when delivering personal care.

Equality and diversity

- Services were planned to take account of the needs of different people. Staff attended equality and diversity training at corporate induction and it was repeated as ongoing mandatory training every three years. Data submitted showed 100% compliance with this training at the time of the inspection. Information was available for patients in different formats which supported children, people with communication needs and people whose first language was not English.
- Staff were aware of the need to ask patients if they had information or communication needs. Staff recorded these needs in a clear way in the patient's electronic record and explained how they should be met. For example, a nurse told us of a patient who could not read. This additional communication need was recorded in the patient's notes for staff to be aware of additional support that was needed.
- Information was available in Braille for visually impaired adults and children.
- Language translation services were provided by an external organisation and available to all teams to access for patients. We saw evidence of patient leaflets, information and feedback questionnaires translated in to non- English languages. Staff described their experiences in accessing interpreters to help them communicate with patients. They said it helped them to understand the patient's care needs and helped them gain consent before providing any support.
- Information was available to help staff adapt feeding regimes for patients who wished to observe alternative diets related to culture and religion such as Ramadam. Products could be supplied which were suitable for vegetarians, Halal and Kosher diets.
- We saw various information leaflets and guides which staff handed out to patients to use alongside their training, including an error code guide for the pump. Staff and patients told us this guide made it easier to communicate problems if they had to use the Homeward advice line.
- Additional written information was provided for residential home carers about how to care for their residents who had feeding tubes.
- We saw no specific resources to support adults with learning disabilities such as easy read information although we were told these could be provided if required.

Meeting the needs of people in vulnerable circumstances

- People with complex needs, for example those living with dementia or a learning disability, were able to use the services provided by Nutricia Homeward. Nutricia had made a formal declaration to support both patients with dementia and staff who personally care for people with dementia. However, staff knowledge of specific adjustments they could make for these patients varied across England. Nursing staff provided training and support for carers in a range of situations such as homes for people living with learning disabilities. Nutricia Homeward nurses did not always take account of the wider needs of the patient. An elderly patient attended clinic to have their feeding tube checked as they had experienced a fall at home. The feeding tube was checked but the patient was not asked about other injuries and the GP was not informed. Staff told us if they suspected a patient may have an undiagnosed problem, they referred the patient to the lead healthcare provider.
- The service attempted to engage with people who had additional communication needs and staff and nurses used some of the picture guides to help train the patient in the use of their pump.
- Staff were not aware of any easy read or dementia friendly formats of leaflets used in training. Staff told us they used the picture or children's guides if a patient was struggling to understand any of the training but were aware this was not always suitable for patients living with dementia.

Access to the right care at the right time

Community health services for adults

- Most people had timely access to initial training and treatment and the target for this was determined within each contract. Between June 2016 and February 2017, the service provided initial discharge pump training to 5226 patients. Of these patients, 4930 (94.3%) were seen within the target determined by their regional contract and 296 (5.7%) were not. The nursing services were flexible and responsive to the individual needs of patients and told us they planned visits approximately 24 hours in advance. These were frequently adjusted in response to changeable patient needs. For example: one nurse told us they had planned two patient home visits, however one patient had been unexpectedly admitted to hospital and the other patients' discharge from hospital had been delayed.
- Nutricia's electronic recording system enabled information to be viewed and shared in a timely and appropriate way. Nursing staff were enabled to provide coordinated and responsive care to patients' individual needs.
- Care and treatment was only cancelled or delayed when absolutely necessary. Nursing staff prioritised the needs of their patients and if they needed to take more time with one patient they would inform the next patient of the delay. Patients told us cancellations were explained to them and alternative appointments were usually made during the same phone call or visit. We accompanied a nurse to a patient visit which needed to be rearranged. This was arranged to suit the patient, carer and nurse and documented on the patient record.
- Between September 2016 and March 2017, 1895 appointments were cancelled across all regions.. There were 315 (16. 6%) visits cancelled by Nutricia, 550 (29.1%) cancelled by carers, 703 (37.1%) cancelled by the managing healthcare professional for the contract and 327 (17.2%) cancelled by the patient. The majority were cancelled by the managing healthcare professional. Reasons varied and included a change in regimen for the patient and admission to hospital.
- Two families told us they had been surprised at how quickly contact had been made with them and also how fast the delivery service was. One family had moved to the area from elsewhere in the country, and had heard from the nurses before any other services, including the child's new school.

