

## Campden Home Nursing CIO

# Campden Home Nursing CIO

## Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

### Ratings

#### Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Outstanding 

# Summary of findings

## Overall summary

We carried out a comprehensive inspection of Campden Home Nursing CIO as part of our inspection programme. We inspected all of our key questions: safe, effective, caring, responsive and well led.

This is the first inspection of this service under this name. They were previously inspected in 2016 under the name of Campden Home Area Nursing Trust and were rated as good.

Before the inspection we reviewed information about the provider, including information we had received and intelligence available.

Our rating of this service stayed the same. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- The service did not have a policy for communicating with people with a disability or sensory loss.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
End of life care	Good 	

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# Summary of findings

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# Summary of this inspection

## Background to Campden Home Nursing CIO

Campden Home Nursing CIO (previously known as Campden Area Home Nursing Trust) is a charitable trust established in 1990. The hospice care at home team provide palliative nursing care for the terminally ill who wish to be cared for at home, in their last weeks of life. They provide specialist nursing care for adults who have life limiting conditions. The service delivers regulated activities in people's homes, they also provide non-regulated activities at the location such as counselling, support groups, complimentary therapies and the serious illness support (SIS) service. We only inspected services that formed part of the regulated activities.

The hospice care at home team helps people stay at home if that is their preferred place of death. They provide supplementary and complementary support to the district nursing service and other teams involved with the patient's care. The nursing team consists of 22 registered nurses, all with a specialist interest in palliative care. They employ 2 bank healthcare assistants who, under the supervision of the nurse manager, provide support to patients and help with personal care.

The service is offered to anyone living within a defined geographic area and covers parts of Gloucestershire, Warwickshire and Worcestershire.

The location is registered with the Care Quality Commission to provide the following regulated activities:

- Treatment of disease, disorder or injury.
- Personal Care.

The service had a registered manager who is a Queen's Nurse, (the title of QN is available to individual nurses who have demonstrated a high level of commitment to patient care and nursing practice) who had been registered with the Care Quality Commission since March 2021.

The service was previously inspected under the name of Campden Area Home Nursing Trust in 2016 and was rated as good.

## How we carried out this inspection

We carried out a short notice announced, comprehensive inspection on 11 January 2023. The service did not know we were coming until 2 days before our visit which was to allow staff to arrange patient consent for home visits.

During our inspection we spoke with 5 members of staff. We spoke with 1 patient and 5 relatives. We visited 1 patient at home and reviewed feedback from patients over the last 12 months. We reviewed patient records, hospice policies, procedures and other documents relating to the running of services.

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

## Outstanding practice

We found the following outstanding practice:

# Summary of this inspection

- Feedback from people who use the service and those who were close to them was continually positive about the way staff treated people.
- There was compassionate inclusive and effective leadership at all levels.
- Staff were proud to work for the organisation and spoke highly of the culture. There was strong collaboration and team working.

## Areas for improvement

Action a service SHOULD take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

### **Action the service SHOULD take to improve:**

- The service should implement a policy to meet the communication needs of patients with a disability or sensory loss.






# Our findings

## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
End of life care	Good	Good	Good	Good	 Outstanding	Good
Overall	Good	Good	Good	Good	 Outstanding	Good

# End of life care

Safe	Good 
Effective	Good 
Caring	Good 
Responsive	Good 
Well-led	Outstanding 

## Is the service safe?

Good 

Our rating of safe stayed the same. We rated it as good.

### Mandatory training

**The service provided mandatory training in key skills to all staff and made sure everyone completed it.**

Nursing staff received and kept up-to-date with their mandatory training. All staff had access to an online training system to complete most of their mandatory training. Staff told us that they also completed face-to-face training for basic life support and syringe driver training. Staff told us that they were given time to complete their training.

The mandatory training was comprehensive and met the needs of patients and staff.

Clinical staff had completed the required training about learning disability and autism, which included how to communicate effectively with autistic patients and patients who had a learning disability.

Managers monitored mandatory training and alerted staff when they needed to update their training. There was a registered nurse who was responsible for co-ordinating and they ensured staff were up to date with their mandatory training.

Mandatory training compliance levels were 94% and over for all staff except for 3 recently employed bank staff who were in the process of cross referencing their training from their NHS or hospice roles. These staff would be compliant with training once this was complete.

