

HomeLink Healthcare Limited

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Inspection report

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25 January 2019

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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?	Good ●

Summary of findings

Overall summary

About the service:

HomeLink Healthcare is a domiciliary nursing agency. It provides personal care and treatment of disease, disorder or injury to people living in their own homes. It provides a service to older adults, younger adults, people with dementia, people with a sensory impairment and people with a physical disability. At the time of our inspection five people used the service, supported by four permanent staff and seven regular bank staff. Two of the people using the service had commenced during our inspection site visits. For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

People's experience of using this service:

- The service met the characteristics for a rating of "good" in all key questions.
- The service had developed processes to measure, document, improve and evaluate the quality of care.
- We have made a recommendation that the registered manager implements a system and audit-trail of their quality monitoring.
- People received personalised care which met their individual needs.
- People, relatives and other people involved in care and treatment told us that visits were timely and consistent.
- We have made a recommendation about the service monitoring and analysing visit times for trends across time.
- People and relatives told us the service was caring, well-led and respected their needs and preferences.
- People received safe, compassionate and high quality care.
- Staff were knowledgeable and experienced. They received appropriate training and support to ensure they could carry out their roles effectively.
- More information is in the full report.

Rating at last inspection:

This is our first inspection of the service since their registration with us.

Why we inspected:

This inspection was part of our routine scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:

We will continue to monitor the service to ensure that people receive safe, high quality care. Further inspections will be planned for future dates.

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.

The 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 well-led.

Details are in our Well-led findings below.

Good ●

HomeLink Healthcare Limited

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:

Our inspection was completed by one adult social care inspector.

Service and service type:

The service had a manager 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:

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 22 January 2019 and ended on 25 January 2019. We visited the office location on both dates to see the manager and office staff and to review care records and policies and procedures.

What we did:

Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public, local authorities and clinical. We checked records held by Companies House and the Information Commissioner's Office (ICO). We asked the service to complete a Provider Information Return. This is information we require providers to send us at least once annually to

give some key information about the service, what the service does well and improvements they plan to make.

We telephoned one person, one relative and one person's friend on 21 and 23 January 2019 to gather their feedback. We spoke with one registered general nurse, the nominated individual (person with overall responsibility for supervising the management of the regulated activity, and ensuring the quality of the services provided), registered manager, the administrator and the IT director. We sent 14 questionnaires to people using the service, staff members, and other healthcare agencies and received four responses.

We reviewed parts of three people's care records, three personnel files, two medicines administration records and other records about the management of the service. After our inspection, we asked the registered manager to send us further documents and we received and reviewed this information. This evidence was included as part of our inspection.

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

- Staff knew how to recognise abuse and protect people from the risk of abuse. For example, one member of staff worked alongside another agency and a relative to implement a person's safeguarding plan in their best interest.
- All staff received safeguarding training proportionate to their role. The Nominated Individual was identified as the provider's safeguarding lead and intended to refresh training with the local authority to keep abreast of their local policy and procedure.
- The provider understood their responsibility to report abuse to the local authority safeguarding team where it was identified.
- The service gathered information about any previous safeguarding concerns and plans during people's initial assessment. This was to identify risks early on to meet people's needs.
- The service had an up to date safeguarding policy and procedure which clearly documented roles and responsibilities and relevant national legislation such as The Care Act (2014).
- We identified that local authorities' safeguarding policies and procedures and contact details were not easily available to staff. This is important, so management and staff understand specific authority's policy and procedure local to the person's home and to the provider's location. The registered manager rectified this during our visit and information was added to the staff online intranet for ease of access. This was communicated all staff who were asked to familiarise themselves with the information. The provider told us this would be followed-up in one-to-ones and supervision.

Assessing risk, safety monitoring and management

- The service had designed and implemented a new electronic system for people's records. This improved information gathered and documented people's individual risks, which included management strategies that reduced the risk of harm.
- People's living environments were risk assessed and included recorded information about safe access and familial living arrangements for staff to be aware of.
- Registered general nurses (RGN) reviewed people's risk assessments during each visit and they recorded changes electronically in their visit notes which were accessible to all.
- There was a system in place which safely managed equipment. Staff checked and documented equipment used by the provider in line with people's care plans.
- Records demonstrated that staff identified and reported faulty equipment, which was followed-up and co-ordinated by the service with people to rectify.
- The service routinely shared risks to people's care and treatment with other healthcare professionals and agencies who were also involved and responsible for the person's health and wellbeing.