Learning from complaints and concerns

- Patients were provided with the appropriate information on how to make a complaint or raise a concern. Contact details were made available to patients when they were first seen, included within welcome packs and on the organisations website.
- Nutricia Homeward audited the number and type of complaints received (nationwide) every month. We looked at records between January 2016 and December 2016. These showed that less than 1% of all patients receiving a service had made a complaint. The majority of complaints received related to the supply of food and equipment. All complaints were reviewed for potential service improvements.
- The two most complained about categories were supply chain and customer service.
- The service had set a target to acknowledge all complaints within one working day and send a final response within 10 working days.
- Patients who used the service told us they knew how to make a complaint or raise a concern, and were encouraged to do so if they felt it was necessary. Written information provided by the organisation gave people three options when complaining; telephone, email or letter. Patients told us this was useful, and one patient told us they were not confident with computers, so providing a telephone number and postal address made the idea of complaining a lot easier for them.

Are community health services for adults well-led?

Leadership of this service

- Leaders had the capacity, capability and experience to effectively lead. Managers and staff were overwhelmingly positive about the recent decision to increase the number of clinical leaders in the nursing service. The vision was to provide more support and leadership for staff.
- Leaders were visible and approachable. The nursing team leaders had clinical experience and understood the challenges nursing teams experienced. We were told that managers and senior staff regularly went out with nurses on practice days to make sure staff felt connected and were able to approach managers with concerns or feedback.
- Leaders understood the challenges to good quality care. Staff and managers told us about the challenges of

delivering a service over such a large geographical area. Nursing staff were home based and all managers we spoke with clearly identified this type of working could lead to isolation and staff feeling they were not connected to organisation. Managers were actively managing this with local staff events, good communication between staff, and regular communication from head office. We were told about the recent nurse conference which was held for all staff which had been very successful in engaging staff and ensuring inclusion in the organisation.

- Staff were complimentary about their managers at all levels, from organisational to local management and found them to be supportive and accessible. Staff said they felt supported by clinical leaders who listened and identified actions for improvement.
- Staff working remotely felt connected to their team and the organisation and met regularly with colleagues and managers. The organisation had recently changed the format of its twice yearly conference to focus on the nursing aspects of the service. Staff spent two days with colleagues from other regions discussing their roles and establishing professional networks.
- The organisation promoted staff equality but did not fully comply with the requirements of the workforce race equality standard. An equality and diversity policy was in place which demonstrated how the organisation promoted fairness and reduced discrimination during recruitment and selection, staff training, promotion, and termination of employment for full-time and part-time employees. Information was gathered on a monthly basis to monitor equality and diversity of employees but we did not see evidence of any self-assessment against the workforce race equality standard or action plans to address the findings.

Fit and proper person

- The organisation did not meet the Fit and Proper Persons Requirement (FPPR) (Regulation 5 of the Health and Social Care Act (Regulated Activities) Regulations 2014). This regulation ensures that directors of organisations providing NHS care are fit and proper to carry out this important role.
- The organisation had a Fit and Proper Persons requirements document which stated eligibility to work, driving licence and DBS checks should be completed for clinical staff. It also stated a requirement for a three month probation on starting in post and that suitable references were required. It did not refer to or identify appropriate pre-employment checks (2011) which are required for directors or staff undertaking duties in line with director responsibilities.
- We spoke to members of the human resources (HR) team and the HR director who confirmed that the head of nursing and the customer operations director were undertaking duties in line with those of a director and held ultimate responsibility for the nursing service. We reviewed the employment files of these director level roles. We saw evidence of some pre-employment checks (2011) but they were inconsistent. One record showed checks covering: right to work, employment history, professional registration and criminal record check. The other record included checks on identity, right to work, and employment history. There was no process or checks completed for financial background in both cases, and no checks completed for criminal record and qualification checks for the other record we viewed.

