

Healthcare at Home Nurse Agency

Trident House
Units G14 and G15
Glasgow Wing
175 Renfrew Road
Paisley
PA3 4EF

Type of inspection: Unannounced
Inspection completed on: 10 March 2017

Service provided by:
Healthcare at Home Limited

Service provider number:
SP2004006616

Care service number:
CS2004072127

About the service

Healthcare at Home are the providers of this registered Nurse Agency.

Healthcare at Home provide a U.K. nationwide service which has regional nursing offices. The base for the region of Scotland is currently in Trident House Paisley. The office serves as a base for the manager. There is a distribution facility in Coatbridge where medication and intravenous treatments are stored. Other distribution centres are located further north. Treatments can be delivered directly to patient's own homes or they may be taken by the nurse who is visiting the patient.

Nurses are provided by the agency to carry out intravenous treatments to patients in their own homes throughout the whole of Scotland, including the islands. The service is contracted by both the NHS and private healthcare insurance companies.

The referral process is made via a hospital consultant, clinical nurse specialist or pharmacist. The referral is then forwarded to Healthcare at Home customer services, or private referrals

co - ordinator who obtain approval and initially contact the patient. The scheduling team then contact the local nursing team to allocate the patient's visit. The team then contact the patient prior to the first visit.

There is an on - call service available 24 hours a day.

Healthcare at Home "work with pharmaceutical companies and health systems to deliver the best possible care outside of the hospital for both acute and long-term conditions". Their philosophy is " the patient comes first".

What people told us

The views of people using the service have been included in this report. During the inspection process, we spoke to a number of people using the service. Some of their comments included:

"It's fantastic, reduces the risk of infection, and makes life easier; The National Health Service could well consider services like this".

"This service is a brilliant idea".

"I would pick up the phone if I had any issues".

"I feel confident in the nurses".

"The service is convenient as I live far from a hospital".

"Staff are very accommodating with times".

Self assessment

Every year all care services must complete a 'self-assessment' form, telling us how their service is performing. We check to make sure this assessment is accurate.

The self-assessment was completed fully, submitted on time and identified some areas for development.

From this inspection we graded this service as:

Quality of Information	4 - Good
Quality of care and support	5 - Very Good
Quality of staffing	4 - Good
Quality of management and leadership	3 - Adequate

Quality of information

Findings from the inspection

The healthcare at home website provided an initial point of contact for patients and other professional stakeholders. For patients, there was a "frequently asked questions" section and informative videos for people to watch. For NHS and pharmaceutical professionals, there were relevant contacts and information.

There was a welcome letter given to all patients prior to treatment, outlining key information about the team who would support them and instructions of how to make contact with key people if required. A 24 hour contact number was available to all patients. We heard from patients and saw from audit documentation that there have recently been improvements to the response times, to telephone calls from the centrally based contact centre. The information contained on the manager and nurse's phones was very comprehensive.

There were a variety of brochures that could be given to patients including 'Your information booklet and treatment record'. Written information given was determined by the type of treatment being received by patients. On the whole these documents were clear and provided patients with important information and contact details. As the service is provided across the UK, we discussed with the manager how the clarity of information could be enhanced for people using the service in Scotland. Easier access to relevant contact numbers would make information more readily available, to improve the experience of those using the service. Despite the scope that remains to improve clarity, the requirement made at the previous inspection regarding information about complaints has been met at this inspection (see previous Requirement).

There was separate information available for hospital consultants who refer patients to the service to have treatments at home. Having different information available for the different groups of people interacting with the service was appropriate. For example, service agreement documents with consultants were written in a different style compared to information written for patients.

People were given the opportunity to give feedback about the service to the provider. Questionnaires were in use though we discussed with the manager how this could be improved, to gain feedback that is specific to the Scottish region. We also discussed how feedback could be gained from more people and more regularly to provide information for on-going service improvement. However, we felt that there were mechanisms in place for patients and other stakeholders to give feedback about the service. Therefore the recommendation made at the previous inspection regarding gaining feedback has been met at this inspection (see previous Recommendation).

