

# Friends in the Community Home Nursing Reevey Gate Cottage

## Inspection report

Reevey  
Kempsford  
Fairford  
Gloucestershire  
GL7 4HD

Tel: 01285810440

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## Ratings

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

# Summary of findings

## Overall summary

About the service:

Reevey Gate Cottage provides personal and nursing care to people who require end of life care in their own homes. At the time of the inspection there was one person using the service.

People's experience of using this service:

- People received safe and effective care which enabled them to live in their own homes.
- People's relatives praised the care staff and spoke positively about the care their family member received. They told us staff were both professional and caring. Relatives also commented that staff provided them with emotional support and advice when supporting people who required end of life care and support.
- The care people received was flexible and personalised to their needs. They had been fully involved in their initial assessment and decisions about their care.
- Relatives felt involved in the care of their loved ones and spoke positively about the communication from the service and the relationships they had with staff.
- Staff were responsive to changes in people's needs and worked closely with other health care professionals when further support or advice was required. Health care professionals commented on the caring manner and professionalism of staff.
- Staff were trained and supported to carry out their role. They had received additional training in subjects relating to good end of life care practices. Staff meetings enabled staff to reflect on their practices, share information and keep themselves informed.
- Relatives were confident that their views or concerns would be listened to and acted on.
- The registered manager and care coordinators knew people well and had a good understanding of the quality of service provided.
- However improvement was needed in the recording of the monitoring actions they undertook to ensure the quality of the service was being sustained and that regulatory requirements were met. This would assist the registered manager to have an audit trail of their monitoring of the service and the actions taken to address shortfalls.
- The registered manager took prompt action to review recording of their monitoring systems; more time was needed to ensure records relating to the management of the service would always be available.

Rating at last inspection: Good (Last report was published on 7 September 2016).

Why we inspected: We inspected this service as part of our ongoing Adult Social Care inspection programme. This was a planned inspection based on the previous Good rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

# Reevey Gate Cottage

## Detailed findings

### Background to this inspection

#### The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

This inspection was carried out by one inspector.

#### Service and service type:

This service provides personal care and nursing to people who require end of life support in their own homes.

The service had a manager who was registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

Inspection activity started on 22 March 2019 and ended on 26 March 2019. On 22 March 2019 we visited the office location to see the registered manager and to review care records and policies and procedures. On 26 March 2019, we contacted and received feedback from two staff members, one relative and one health care professional.

#### What we did:

Before the inspection, we reviewed the Provider Information Return (PIR) submitted by the provider as part of our Provider Information Collection. Providers are required to send us key information about their service, what they do well, and improvements plan to make. This information helps support our inspections. We also reviewed other information we held about the service including previous inspection reports and information about important events that the service is legally required to submit to CQC.

During the inspection we looked at four people's care plan's and associated records relating to their care. We also looked at records relating to staff development and recruitment, as well as records of accidents, incidents and complaints and the audits and quality assurance reports of the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were protected from risk of abuse and harm. Relatives told us they were confident that people and their belongings were respected and safe when being cared for by staff from the service.
- Staff were knowledgeable in the types and signs of possible abuse. The registered manager and staff understood their responsibility to report any concerns promptly to safeguarding agencies.

Assessing risk, safety monitoring and management

- People's individual risks had been assessed and were being managed with other health care professionals. Information about people's support needs and risks were shared prior to the start of the service to ensure that people's needs could be met.
- Staff had been informed of the control measures that had been put in place for each person by their colleagues and other health care professionals to help mitigate risks of harm, discomfort and pain.
- The service had a strong working relationship with the local GPs and health care professionals such as the frailty nurses and district nurses. Staff were aware of the health care professionals and services they should inform if they were concerned about the well-being and health of people. We were told that there was effective communication amongst the staff team and with other services which ensured people's risks and change in needs were acted on promptly.

Staffing and recruitment

- People were supported by sufficient numbers of qualified staff to meet their needs. The registered manager explained that the service wasn't a 'primary care service' but provided additional support such as bathing to people and their family members on top of or waiting for statutory services to start.
- The registered manager had systems in place to ensure people's support requirements were met by staff who had been safely recruited and vetted. For example, staff's previous employment and criminal histories had been checked to ensure that staff were of good character and had the skills to support people. The nurse's registration with the Nurses Midwifery Council (nurse's professional body) had also been verified to evidence they remained fit to practice.
- Staff had access to an on-call system if they required any out of hours support and advice when supporting people.