Service vision and strategy

- Staff demonstrated they were aware of the organisation's vision and strategy and told us these had been linked to their appraisals. The focus was on quality of care and responsiveness of service to help patients maintain their independence and reduce hospital admissions.
- The recent business plan, linked to the strategy, to increase the size of the nursing service to provide further support to staff and ensure leaders in the nursing service maintained their clinical skills had been approved. The result had been an increase the funding to the service and a restructure of posts to increase staff numbers. All staff we spoke to were very proud of this development and clearly stated how it would lead to improvements in quality of care.
- There was a planned re structure of the nursing service that would provide a more flexible workforce. Registered nurses for adults were to undertake children's safeguarding training at level three and some were to undertake additional competencies to allow them to care for children as well as adults.
- Training had been revised for staff to include wider knowledge of the organisation and its functions.
- Key performance indicators for each of their contracts were monitored. These were analysed for any

improvements that could be made and liaised with the managing healthcare providers. This included monitoring patient satisfaction, reliability of deliveries and complaints.

- There was an additional strategy to increase the number of contracts delivered by the organisation to enable the business to grow. We spoke with the contract lead and financial lead who both described the strategy and the internal controls used when assessing the potential new work. These controls ensured that high quality clinical care could be delivered for the contract, that at a business level it was viable and did not pose an increased risk to the reputation of the organisation. The nursing service senior managers were fully engaged in making these decisions and we were told that the quality of care was always considered as the most important factor of the contract.

Governance, risk management and quality measurement

- There were gaps in governance processes which impacted on the service's potential to learn, develop and improve patient safety. For example; there was not enough priority and importance placed on the frequency and attendance for the clinical governance group. This was the group where any clinical governance issues were discussed at a senior level and appropriate action plans and learning decided upon. At the time of our inspection this group had not met for five months, although a meeting was scheduled for April 2017. Staff told us the group should meet quarterly. This lack of frequency was raised by a number of senior managers as an area that needed to be improved.
- The record of discussion from the last clinical governance meeting was reviewed and showed very little clinical detail regarding what was discussed. There was evidence of a review of the reported incidents. Senior managers were able to tell us about clinical governance issues and actions which were being taken to respond to these. However they acknowledged this was not well documented in the meeting minutes.
- There was a lack of governance over the reporting of patient safety issues and incidents. Near misses, incidents and issues considered to have less impact on patient safety and care were not consistently reported by nursing staff or given the same priority by managers. The organisation collated information they received from staff about incidents and near misses but inconsistency in reporting limited the service's ability to review all potential quality and service issues.
- The organisation maintained a nationwide risk register for the enteral feeding service. We reviewed the risk register dated 2016/17. This identified eight risks which had been red, amber, green (RAG) in relation to risk and impact. An overview summary of each risk had been recorded and action plans documented to mitigate against the risks. For example, risks related to nurses lone working in rural communities. The actions put in place included further training on the personal alarms and car breakdown service.
- We spoke with one manager who was new to post. This person was aware of local risks to the service. This included the impact of an unplanned staff vacancy and short term cover arrangements. Most staff were aware of how risks were escalated but not all were familiar with how this information was fed back to them in the regions. We saw records of regional team meetings which shared information from senior managers.
- Staff in teams could identify their top risks which included lone working and problems with information technology. Both of these issues had been captured by the organisational risk register. Senior managers were clear about these risks and told us about what was in place to mitigate them. There was a programme of clinical and internal audit to monitor quality and systems. These audits identified areas where action should be taken. Audit data was fed monthly in to quality reports and reviewed at the clinical governance meetings. Clinical governance meetings to discuss these results were planned quarterly but a cancelled meeting had meant there was a gap of five months between governance meetings. This had left a substantial period of time with little oversight of audit or governance information at director level.