Staffing and recruitment

- The registered manager had close oversight of staff capacity, rota planning and staff deployment. There were enough staff to meet people's agreed care packages.
- The service used their own regular bank staff which allowed the service to be flexible in meeting people's needs. Agency staff were not used.
- People and relatives told us that staffing was consistent and link workers were in place who knew and understood their needs.
- The service had a policy of staff double-ups for new admissions to the service and where people's needs changed.
- Staff were recruited safely by the provider and records were kept on an electronic system which were easy to access. Appropriate checks of new applicants were completed which included checks of identity, criminal history checks, completion of references, full employment histories and face-to-face interviews.
- Staff qualifications and RGNs registration with the Nursing and Midwifery Council (NMC) were checked and recorded.
- The provider had recently commenced a contract with an NHS hospital the same week as our inspection visit. There was a clear strategy to manage capacity which included initial agreed maximum-visits. The service intended to increase this strictly in line with the recruitment of more permanent and bank staff to ensure continuity of care.

Using medicines safely

- Medicines systems were organised and people received their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- The service had developed its own Medicines Administration Record (MAR) with the support of a pharmacist. This meant staff only had one standard MAR to follow which promoted continuity and safety.
- Staff checked and recorded the expiry dates and stock checks for medicines and treatment related equipment. This was completed on every visit to ensure there was enough stock and to avoid waste.
- RGNs were responsible for recording medicine directions on MAR charts in line with prescriptions. This was checked and documented in the visit notes by a second RGN as part of the service's 'peer to peer' review process.
- Where people self-medicated this was documented in their care plan and a list of people's medicines was kept up-to-date.
- The service had up-to-date Medication and Intravenous Therapy policies and procedures which both provided medicines administration protocol for staff to follow. This included RGNs responsibility to check that MAR charts were correct.

Preventing and controlling infection

- The service had robust infection control measures and demonstrated that staff followed correct protocols in practice.
- Infection control expectations were included within staffs' 'lone working' check list and were built into staff competency and clinical assessments, which were completed by the clinical lead.
- People, relatives and other named people involved in their care and treatment told us that RGNs infection control practice was "a very high standard" and that they were observed to use "aseptic (strict rules to minimize the risk of infection) techniques at all times."
- Staff were trained in infection prevention and control and had access to personal protective equipment such as disposable gloves and aprons. Staff told us they could restock their equipment whenever they needed to and had never run out.
- An external occupational health provider completed staff assessments and confirmed necessary immunisations as part of the recruitment process. This was to protect people who may be at risk due to their medical condition or treatment.
- There was a 'sharps' disposal system in place with a waste contractor which was managed by the service.

Learning lessons when things go wrong

- Records and feed-back from staff, people and relatives consistently indicated there were rarely any safety incidents or near misses.
- The service demonstrated that they investigated and reviewed safety incidents and events when things went wrong. For example, the nominated individual showed us a report about an injury to a staff member from a piece of equipment. This was reviewed by the clinical lead and the service's quality and safety committee. The outcome was a change to the staff procedure to reduce the risk of reoccurrence. A staff debrief occurred to ensure learning was shared.
- There was an up to date Management of Incidents policy and procedure. This included a protocol for rating incidents according to the likelihood of occurrence and severity of harm. All incidents and accident reports were sent the same day to the safeguarding lead to review and escalate according to risk.

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

- The service had implemented a new electronic assessment system to improve information gathered about people's holistic needs as well as clinical treatment needs. This captured detailed information about people's backgrounds, preferences, interests and protected characteristics.
- We discussed the terminology used to gather information about sexuality, which is a protected characteristic. The question asked if people had any "concerns" in relation to their sexuality. We advised this should be changed to respectful, neutral language. The registered manager agreed they would review this in line with the Equality Act 2010.
- The service followed relevant national assessment tools, for example the Royal Marsden falls prevention and the Waterlow pressure ulcer risk assessment and prevention tool. We noted that one person's score was on the threshold for needing further interventions. The registered manager said this had been assessed with the person and was not currently required and RGNs would continue to monitor at each visit. However, this outcome was not clearly recorded in the person's care plan. We have further reported on this under the Well-led domain.
- Staff told us the information held about people assisted them to provide effective care and treatment with comments such as, "...Very clear documentation about the patient so it is clear what I am treating them for, including past medical history and details of their current diagnosis and all treatment carried out so far during visits."