### Safeguarding

**Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.**

Nursing staff received training specific for their role on how to recognise and report abuse. Nursing staff completed level 3 safeguarding training for adults and children. The service had a safeguarding lead who had completed level 4 safeguarding adults training.



# End of life care

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Safeguarding was on the monthly agenda for both the Quality, Risk and Governance meetings and the Coordinator/SIS Team Meetings.

## Cleanliness, infection control and hygiene

### **Staff used infection control measures when visiting patients at home.**

The service did not provide regulated activities at the location therefore, we did not look at infection control at the location.

Staff followed infection control principles including the use of personal protective equipment (PPE) when visiting patients at home. We observed staff had access to PPE from the service location. Staff confirmed they wore PPE when visiting patients at their home.

## Environment and equipment

### **Patients were cared for in their own homes. Staff managed clinical waste well.**

Staff carried out safety checks of specialist equipment during home visits such as the syringe drivers which were provided by the community nursing team. We saw completed checklists for the checking of syringe drivers in the patients notes.

The service had enough suitable equipment to help them to safely care for patients.

Staff disposed of clinical waste safely. Staff told us that sharps bins were available in patient's homes, these were provided by the community nursing team.

## Assessing and responding to patient risk

### **Staff completed and updated risk assessments for each patient and removed or minimised risks. Risk assessments considered patients who were deteriorating and in the last days or hours of their life.**

Staff completed risk assessments for each patient when they started using the service, for example, falls, pressure ulcers and assessment of the environment. These were reviewed regularly and updated as required.

Staff knew about and dealt with any specific risk issues. For example, patients at risk of pressure ulcers due to their medical condition. We saw evidence in patient records of staff recording any changes to the patient's skin condition and updating the risk assessment tool used.

Handovers included all necessary key information to keep patients safe. At the end of each visit (these were mostly night sits to give their relative/main carer a break) staff handed over any changes and updated the coordinator on the condition of the patient.

Staff shared key information to keep patients safe when handing over their care to others. The coordinators handed over any changes to the patient's condition to the community nursing team as they led the care for patients who wished to die at home.

# End of life care

## Nurse staffing

**The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and gave bank staff a full induction.**

The service had enough nursing and support staff to keep patients safe. The service was in the process of employing more staff to meet the demands of the service. The demands of the service varied daily depending on the number of patients requiring end of life care.

The managers could adjust staffing levels daily according to the needs of patients. Managers monitored the number of unmet needs and were recruiting more staff in response to this data.

The service had low sickness rates. The sickness rate for 2022 was 1.47%. There were no set targets for sickness rates as most staff were bank staff and offered their availability for shifts.

The service had 3 nurses who were employed permanently and used bank staff to cover to the needs of the service as this could vary depending on local demand.

Managers made sure all bank and agency staff had a full induction and understood the service. Bank staff and managers told us that they were required to complete the induction programme prior to undertaking shifts for the service.

## Records

**Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.**

Patient notes were comprehensive, and all staff could access them easily. Patient records were stored in the patients home accessible to all staff. The co-ordinator on each shift had a smaller set of patient records which they held at the location and updated following feedback from the member of staff providing care and support. These were also used by the coordinator should a member of staff at the patients' homes contact them for advice or support.

Records were stored securely. The co-ordinators held another set of patient records. These were stored securely when they were on call at their home in a locked box. Archived patient records were kept in a locked cabinet at the location.

## Medicines

**The service used systems and processes to safely administer, record and store medicines.**

Staff followed systems and processes to prescribe and administer medicines safely. All medicines were prescribed by the patient's GP. Staff made sure patients had anticipatory medicines available to them so they could administer these for symptom control. Anticipatory prescribing means making sure a patient has access to medicines they will need if they develop distressing symptoms at home. The medicines were prescribed in advance so that the patient had access to them as soon as they needed them

Staff completed medicines records accurately and kept them up to date. They maintained stock level records at each visit and completed records when administering any medicine. The registered manager told us they encouraged each member of staff to check the medicine administration record at each visit to make sure it was correct. The service covered 3 different counties who all used different medicine administration records, these were shared with staff during the induction programme to ensure they were aware of the differences.