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 4 - good

Quality of care and support

Findings from the inspection

People receiving the service told us that they valued having such a service in their own homes. Living with conditions that required regular or intermittent treatments, the option to receive treatment at home minimised disruption to their lives as they did not have to travel so frequently to hospital. Minimising the time spent in hospital allowed patients' greater opportunity to retain their own routines and made treatments less tiring.

Each patient had an individualised electronic record of their treatment. Consent was given prior to treatment starting, for children receiving the service, the consent was given by parents or guardians. We were satisfied that there were measures in place to protect people who may not have capacity to consent to treatment. Please see previous requirements for further information about this.

Records outlining how people had responded to treatment were documented on the nurses' hand held tablet devices. Any issues associated with treatment were recorded on the patient record. These were followed-up by the nurse completing a standardised reporting form to ensure that any unexpected symptoms or incidents were reported, to allow future follow-up and re assessment of the patient.

Patients told us that they had confidence in the nurses who visited their homes and valued their reliability, technical ability and compassion. People were given the opportunity to give feedback about the service to the provider. Questionnaires were in use though we discussed with the manager how this could be improved to gain feedback that is specific to the Scottish region. We also discussed how feedback could be gained more regularly to provide information for on-going service improvement.

Patients told us that they would not hesitate to phone the manager if they had any concerns and we were confident that if that was the case, action would be taken. We saw a number of letters and cards that were very complimentary of the service that had been delivered by the manager and her team of nurses.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 5 - very good

Quality of staffing

Findings from the inspection

We saw that there had been improvements to the recruitment process since the last inspection. We found that staff recruitment complied with safer recruitment. Staff were registered with the appropriate body, the Nursing and Midwifery Council (NMC), ensuring that the service is operating in-line with regulations and staff are qualified to carry out their roles. New staff had been checked under Protection of Vulnerable Groups, another process to ensure the safety and wellbeing of vulnerable people using the service. The use of a competency based telephone interview followed by a face to face competency based interview was consistently used, which helped assess the suitability of applicants prior to an offer of employment.

The previous requirement made at the last inspection about this has been met (see previous Requirement). The previous two recommendations regarding verifying checks with the NMC and criminal record checks have both been met (see previous Recommendations).

We saw that training was available to staff prior to commencing their role and on an on-going basis. Staff had their competency assessed prior to starting any new aspect of the role, which assures us that the manager is aware of the need to ensure staff were competent to perform all aspects of their role. There was an overview of mandatory training and there was a focus on training at staff meetings, staff supervision and appraisal. We thought it was positive that staff were pro - active in contributing to a culture of on - going learning and development. Professional development and training is necessary to ensure staff meet the requirements of their registration and also to ensure protection of the public receiving the service.

During the inspection we spoke to a number of staff. Staff appeared motivated and committed to provide an efficient compassionate service. They had worked hard to maintain the service during a period of working with less staff available. We asked for feedback about the service from patients during the inspection. Staff appeared to support patients through a combination of care, consideration and technical competence. We saw many letters and thank you cards from patients and families who expressed their thanks to staff for supporting them during their treatment.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 4 - good

Quality of management and leadership

Findings from the inspection

The team work across Scotland and there were mechanisms in place to ensure all staff were involved with on - going developments within the company and within their own caseloads. A weekly conference call meeting assisted the manager maintain communication with the staff team. Regular staff meetings had a good range of topics for discussion to encourage staff involvement and team working.

We acknowledge the 'open door' policy the manager has and this assists staff, patients and other stakeholders to make contact easily if they have issues to raise.

There were clear processes for managing accidents, incidents and complaints which on the whole are managed centrally. This provides a challenge for the manager to be able to respond to issues identified in the region covered by this service. However, we could see that where necessary, the manager had a system of investigating and responding to issues to be able to provide feedback to people concerned.

At the previous inspection there was a requirement made regarding the inclusion of Scottish legislation in all policies. We examined a wide range of policies and documents during this inspection and could see that this has been achieved in some policies but not all. Therefore, the requirement has not yet been met and has been repeated again. We discussed with the manager how these changes could be made with the support of the central team within the organisation (see Requirement).