Culture within this service

- Staff told us they felt respected and valued. Senior managers knew the names of all the nurses and this made them feel like valued members of the team and the organisation. When visiting teams we observed good team morale and strong camaraderie. We observed staff who were passionate about making a difference and the organisation encouraged staff to develop. Staff agreed the culture of the organisation

encouraged candour, openness and honesty. We saw staff did not always log all extra hours and worked additional hours out of good will, especially when short staffed.

- Managers took action to address staff behaviour and performance that did not follow the values of the organisation. We were told of detailed support that was offered and how staff responded. There was a clear performance management policy in place and we reviewed a staff record which demonstrated the use of the policy when performance was below the required level. At all stages of the process the nurses practice was restricted appropriately to protect patients. Managers and staff were supported by human resources during this process and there was clear evidence of the support and training for the member of staff.
- All the staff we spoke with told us Nutricia as an organisation was a good company to work for and most staff felt happy in their roles. We saw the organisation provided additional facilities for the benefit of staff welfare. For example at head office there was a gym along with yoga and other activities which were available to all staff at no cost.
- All staff told us about the importance of the multidisciplinary person centred approach to the care and support of patients and their families. We observed many examples of this throughout our visit. It was evident the focus of the nursing teams was on helping people to continue in their own homes and this was embedded within the culture of the services. Staff told us they were proud of the care they provided to patients and they felt they were supported by the organisation to give high quality care.
- Staff and teams worked collaboratively and constructively and shared the responsibility to deliver good quality care. All managers we spoke to told us about the collaborative working which happened within the organisation to deliver good quality care. Examples included the work by the human resources department with the training coordinators to deliver bespoke training for the nurses; work between the prescriptions team, customer service team and nurses to ensure patients did not have any interruption to their feed supply; and collaborative working between the dieticians in the medical affairs department and the nursing service to examine and implement appropriate evidence based practice guidelines.
- The organisation had a strong focus on staff safety. Lone working devices were provided for all nursing staff which they activated before and after a visit. A time of 90 minutes was given for each visit and if no communication was received a 24 hour call centre would call the nurse. We were told of occasions this had happened because a visit was slightly extended and the nurse responded to the call centre. The device could be activated if a nurse felt threatened during a visit in which case help would be sent to the address. Not all nurses activated their devices as the policy described. Staff told us they were advised to reverse into parking spaces as it was safer to exit a parking space in this way. This was reinforced at the head office with checks of all staff cars being parked in this way and reward of a free coffee for compliant staff.
- Staff were valued and appreciated for the work they delivered. On the last day of the CQC inspection, the director of nursing had emailed all staff to thank them for their participation and time in the run up to and during the inspection.

Public engagement

- Nutricia surveyed all patients who used the homeward nursing service. Nationwide this was 26,000 patients who were supported by the nursing teams. All new patients were asked to participate in a survey within 6 weeks of joining the service, and were then surveyed annually.
- The survey results were analysed and reviewed monthly to understand where improvements could be made. Records dated January 2017 showed patient feedback was mostly positive (76%) and friends and family feedback very positive (94%). Where there was negative feedback, action plans had been put in place. For example; improvements to food and equipment delivery processes. A text ahead service was developed so that patients had a specified slot for delivery of their products.
- Some of the patient feedback had identified they had difficulty in distinguishing Nutricia Homeward nurses form other nurses. This had prompted a change in nurse uniforms to match the branded colour associated with Nutricia products.
- The organisation created links with support groups for patients on intravenous and nasogastric nutrition therapy. They attended meetings groups, sponsored events and used the opportunities to gather views of

patients about how they would like to see services delivered. One result of this was a newly designed rucksack for patients to transport equipment outside of the home.