## End of life care

Staff stored and managed all medicines and prescribing documents safely. These were kept in the patient's home and managed as described in the handling of anticipatory medicines policy.

Staff learned from safety alerts and incidents to improve practice. The joint services team meeting minutes from October 2022 show a discussion and learning from 2 medicines incidents.

### Incidents

**The service managed patient safety incidents well. Staff recognised and would report incidents and near misses. Managers would investigate incidents and share lessons learned with the whole team and the wider service. When things went wrong, staff knew to apologise and would give patients honest information and suitable support.**

Staff knew what incidents to report and how to report them. Staff told us they knew what an incident was and how to report them in line with the service's policy.

Staff knew how to raise concerns and report incidents and near misses in line with the service's policy. Incident reporting forms were kept in the patient homes to be completed if needed.

The service had no reported serious incidents or never events within the last 12 months.

Staff understood duty of candour. They were aware that it was about being open and transparent and gave patients and families a full explanation if things went wrong.

Staff met to discuss feedback and look at improvements to patient care. We saw that feedback was discussed and documented in staff meeting minutes.

There was evidence that changes had been made as a result of feedback. Staff told us that the service had implemented a buddy system on night shifts where staff had a buddy to contact overnight for support if they had any issues or questions.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations. The joint services team meeting minutes for December 2022 included a discussion of 3 incidents.

Managers debriefed and supported staff after any serious incident. Staff told us they had a reflective discussion group where they could discuss any incidents or issues and supported each other to reflect on their practice.

Managers told us about an incident that occurred at the location that was managed by another service, this was investigated and reported. We saw evidence that incidents were discussed at the monthly quality, risk and governance meetings. Staff told us incidents and feedback were discussed regularly during meetings and we saw these were documented in the minutes of meetings.

### Is the service effective?

Our rating of effective stayed the same. We rated it as good.

# End of life care

## Evidence-based care and treatment

**The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.**

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Staff had access to policies and procedures which provided them with advice and guidance. These were kept under review and updated with any changes to legislation and/or national guidance.

We observed staff used the Gold Standard Framework (GSF) called Proactive Identification Guidance. The GSF Proactive Identification Guidance, is a practical guide for clinicians enabling earlier recognition of decline for patients considered to be in their final year/s of life. The service used the needs based Red Amber Green (RAG) rating tool, which was used to highlight the level of care needs. With red meaning final days of life and green meaning stable.

Other national guidance used included NICE (NG31) care of dying adults in the last few days of life and NICE QS13 care for adults who are approaching the end of their life. These standards were audited monthly for benchmarking.

## Pain relief

**Staff assessed and monitored patients at each to see if they were in pain and gave additional pain relief in a timely way.**

Staff assessed patients and gave pain relief in line with individual needs and best practice. The community nurses led the patients care and the GP prescribed all medicines. As part of the patient's anticipatory medicines, pain relief was provided. Nurses were able to administer this medicine if the patient experienced pain.

Patients received pain relief soon after requesting it. A relative told us the community nurse was delayed and their relative was in pain, so they called the Campden Home Nursing CIO and a nurse visited very quickly and administered pain relief to relieve their pain until the community nurse could come and review their medication.

Staff administered and recorded pain relief accurately.

## Patient outcomes

**Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieve outcomes for patients based on their needs.**

The service was not able to participate in relevant national clinical audits. However, they monitored the preferred place of death for their patients. This was at 100% until December 2022 when 1 patient was admitted to a hospice due to their symptoms.

Outcomes for patients were positive, consistent and met expectations, for example, they were able to be supported to die in their own home with their family.

Managers carried out a comprehensive programme of repeated audits to check improvement over time. The service had a comprehensive list of audits they completed to demonstrate patients were receiving good quality care and treatment. These included care records, preferred place of death and feedback about the service. If any issues were identified,

## End of life care

managers investigated and implemented actions for improvement. For example, they only received a score of '3' (the service provided a scoring system with 1 being poor to 5 being excellent) in a feedback survey and we saw the service was in the process of investigating the reason for the lower than expected rating. Managers told us they would implement actions to address any problems.