Using medicines safely

- Safe medicines management systems were in place. Where required, people were prompted by staff to take their prescribed medicines. The service did not commit to administering people's medicines as they did not provide a daily service to people.
- People's medicine were regularly monitored by staff and other health care professionals to ensure they were taking their medicines as prescribed. Any concerns were raised with the person's GP.

- Anticipatory medicines were prescribed to those who people were nearing the end of their life to ensure they remained comfortable and pain free. Information about the prescribed anticipatory medicines were shared with staff so they were aware of people's needs and symptoms.

#### Preventing and controlling infection

- Safe infection control practices were being used.
- People were supported by staff who had access to personal protective equipment such as aprons and gloves and were aware of good hand hygiene techniques. These actions help to prevent the spread of infection and cross contamination.

#### Learning lessons when things go wrong

- Staff were given opportunities to reflect on their practices and any incidents or near misses. For example, staff reflected on the care they had provided when people had passed away either individually with the registered manager or in the team meetings. Actions were taken and cascaded to the team where improvements had been identified.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; staff support: induction, training, skills and experience.

- People benefitted from a service where the skills and knowledge of staff were continually monitored and observed by the registered manager and care coordinators.
- Staff delivered care in line with current legislation and guidance. They had access to the training they required to carry out their role such as safeguarding and first aid.
- Staff had kept themselves current in end of life care practices by maintaining close links with palliative care related health care services. For example, they had attended various courses and Gold Standard Framework meetings (An evidence based approach to optimise the care for people who approach the end of life) which assisted them in delivering effective care and support.
- Nurses were supported to maintain their professional registration and clinical knowledge.
- Staff felt supported by the senior management team and told us they had the skills to be able to carry out their role. One staff member said, "Yes, I am definitely trained well to do my job and feel very well supported."

Supporting people to eat and drink enough to maintain a balanced diet

- Staff worked in conjunction with family members and other agencies to ensure people maintained their hydration and nutritional needs.
- Staff sought guidance from other health care professionals if they were concerned about people's appetite, weight loss or risk of choking.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access health and palliative care services in a timely and effective manner.
- Staff worked jointly with people, their relatives and other care professionals to provide a holistic approach to their care.
- There were clear systems to communicate and exchange information about people's current needs between the services which ensured people received care which was current and responsive to their needs
- The service supported people to understand their care and treatment needs and sign post them to other services which may assist them in planning for their palliative care and treatment.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to



take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

- People were supported to make day to day decisions about their care and support such as how they wished to spend their time.
- Staff were aware of the principles of MCA and effectively supported people who were unable to make significant decisions in accordance to the act.
- Where people lacked mental capacity to make specific decisions about their care and support, appropriate assessments and best interest decisions had been made with family members and health care professionals. Staff told us how they had worked with people's families, health care professional and advocates in the best decision of people.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported:

- People's relatives provided positive feedback about the staff and the care their family members received. Comments included, "They are brilliant, absolutely brilliant" and "They are very helpful and ever so kind and caring."
- One health care professional wrote to use and said "The way that the team appear to recruit like-minded individual and the ethos that the team carries means I have heard nothing but praise and thanks from patients and relatives about the thoughtful and compassionate care received."
- Staff had formed a good understanding of people's needs and spoke about people with kindness and compassion. Staff we spoke with knew people's preferences and used this knowledge to care for them in a person-centred manner.
- A brief life history and wishes of each person's care had been recorded as part of their initial assessment. This provided staff with information about people backgrounds and family histories which helped them to build an inclusive and positive relationships with them.
- Care co-ordinators assigned staff to people based on their health care needs, backgrounds and geographical area.

Supporting people to express their views and be involved in making decisions about their care:

- Relatives told us people were treated with kindness and respect. Staff also supported people's family members in delivering care and provided them with emotional support and respite breaks as needed.
- People were provided with choice and control in their day to day lives. Staff told us how they supported people to be involved in decisions about their care. Where necessary, they sought external professional advice and support to assist people making informed decisions about their care and treatment.
- Staff were aware of the importance of treating people equally and in a non-discriminatory manner. The managers were considering different ways of demonstrating that the service was inclusive and that people's unique and diverse needs would be supported.