Staff support: induction, training, skills and experience

- People were supported by staff who were qualified and had on-going training. The service used an electronic 'people planner' to match and rota staff with the relevant training and skills to meet people's individual needs.
- People told us that staff were skilled and professional with comments such as, "They know exactly what they are doing and have everything under control" and "They are flexible and on top of everything."
- The service had a mandatory training pathway in line with good practice and provided additional training to meet people's specific needs where required. There was a system in place to monitor and follow-up on staff training to ensure this was in-date.
- The service arranged training for a certain type of intravenous tube to improve the experience and outcome for a person who required long-term treatment. The service quickly arranged access to training equipment and provided time for RGNs to practice. This enabled them to learn from a more experienced colleague's technique and as a result they developed and honed their skills and confidence.
- Staff induction procedures identified areas of training relevant to their roles which were planned and followed-up. Staff confirmed their inductions helped prepare them for their roles and felt well supported.
- Staff received regular supervisions which included supervised home visits by the clinical lead. Staff told us

they had regular phone contact from the clinical lead and office staff throughout the week, who were always able to answer their queries.

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

- At the time of our inspection the service was not supporting anyone to eat and drink as part of their agreed care package. However, a nutritional assessment tool was used and we were told if this identified that people were at risk this would be shared with their consultant.
- We noted that the service had recorded that one person received input from a Speech and Language Therapist (SALT) however, it was not clear from the records whether this was in relation to the person's ability to swallow or speech related. The nominated individual knew the individual and did not think there was an ongoing need but agreed to check this and clarify their records.

Staff working with other agencies to provide consistent, effective, timely care

- The service provided consistent and timely care and treatment. People told us staff never missed visits, were generally on time and always called ahead to confirm they were visiting.
- We checked the planned and actual times of visits on the computer system for the previous month. There were very few occasions where the visit did not occur at the planned time.
- The registered manager monitored the system throughout the day and received alerts where staff had not arrived on time which they immediately followed-up. However, there was not a system to analyse the data for trends which is important in order to review whether procedures are effective.
- We recommend the service implements a system to analyse visit data regularly in line with best practice quality and assurance methods.
- The service always contacted people's GP when care commenced and provided a discharge summary which was securely emailed. A copy of people's hospital discharge summary was obtained before care commenced to ensure that all the person's needs were co-ordinated and met.
- Where people needed long-term personal care the service co-ordinated with another homecare agency to provide this. The service acted as a temporary bridge between hospital and home care. This enabled people to transition to their home in a timely manner when this is what they wished. It also facilitated the evidenced-based principle that people achieve better health and wellbeing outcomes at home with the right support.

Supporting people to live healthier lives, access healthcare services and support

- The service monitored people's health and wellbeing during every visit.
- The National Early Warning Score 2 (NEWS2) is an assessment used to identify acutely ill patients. RGNs assessed people at every visit and shared information with the person's consultant and GP and supported people to access emergency medical attention if needed.
- People confirmed that the service liaised with other healthcare professionals to ensure treatment was appropriate and clinical procedures were followed correctly.

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. We checked whether the service was working within the principles of the MCA.
- The service had a mental capacity assessment pro-forma which followed the MCA code of practice. This did not include a best interest process which the nominated individual and IT director agreed they would develop and integrate into the electronic assessment system.
- People using the service did not meet the criteria for the mental capacity assessment. The service sought

people's consent for the care and treatment provided which was recorded.

- Where people had named a person as their lasting power of attorney (LPA) for health and welfare the service understood documentation requirements.
- Staff received MCA training and understood the principles; they and sought people's permission for care and treatment at every visit which was documented in RGNs visit notes.

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; equality and diversity

- People and relatives described staff as, "Brilliant and caring", "Warm and personable", "a god-send" and "Fantastic and professional."
- One person said that the care did not feel at all "transactional" and that staff made of point of asking them how they are in themselves. They believed the care and treatment they received from the RGNs at home was of a much higher quality than hospital provision.
- Equality, diversity and human rights training was included in staffs' induction. One member of staff said, "everyone is treated fairly, we support people with diverse needs and welcome disclosures led by the person."
- Staff spoke about people respectfully and with concern. Staff described how they had spent time and built a rapport with a person which helped them with their fear of needles. With perseverance and gentle persuasion, the person was able to have their blood tested which was important to monitor their health.
- One person we spoke with said the service was recommended to them from a precious service user. Another person said they had recommended the service to other people.