Managers used information from audits to improve care and treatment. We saw that data from audits was discussed and reviewed at the Quality, Risk and Governance meetings.

Managers shared and made sure staff understood information from the audits. We saw the monthly nursing newsletter included feedback following a documentation audit to remind nurses to fully complete the patient data required.

Improvement was checked and monitored.

### Competent staff

**The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.**

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Staff told us that they received training on specialist equipment such as syringe drivers. They were able to attend a yearly training day, which was run in collaboration with other local charities providing similar services. We saw the training provided supported staff to provide specialist care.

Managers gave all new staff a full induction tailored to their role before they started work. Managers and staff told us about the induction process, staff did not work in patient's homes until they had completed their induction.

Managers supported staff to develop through yearly constructive appraisals and regular clinical supervision of their work. Staff told us that they had yearly appraisals and we saw records of these.

The lead nurse completed clinical supervision shifts with staff. Staff told us they had regular one-to-ones with the lead nurse.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. Staff we spoke with confirmed this.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Staff told us they were given time to complete their training.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Staff were able to make suggestions about training they would like to have. They had asked for further training on syringe drivers which had been provided.

Managers made sure staff received any specialist training for their role. For example, syringe driver training and verification of death.

Managers identified poor staff performance promptly and supported staff to improve. Managers identified staff with additional development needs and supported them to improve.

# End of life care

## Multidisciplinary working

**Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.**

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. Staff joined in multi-disciplinary meetings with other health professionals where they discussed each patient to make sure they were receiving the correct care and treatment. Staff told us the coordinators contacted the community nurse for each patient following a visit to update them on the condition of the patient.

## Seven-day services

**Key services were available seven days a week to support timely patient care.**

Staff were available to provide care and treatment 24 hours a day, 7 days a week.

Staff could call for support from the nursing co-ordinator, 24 hours a day, 7 days a week.

Staff worked closely with the community nursing team and GPs to make sure patient care needs were met.

## Health promotion

**Staff gave patients practical support to help them live well until they died.**

The service had relevant information promoting healthy lifestyles and support. Patient information leaflets were available at the location to support patients with their conditions. Relatives told us that patients and families were provided with a folder of information after referral to the service.

Staff assessed each patient's health when they were referred to the service and provided support for any individual needs to live a healthier lifestyle.

## Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

**Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions.**

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. We saw evidence in patients care records that staff obtained consent from them to share their care and medical condition with other health care professionals.

When patients could not give consent, staff made decisions in their best interest with their family members, considering patients' wishes, culture and traditions. We saw in a patient record staff had become involved in their care when they were unresponsive and in the last few days of life. The family members had discussed with staff, the wishes of the patient.

Staff made sure patients consented to treatment based on all the information available.

Staff clearly recorded consent in the patients' records.

## End of life care

Clinical staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards.

Staff could describe and knew how to access policy and get accurate advice on Mental Capacity Act.

### Is the service caring?

Good 

Our rating of caring stayed the same. We rated it as good.

#### Compassionate care

**Staff always treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.**

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. Relatives told us staff were inclusive of their needs for example, a family member told us 'staff go out of their way to engage' with the patient and family members.

Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity. Staff told us that they felt 'proud' to work for the service and that it was a privilege to be involved with the care in people's homes. We were told that one member of staff learnt how to complete puzzles that the patient liked so they could 'game together'.

Patients told us staff treated them well and with kindness. A patient told us the nurses were very good and helpful and felt they could speak to them about any worries they might have. Staff followed policy to keep patient care and treatment confidential.

Feedback from people who used the service and those who were close to them was continually positive.

Staff followed policy to keep patient care and treatment confidential.

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients with mental health needs. A relative gave examples of staff respecting the wishes of a patient with dementia in a non-judgmental way, by letting the patient sit where they wanted and speaking to them even though they could not communicate.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. When patients were referred to the service, a nurse would go to the patient's home and complete an initial assessment which included an assessment of social, religious and cultural needs of patients.

#### Emotional support

**Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.**

## End of life care

Staff gave patients and those close to them help, emotional support and advice when they needed it. Relatives told us the staff provided them with emotional support during the end of life care provided to their loved one. This support also continued after the death of their family member and for as long as they needed it. Bereavement counselling and bereavement groups were available for families and carers at the location. This included anticipatory grief counselling, teen and adult counselling, monthly bereavement support group and play therapy for children aged 5-11 years.