We looked at quality assurance processes and could see that there are some robust measures to provide on-going monitoring of priorities within the service. However, some of the audit and monitoring documentation is not in a format that easily identifies issues for the manager to resolve. We discussed how this could be improved and have repeated the recommendation about this (see Recommendation).

The manager has recently been on training for a new scheduling process which was designed to improve rostering of staff according to patient need and staff availability.

Data protection policies and procedures are in place which is important as there is reliance on electronic information.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 3 - adequate

What the service has done to meet any requirements we made at or since the last inspection

Previous requirements

Requirement 1

The service provider must have a complaint procedure that includes the option of contacting the Care Inspectorate.

This is in order to comply with SSI 2011/210 Regulation 18: Complaints - 18(6)

The written copy of the complaints procedure must include: (a) the name and address of SCSWIS (Care Inspectorate).

This requirement was made on 29 August 2015.

Action taken on previous requirement

We saw that the complaints policy and procedure now has information about contacting the Care Inspectorate to make a complaint.

The style of the information contained within some of the documents given to patients and professionals does not make it easy to find the correct information for Scotland. However, the information is available. We discussed with the manager how the provider could further enhance the clarity of information to make it easier for people in Scotland, to find the relevant information in the but is unclear in terms of timescale and does not easily relate to England and Scotland.

The draft version of the childrens' booklet contains information about the Care Inspectorate but not specifically about making a complaint. We discussed how this could be amended prior to full publication of the booklet. We will review the information at future inspections.

This requirement has been met.

Met - within timescales**Requirement 2**

The service provider must ensure that recruitment checks evidence that the Nurses employed are "fit" for the work that they are being asked to do. This must include a check of criminal records in Scotland. The summary of this check must show the date, identifying number, type of check and recruitment decision made.

This is in order to comply with SSI 2011/ 210 Regulation Fitness of employees

(1) A provider must not employ any person in the provision of a care service unless that person is fit to be so employed.

(2) The following persons are unfit to be employed in the provision of a care service:-

(a) any person who has been convicted whether in the United Kingdom or elsewhere of any offence which is punishable by a period of imprisonment of not less than 3 months and has been sentenced to imprisonment (whether or not suspended or deferred) for any period without the option of a fine and who, in the reasonable opinion of the manager of the care service having regard to the circumstances of the conviction, is unsuitable to work in a care service; .

(b) a person who does not have the qualifications, skills and experience necessary for the work that the person is to perform; and .

(c) any person to whom regulations 6(2)(a) or 7(2)(d) apply.

This requirement was made on 29 August 2015.

Action taken on previous requirement

We examined a number of staff recruitment files. We were satisfied that the recruitment process followed current Scottish legislation to ensure that persons recruited are fit to carry out the work they are employed to do. We saw that Disclosure Scotland Protection of Vulnerable Groups (PVG) checks were in place in addition to a robust interview process with verification of applicant's past employment history and authenticated references.

Met - within timescales

Requirement 3

The service provider must ensure that policies reflect Scottish legislation. Review and development must take place to quality assurance systems to ensure that they are effective.

This is in order to comply with SSI 2011/210 Regulation 4 Welfare of users

4. (1) A provider must-

(a) make proper provision for the health, welfare and safety of service users;

This requirement also takes account of the National Care Standards, Standard 4 Nursing Agencies - Management and Staffing Arrangements.

The service provides a consistent standard of care, delivered by nurses who are competent to work in the service area.

This requirement was made on 29 August 2015.

Action taken on previous requirement

We looked at a number of policies and saw that not all existing policies conform to Scottish legislation. For example, in the recruitment policy, there is still reference to English legislation. From the quality assurance audit documentation, we saw that there was reference to English legislation. As this requirement had been repeated previously, we discussed specific examples with the manager to ensure that the provider can amend this prior to the next inspection.

This requirement has not been met.