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

- People and relatives told us they were involved and engaged in their making decisions about their care. They said that communication from the office and RGNs was good and they had regular contact with the clinical lead.
- RGNs visit notes stated that they explained care and treatment to people at every visit to ensure they were involved.
- We saw records of a person raising that they no longer required personal care due to a successful recovery which was acted upon and communicated to the team.
- The service told us they subscribed to translation services for people who did not have English as a first language, which would be offered to people where required.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us that staff were sensitive and protected their privacy and dignity.
- The service promoted people's independence. For example, physiotherapy was arranged for one person to improve their mobility and confidence. This enabled them to access the community independently which is what they wished.
- A healthcare agency said, "They have always shown care and compassion and treated residents with the required levels of dignity and respect that I would expect in such situations."
- The service assessed people's pain and followed agreed pain management strategies. We saw some recent feedback from a previous service user who said they had been "...Nervous about injections but as soon as

we met she (RGN) put my mind at ease. She gave me tips on how to minimise pain from the injection and chatted through some general worries."

- The service had implemented the Data Protection toolkit and had robust systems to protect people's privacy and confidentiality. Electronic systems required login details and passwords to gain access and we saw that paper records were securely locked in cabinets in the office.
- RGNs were provided with electronic devices to record daily notes and access care planning information. We were shown that the system was set-up so that RGNs could only access information for the people they were allocated to visit.

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

- Staff demonstrated that they held person-centred values and empowered people to make decisions about their care and treatment. One staff member told us the service "follows a holistic view where the patient come first, we promote the patient's independence in their activities of daily living."
- We noted that one person's needs were recorded in the electronic care planning documentation as "personal care three times a day" but did not specify the person's wishes or support requirements. We checked the RGN's communication notes in the person's paper file which had recorded this information in detail which was in accordance with the person's preference and needs. The registered manager assured us they would update the system records to reflect the person's preferences and an explanation that RGNs would always check with the person what specific support they required as part of their recovery.
- The service understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others.
- We saw examples where communication support strategies were documented to meet people's needs. There was one instance where a person's "communication aid" was referred to but was not explained. This did not currently have a negative impact upon the person as the RGNs knew them well and understood what this meant. The registered manager agreed to update the record to ensure that new staff would also be clear and know how to meet the person's needs.
- The service used a speech and reading support tool on their websites to improve access to information online.

Improving care quality in response to complaints or concerns

- People and relatives told us they had no cause to complain as the service was very "attentive" and responded to any queries they had quickly.
- The complaints procedure was in line with regulations and the service had a system to log complaints if required. We saw easy to follow leaflets which included information about how to make a complaint were given to people using the service.
- The service received several compliments from people and their relatives which were shared with the staff team with comments such as, "[staff's name] really helped my mum so thank you for a great service", "Excellent service and was very pleased" and, "Would like to say many thanks for being on this journey with us. It has been an education and we appreciate what has been done to get [family member] to this point."

End of life care and support

- The service had an up to date End of Life policy and procedure in place, but they were not currently supporting any one at the end of their life.
- The service had worked alongside palliative care team and supported people at the end of their life within the past six months. They assisted with intravenous hydration therapy in accordance people's and relative's

wishes to promote comfort where assessed as appropriate.

- Staff told us they felt they had the skills to support people at the end of their life and were offered support from the clinical lead and nominated individual. The service told us that end of life training for staff was offered where this was identified as a training need to develop RGNs skills and knowledge.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The nominated individual and clinical lead demonstrated strong leadership and day-to-day oversight of the service. People, relatives and staff consistently told us the clinical team were knowledgeable, supportive and 'hands on' in meeting people's needs.
- The nominated individual identified that as the service grew they would need support to maintain oversight and said the electronic system would enable the registered manager to do this from the office.
- The registered manager's responsibilities focussed on monitoring staff capacity, co-ordinating and planning the rota. We discussed with them that it was their responsibility to ensure the service was meeting all regulations in accordance with the Health and Social Care Act 2008. They said this was achieved by communicating with the clinical lead who supervised RGNs, monitored their performance and practice and spot-checked people's care and treatment plans. However, the registered manager did not have a system in place or audit-trail to check that care planning documentation was accurate and up-to-date and complied with regulations. The new electronic records system allowed the registered manager greater oversight of this and we saw a schedule of regular audits and spot checks were planned to be undertaken.
- We recommend the registered manager becomes central to implementing the service's quality assurance framework in line with their role and legal responsibilities.
- The service had a 'quality and safety' committee which comprised of the clinical leadership team, the registered manager, IT director and external clinical consultants. The committee met every two months to review the quality and safety of the service, including incidents, service user feedback, information governance compliance, training needs and updated the service risk register.
- A comprehensive audit was completed in August 2018 with the aim of improving patient care and included the review of ten people's records. This led to actions of continuous improvement and development of the service. For example, the implementation of the electronic records system was developed and implemented, and information governance procedures were reviewed and included people's rights to have their records erased.
- Staff told us that they had received IT training for the new electronic system and how to use their devices. One member of staff told us the new electronic system was "Very simple to use after IT training, it's been a very useful tool to keep all the company policies, patient records and day by day use while delivering care to patients at home."
- The service had also subscribed to a national online inspection tool aimed at continuous quality improvement which was scheduled to be rolled-out in February 2019; it was planned to focus on medicines optimisation and records and systems before moving on to care planning documentation.
- The service had developed a comprehensive competency handbook for the first 12 months of a new