Staff had training on breaking bad news and demonstrated empathy when having difficult conversations.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. Relatives confirmed staff understood how they felt caring for a dying relative at home and the emotional support and advice provided to them was 'invaluable'. Another relative told us 'They could not recommend this service enough'. The service provided Serious Illness Support (SIS) to provide information, support and comfort for those with a recent cancer or serious illness diagnosis and continued that support through treatment to remission, or through the progression of the illness.

### Understanding and involvement of patients and those close to them

**Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.**

Staff made sure patients and those close to them understood their care and treatment.

Staff spoke with patients, families and carers in a way they could understand, using communication aids where necessary.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. All families/carers were sent a feedback form to complete 6 weeks after the death of a patient.

Staff supported patients to make informed and advanced decisions about their care. We spoke with a relative who told us all the decisions about their care and treatment of their family member were made by them. Feedback comments included that there was 'real, meaningful communication with the patient' and 'the care and support not just towards my mum but the rest of the family was exceptional'.

Relatives and patients gave positive feedback about the service. The feedback received from 83 relatives/carers over the last 12 months was 100% positive and complimentary of the service and the staff. One feedback form stated 'excellent team approach, always prepared to go the extra mile if needed, supported the whole family'.

### Is the service responsive?

Our rating of responsive stayed the same. We rated it as good.

### Service delivery to meet the needs of local people

**The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.**



# End of life care

Managers planned and organised services, so they met the needs of the local population. They worked closely with other health care professionals to care for patients who wanted to die in their own home with their family/friends.

The service had systems to help care for patients in need of additional support or specialist intervention. They could care for patients who had additional needs for example, percutaneous endoscopic gastrostomy feeding tube (PEG). A PEG is a flexible feeding tube placed through the abdominal wall and into the stomach. PEG allows nutrition, fluids and/or medicines to be put directly into the stomach, bypassing the mouth and oesophagus.

Managers monitored and took action to minimise unmet needs. For example, if they were not able to provide cover for one night, they would offer another night in conjunction with the relatives.

## Meeting people's individual needs

**The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.**

Staff made sure patients with learning disabilities and those living with dementia and mental health problems, were able to receive the necessary care to meet all their needs. Staff would assess each patient for their suitability to access this end of life service and work closely with other health care providers in meeting their needs.

To improve staff knowledge and skills they were in the process of completing training on learning disability and autism, which included how to communicate effectively with autistic people and people who have a learning disability. This is now a national requirement for all health and social care providers.

The service did not have a policy on meeting the information and communication needs of patients with a disability or sensory loss. However, staff understood and applied practical communication techniques for these groups of patients. A family member told us about the way the staff communicated effectively with a patient who had dementia.

The service had information leaflets available in languages spoken by the patients and local community. The service used information leaflets from other providers, and these were available online in different formats.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. The service had not had a need for this but referred to it in their mental capacity policy if required.

## Access and flow

**Patients could access the specialist palliative care service when they needed it. Waiting times from referral to achievement of preferred place of care and death were in line with good practice.**

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes. The service audited unmet needs where they were not able to provide staff for visit or night cover. Most staff worked on bank contracts as the service was as and when required.

If the service did not have staff to cover a night visit, the managers negotiated with the patient and their family to provide care and support on another night. Relatives told us they were very grateful for the cover that had been provided to support their respite during the end stages of a loved one's life.

## Learning from complaints and concerns

## End of life care

**It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.**

Patients, relatives and carers knew how to complain or raise concerns. We spoke to 5 relatives who all said they knew how to raise concerns if they needed to.

The service clearly displayed information about how to raise a concern in patient areas. We saw leaflets at the location 'Tell us about your care' showing how to provide feedback through their website. The complaints procedure was displayed on their website.

Staff understood the policy on complaints and knew how to handle them. The staff induction package included a discussion and the provision of incident forms. Staff were sent copies of all policies and procedures as part of the induction process including the comments and complaints policy.

Managers investigated complaints and identified themes. The service had no complaints in the last 12 months, managers told us that they would investigate complaints as they arose.