Respecting and promoting people's privacy, dignity and independence:

- Staff we spoke with showed genuine concern for people and were keen to ensure people's rights were upheld and that they provided care in a non-discriminatory manner.
- People's right to privacy and confidentiality was respected.
- Staff offered people opportunities to spend time as they chose and remained flexible in the care they provided. One staff member explained, "Things can change overnight so we need to remain flexible where possible so that people can receive the best care ever."
- Staff gave us examples of working well with relatives and other health care professionals to provide care in an integrated way. For example, staff worked in partnership with people's families when delivering personal

care.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received care from a service which was responsive to their needs. The service was frequently able to respond to new referrals and carried out initial assessments in a timely and prompt manner. People's support requirements and expectations of the service were discussed with them before the service started to provide care.
- The serviced worked closely with the local palliative care services and received referrals for people who had been given a terminal diagnosis and required additional care and support during their final stages of life. The registered manager explained that the service primarily supported people who wished to receive care and treatment in their own homes. Staff provided people with assistance with their personal hygiene needs such as bathing but also supported people and their families emotionally and sign posted them to other services as required.
- The service also supported people who required support and assistance on a short-term basis or if there was a delay in receiving statutory services.
- The service was often able to be respond quickly to new referrals and frequently started the service within 24 hours.
- Funding from the provider, allowed people the benefit of being supported by staff in a manner which was person centred and focused on their wishes and preferences with no time constraints during their visit. This allowed people to receive care by staff who were familiar with their needs and focused on their individual support requirements in an unrushed manner.

Improving care quality in response to complaints or concerns

- No complaints had been received about the service since are last inspection.
- People's relatives were aware of the provider's complaints policy and felt confident that any concerns raised would be immediately investigated and acted on.
- The registered manager shared with us many compliments from relatives about the service they had provided to their family members during the final stages of their lives. They explained that they used feedback from people and their relatives as a way of monitoring the service they delivered.

End of life care and support

- People were supported to be empowered and informed about their health and treatment plan. They had been involved in decisions about their end of life care and the involvement of additional support from staff at Reevey Gate Cottage.
- People received end of life care and support in line with their personal wishes and end of life care plan.
- People's relatives told us that staff informed them of any changes in people's needs and had effectively contacted the appropriate health care professional as needed.
- Staff confirmed that they worked with other health and palliative care professionals to ensure that the

people remained free from discomfort and pain.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Requires improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the monitoring of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and care coordinators understood the service being delivered and how the service met the needs of people. However, improvements were needed in the recording of their monitoring processes and audit trails. This would help to evidence that people received effective and safe care by competent staff and the service met their regulatory requirements. For example, improved recording of staff observation checks and supervision meetings was needed. This would assist the registered manager's awareness of the skills and competencies of staff and any actions to be taken.
- Staff knew people well and were able to describe people's support requirements. However, detailed recorded information about people's care needs and associated risk assessments was not always consistent. This meant staff may not always have the information they need to support people.
- We raised our concerns about the detail of people's care plans this with the registered manager. They assured us that people's needs were always met appropriately by a small and familiar staff team who know people well and there was an effective communication system in place to share information about people's care needs and risks verbally. Daily notes on the care people received also helped to inform all staff about people's current needs.
- The registered manager promptly acted on our concerns and started to make improvements and had reviewed the contents of people's care plans and the referral forms to include more information about people's care needs such as pressure care management. However, more time was needed to be assured that these processes would be fully embedded in their practices.
- Plans were in place to increase the recording and frequency of staff observations and staff supervision by the registered manager to assist them in the monitoring of the quality of the care being provided.
- New staff shadowed experienced staff until they became confident in their role. Their care practices in relation to the care certificate were observed, assessed and signed off by the registered manager.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- There was a strong sense of working and supporting people in the local community. The culture of the provider and service was to provide a good quality community care service to those people who wanted additional support to help them remain in their own homes and local community. The provider funded and provided a service that supplemented the local healthcare community services and support people with their palliative care needs and short-term care requirements.
- The registered manager and care coordinators ensured staff had the information they needed to meet people's daily needs and keep people safe. Staff felt the communication from the office was good and

confirmed they had the information they needed to support people.

- The registered manager had good links with other local palliative care services and hospices. They met monthly with other providers who provided a similar service to share information and current practices. The providers information return stated the service held "Regular meetings with other groups that provide the same care, enabling us to develop best practice" and they encouraged the frailty nurses and district nurses to attend their team meetings.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The service valued people and their relative's feedback. Completed feedback questionnaires demonstrated that people and relatives were positive and satisfied with their care that had been provided.
- Staff told us they felt confident in the management of the service and they met frequently to discuss any changes in the service and policies and the needs of people using the service.
- The registered manager was working on reviewing the services policies. For example, the lone working policy for staff had recently been reviewed which had helped to reinforce safe practices when working alone in the community.
- Health care professionals were positive about the service and felt the service was well led. One health care professional stated, "The leadership is from experienced clinicians with great knowledge and understanding of the community's needs."
- The registered manager acknowledged when staff had been responsive and had delivered care which had positive outcomes for people. They were also willing to learn and improve the practices of the service.