Staff engagement

- Every two years Nutricia staff were encourage to complete an (international) staff survey and a smaller (UK) survey in the interim years. We looked at the survey results for 2016 which showed 80% of eligible staff had contributed to the survey. The main positive and negative feedback points had been highlighted. These included pride and belief in the organisation's core values and improvements required in how best practice was shared widely. Action plans had been developed to progress areas where staff reported least satisfaction.
- The organisation had provided a nurses conference at the end of 2016. The emphasis had been to celebrate nurses. Staff spoke positively about the conference explaining it had also provided opportunities to network with other colleagues. Staff also attended a joint sales and nursing conference within the year where they could network with colleagues from the wider organisation.
- Staff said they felt actively engaged and their views and opinions were listened to, to help improve the delivery of services. Staff received communication via emails and bulletins which they said kept them updated and informed. All staff, regardless of seniority, understood the value of raising concerns verbally, and most were confident to do so. However, staff were not as confident to raise concerns formally through the incident reporting system.
- Staff were recognised and rewarded for their performance. Senior staff told us of a recognition and reward scheme called spotlight and we saw examples of staff who had won awards for their work.

Innovation, improvement and sustainability

- When considering developments to services or efficiency changes, the impact on quality and sustainability was assessed and monitored by senior staff and was always the most important consideration. A recent restructure of the regional teams had been driven by the need to improve quality to create more clinical manager posts, allowing these staff 20% more clinical time with nurses in their teams.
- A medical affairs team supported innovation and involved nursing staff in research projects. One project had shown positive outcomes for patients by providing assessment clinics for patients who were to undergo surgery for tube feeding.
- Nutricia sponsored education events with organisations such as the British Dietetic Association. This has provided specialist information for dieticians on renal disease.

Outstanding practice and areas for improvement

Outstanding practice

- The Travel and holiday service was available free of charge to patients who wished to go on holiday either in the UK or abroad, and helped them plan their holidays to safely take account of their feeding needs for their trip.
- The organisation was contributing to national research to improve patient care by taking part in research projects with other health organisations. This included the need for replacing certain types of feeding tubes within two hours of falling out. This is because the stoma site could begin to close within this time and may need to attend their local hospital for reinsertion of the tube. The purpose of the group was to establish whether the two hour limit could be safely increased and how many hospital readmissions could be prevented by the implementation of a six hour window in certain cases.
- The induction process for the nurses was comprehensive, detailed, and fully supported new staff to become specialists in their area of practice. We spoke with two staff who had commenced work during the previous year and the manager responsible for overseeing the standards, policies, processes and procedures provided to nurses. Staff were overwhelmingly positive regarding the induction process, saying by far it was the best they had experienced in their careers in terms of quality of training provided. We reviewed the resources and induction teaching plans and saw they covered all aspects of the nurses' roles and responsibilities and were clear, relevant, detailed and linked with national standards. A range of competencies had to be achieved prior to nurses working independently. Staff showed us they were provided with laminated, shortened versions of information for reference when providing teaching or clinical care.
- Information sharing between relevant agencies using a secure electronic record keeping system ensured that all professionals involved with the patient's nutritional needs were appropriately shared and in a timely way.

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure they follow the Fit and Proper Persons Requirement regulation
- The provider must operate an effective and regular governance meeting to ensure there is adequate oversight of issues at senior level.

Action the provider SHOULD take to improve

- The provider should ensure staff are aware of their responsibilities to report incidents and near misses.
- The provider should ensure information is available which is suitable for patients with learning difficulties
- The provider should ensure staff are aware of their responsibilities when caring for patients who live with dementia.
- The provider should ensure staff are aware of their responsibilities under the duty of candour.
- The provider should ensure staff are fully aware and confident to refer safeguarding concerns to appropriate authorities.
- The provider should ensure they comply with reporting requirements for the Workforce Race Equality Standard to monitor and assure staff equality

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 5 HSCA (RA) Regulations 2014 Fit and proper persons: directors Some elements of the requirement to show a director or equivalent person was fit to undertake the duties of a director for the service were not met. There was no record of financial background checks in two director level records and no record of criminal record checks and qualifications to undertake duties in one case.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The organisation must have a process in place to make sure clinical governance meetings take place and the minutes accurately reflect what has been discussed. At the time of our inspection meetings had not taken place for five months therefore we were not assured that governance issues were discussed at a senior level and appropriate action plans and learning decided upon.