Staff told us they knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint.

Managers told us they would share feedback from complaints with staff and learning would be used to improve the service.

Staff could give examples of how they used patient feedback to improve daily practice.

### Is the service well-led?

Outstanding



Our rating of well-led improved. We rated it as outstanding.

### Leadership

**Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.**

Leaders had the skills, knowledge, experience and integrity that they needed to run the service effectively. The registered manager had been at the service since March 2021. Staff told us that leaders were visible and approachable. There was a clear line of leadership with the Chief Operating Officer (CEO) leading the service. Staff were aware of who their line managers were and who they reported to.

## End of life care

Leaders understood the challenges to quality and sustainability, and they could identify the actions needed to address them. We spoke with 3 trustees who all mentioned quality and sustainability of the service as priorities. The CEO and finance team had weekly one-to-one meetings and trustees were invited to attend. These meetings were held to review budgets and investments and to ensure sustainability was at the forefront of discussion. Leaders discussed their strategy and succession planning with us. This demonstrated there were clear actions to deliver on their strategy.

We observed relationships between senior leaders, including trustees and operational staff were effective. Trustees were chosen for the skills and knowledge they could bring to the service. Trustees maintained their governance responsibilities and had a good understanding of quality and safety of care. Trustees told us they felt that they had a well-balanced board with people who had a wide range of experience. Trustees felt that they were kept informed of any risks and quality issues and praised the professionalism of the registered manager and CEO. The board had 2 subcommittees, the finance committee and the quality assurance committee

All the staff we spoke to said that they were proud to work for the service. Bank staff told us they were made to feel part of the team.

Leaders held regular meetings with services who offered end of life care within their geographical area. The registered manager met monthly with other lead nurses from sister charities in the 4 counties that the service covered. The CEO held regular meetings with other hospice CEOs in Gloucestershire from 4 other services within the area.

### Vision and Strategy

**The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.**

There was a clear vision and a set of values with quality and sustainability as the top priorities. Senior staff were able to describe their vision and values. Their values were aligned to the CQC 5 keys questions: safe, effective, caring, responsive and well led. Their mission was to provide high quality nursing care and emotional support, free of charge, to patients within the local community, who have life-limiting illnesses.

Campden Home Nursing CIO vision, values and strategy had been developed using a structured planning process in collaboration with staff, people who use services and external partners. Senior staff told us they worked closely with other sister charities, GPs and community nurses to meet the needs of people who require end of life care.

Staff were aware of, and understood the service's vision, values and strategy. Staff told us that the team worked well together to enable patients to die in their preferred place and provided support to patients and their families from the point of diagnosis.

The service was just coming to the end of a 5-year strategy plan and had planned a strategy day to discuss the future of the service. They held a yearly strategy day where the agenda included finance, budget and fundraising. Evidence we reviewed showed leaders delivered on their strategy and developed the service further to care for more patients. They had increased their hospice at home service over the last 5 years by 508% for night shifts, and 5126% for day hours. Therefore, more patients had been able to access a hospice at home service during end of life.

## End of life care

The strategy was aligned to local plans and services had been planned to meet the needs of the local population. The service was planning to open a drop in hub, run by nurses, in a shopping centre in Evesham 2 days per week to increase local awareness of their services as 72% of their work was currently in Worcestershire.

### Culture

**Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.**

All staff told us that they felt supported, respected and valued. They felt positive and proud to work for Campden Home Nursing CIO. Staff said that they were made to feel part of the team even if they were bank staff. One member of staff described coming to work for the service as a 'breath of fresh air'.

The culture was centred on the needs and experience of patients and families. Staff told us that it was a privilege and rewarding to care for people at the end of their lives, and they had time to spend with patients and their families. The service received the Covid heroes award in December 2021 in recognition of their commitment to patient care during the pandemic.

Managers encouraged a culture of openness and honesty at all levels within the organisation, including with patients who used the service. Relatives and staff told us they felt able to raise concerns and that action was taken when concerns were raised. Staff were able to raise concerns with the lead nurse or CEO.

There was a strong emphasis on the safety and well-being of staff. Staff confirmed that following the death of a patient, they were offered de-brief sessions. Staff told us they had a de-brief session with other members of the multi-disciplinary team following the death of a patient. Staff found these beneficial. Staff told us that they had a supportive management team and there were supportive and appreciative relationships among staff.