starter's employment. This was already piloted with one employee and was planned to be rolled-out from February 2019.

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

- All adult social care providers are required to have a statement of purpose (SoP). The service had a satisfactory SoP which set out the aims, objectives and ethos for care. Objectives in the SoP included the provision of services which, "Are safe, effective, holistic and person-centred", "Recognises the individuality and diversity of each service user", "Maximize independence", "Offers choice and enable service users to make decisions...", "Prevents unnecessary admissions to Hospital, by caring for patients at home / community settings when it is safe and clinically effective to do so."
- When we asked the management team, they could clearly explain the ethos of the service and how this applied in the provision of care and support to people. Their priority was to maintain a quality service user experience as the service grew. We saw business plans and strategies to manage safe and skilled staffing capacity which aimed to ensure that people's care could continue.
- Regular lone working 'spot checks' were undertaken by the clinical lead which included checks that staff practice was in line with people's wishes and correct clinical procedures, medicines administration competency, dress code, and safe hygiene. Remedial actions were taken with staff when necessary, to ensure that care was provided in the right way.
- One member of staff observed the service recruited the right staff in terms of expertise and attitude and felt individual staff skills complimented the team and enabled shared learning.
- Staff told us they felt valued and supported by the registered manager and the leadership team with comments such as "Head office...are always very helpful and know exactly what is going on if I have any questions. They have always been very efficient, professional and friendly", "Since I started with HomeLink, I been having a great support from everyone, my manager and clinical development lead are in contact with me regularly", "It's been a real joy working with these friendly, lovely people" and "[I'm] just very glad to be part of the team."
- The service understood their duty of candour and to notify us of any significant incidents or events that affect the running of the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service sent people satisfaction surveys at the end of their care and treatment and, to date, received a 22% response rate. Outcomes were regularly analysed and evaluated as part of the quality and safety framework. We saw that feedback was 100% "good" and "excellent". The nominated individual reflected that the service could drill-down into the free text comments to understand how they could improve "good" feed-back to "excellent".
- Staff told us that managers listened to and acted upon their feedback with comments such as, "They take into account every suggestion or feedback from myself" and "...Open to feedback, very positive vibe at the end of the phone."
- One of the RGNs was involved in clinical development meetings. They told us this had developed their understanding of CQC's inspection key lines of enquiry and they had contributed reviewing and improving care and treatment procedures.

Working in partnership with others

- The service understood the importance of working in partnership with others. They had established strong links with health and social care agencies with the aim of preventing hospital admission and worked to achieve timely discharges from hospital to improve people's health and wellbeing outcomes.
- A healthcare agency told us their own collaboration was conducted by the service with, "Openness and

honesty, good attention to due diligence and always ensuring that both they and ourselves maintain the highest levels of both clinical and regulatory compliance." They told us the service's support in their overall delivery of care had ensured that several people had been provided with a more dignified and caring service at a time when it was most needed.

- The service had begun working with a hospital to assist in timely discharges. One staff member told us this involved them regularly attending hospital multi-disciplinary meetings to identify and assess people requiring their support. Collaboration was achieved by the RGNs having regular contact with all the discharge co-ordinators and the person's social workers. They said that "Having a personal relationship [with external agency colleagues] really helps with synchronicity."
- The nominated individual told us they were exploring new ways of collaborating and mutually beneficial solutions with a healthcare provider, who were responsible for the co-ordination of equipment and safe enteral feeding practices. The aim of this was to improve the co-ordination of training in the community and facilitate timely hospital discharges.