Not met

What the service has done to meet any recommendations we made at or since the last inspection

Previous recommendations

Recommendation 1

The service provider should develop more specific methods of gaining feedback from patients and purchasers in Scotland on all of the quality themes: Quality of information, care/ treatment, Staff & Management. National Care Standards for Nurse Agencies, Standard 3.9 "You are confident that the nurse agency uses an audit system to check regularly with you and the nurse to make sure that the quality of the placement is satisfactory. The outcome of the audit will be recorded, including any action that needs to be taken to put things right."

This recommendation was made on 29 August 2015.

Action taken on previous recommendation

There is a customer satisfaction questionnaire that is distributed to all patients and other stakeholders on an annual basis. The response rate from people in Scotland could be higher however there is an analysis of the results that have come in from respondents in Scotland. From the analysis of the results, we saw that there had

been discussion about the issues that were important to people. For example, we saw that there had been dissatisfaction with responses to telephone enquiries. We saw from results from the next survey that this had improved.

The provider had looked at ways to improve the delivery of medicines in response to feedback gained from questionnaires.

We felt that the provider aimed to improve the overall satisfaction people have with the service.

This recommendation has been met.

Recommendation 2

The service provider should ensure that legal consent is obtained from patients or their legal guardian for any procedures undertaken by the Nurses supplied. The documentation used should record clearly if there is any incapacity/legal guardianship and proof of this checked with the patient's Doctor to ensure that the legal framework is followed appropriately.

National Care Standards for Nurse Agencies – Standard 3.7: "You know that the nurse agency keeps accurate records of the needs of the person receiving the service".

This recommendation also links with the Mental Welfare Commission for Scotland guidance "Right to Treat" (2011) Guidance on delivering physical healthcare to people who lack capacity and refuse or resist treatment. Also see "Adults who lack capacity" (2004). These publications are available on the Mental Welfare Commission for Scotland website <http://www.mwscot.org.uk/publications/good-practice-guides/>

This recommendation was made on 29 August 2015.

Action taken on previous recommendation

Consent was given prior to treatment starting, for children receiving the service, consent was given by parents or guardians. During the inspection, there were no adult patients who did not have capacity to give informed consent for treatment. Through discussion with the manager, we saw that if capacity to consent was an issue, there was scope within the process to ensure that the legal framework was followed.

There is space on the patient's record to record if they do not have capacity.

We were satisfied that there were measures in place to protect people who may not have capacity to consent to treatment.

This recommendation has been met.

Recommendation 3

The service provider should check that the information provided contains all of the information as set out in National Care Standard 1 for Nurse Agencies.

National Care Standards for Nurse Agencies – Standard 1: Information about the Nurse Agency.

This recommendation was made on 29 August 2015.

Action taken on previous recommendation

As referred to in the quality themes and other requirements and recommendations, information that matches the National Care Standards for Nurse Agencies is present in the information however, it could be presented in a clearer format.

Nonetheless, the recommendation has been met.

Recommendation 4

The service provider should ensure that quality assurance systems develop and ensure that existing systems are used effectively.

National Care Standards, Standard 4, Nursing Agencies- Management and Staffing Arrangements.

This recommendation was made on 29 August 2015.

Action taken on previous recommendation

The manager has devised systems to provide an overview of emerging priorities. We discussed how reliance of centralised processes makes it difficult to elicit information, that is solely concerned with the Scottish region to enable prompt response to issues that have been identified. We were confident that the manager has an overview of key information however, we felt that this could be more robust and that the service provider could assist in supporting the manager with further development of quality assurance mechanisms.

This recommendation has not been met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

Date	Type	Gradings
14 Jan 2015	Unannounced	Information Care and support Environment
		3 - Adequate 4 - Good Not assessed

Date	Type	Gradings	
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
14 Oct 2013	Announced (short notice)	Information	3 - Adequate
		Care and support	4 - Good
		Environment	Not assessed
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
21 Oct 2010	Announced	Information	Not assessed
		Care and support	4 - Good
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
4 Dec 2009	Announced	Information	4 - Good
		Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	4 - Good

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