The service had a lone working policy. The policy included staff making the nurse coordinator aware that they have arrived safely and left safely after each visit. Leaders listened to staff and implemented actions to promote staff safety. For example, staff had suggested a buddy system which had been implemented. They had a buddy that they could contact whilst working and coordinator was also available to call 24 hours a day if they needed assistance. Lone working and safety in primary care were mandatory training courses for staff. The induction policy included discussion and sign off of safe working and the lone worker policy.

### Governance

**Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.**

There were effective structures, processes and systems of accountability to support the delivery of the strategy and good quality, sustainable services. These were regularly reviewed, and improvements were made as required. We reviewed audits and minutes of meetings where staff discussed these.

Staff at all levels were clear about their roles and accountabilities. The senior leadership team shared information with all staff. The registered manager sent a monthly newsletter to all staff to keep them informed of the latest news. Staff had access to meeting minutes if they were unable to attend.

## End of life care

Arrangements with partners were governed and managed effectively to encourage interaction and promote coordinated, person centred care. We saw minutes of regular meetings between the registered manager, CEO and the leads from sister services in the local area.

Quality and risk information about the service was discussed at monthly meetings and fed back to the board members. Trustees told us that they were kept informed of quality and risk data.

### Management of risk, issues and performance

**Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.**

There was a systematic programme of clinical and internal audit to monitor quality, operational and financial processes. The service had an audit programme that was reviewed, audit findings were used to make improvements and provide assurance about the management of risks and quality. The service published an annual report and accounts. The trustees and leaders told us the service was focussed on growing in a sustainable way so they can continue to provide high quality care to patients.

The service had a paper based risk register. Senior managers described the main risks to the service which we noted on the risk register. We saw that the recorded risk of 'unmet' need was also on the leaders 'worry list'. Risks were given a score between 1 and 25 with 1 being minor and 25 being significant. We saw that the risk register was regularly updated and it included documentation and scoring of risk with mitigating actions. The risk register was reviewed formally at a Trustee's meeting once a year or more frequently if required.

### Information Management

**The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.**

There were effective arrangements to ensure that data and notifications were submitted to external bodies as required.

Information governance was part of the employees mandatory training, we saw records that showed staff had completed this training.

The service used paper records; these were stored in a locked environment to avoid confidential patient information being accessed by unauthorised people. Consent for the sharing of patient information across healthcare specialities was documented. The service had policies for confidentiality and disposal of confidential waste.

Quality and sustainability received sufficient coverage in relevant meetings at all levels. We saw minutes of meetings that documented these discussions. Trustees told us that they were given sufficient access to information. Service performance was monitored and reported in meeting minutes.

### Engagement

**Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.**

## End of life care

Patient's views and experiences were gathered and acted on to shape and improve services and culture. We saw the feedback for the last 12 months which was all very positive. Feedback was reviewed by teams to inform improvements and learning.

Staff were actively engaged, and their views were reflected in the planning and delivery of services and in shaping the culture. Staff said that felt able to and were encouraged to make suggestions and contribute to making improvements in the service.

The service work collaboratively with external partners to build a shared understanding of challenges within the system and needs of the relevant population. The hospice at home service monitored its' unmet needs and was recruiting more staff to meet those needs.

The service worked in partnership with the community nurses to ensure they effectively met people's needs.

The service sent all bereaved families a feedback questionnaire 6 weeks after the death of a family member. This feedback was reviewed by the registered manager. We saw the feedback for the last 12 months was 100% positive.

### **Learning, continuous improvement and innovation**

**All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.**

Leaders and staff strived for continuous learning, improvement and innovation. The service was committed to providing regular training opportunities for staff. We saw that the service ran an annual study day in collaboration with other charities providing similar services in the area.

Staff told us that they had regular reflective discussion meetings where they can discuss any recent issues or problems they have had. They used these meetings to learn from each other and reflect on their practice and improve their practice.

The lead nurse was providing live supervision of nursing practice to assess staff competencies and identify any further learning or support required.

The service told us and shared examples of how they have been involved in research. They had been involved in 3 research projects in 2022.