Kate's Home Nursing

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Inspection report

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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

This inspection took place on 15 June 2016 and was announced. We gave the registered manager 48 hours' notice of the inspection because we wanted key people to be available. Kate's Home Nursing service supports people in their own homes who have life-limiting illnesses. The people they support will either be at the end of their lives and receiving palliative care or be experiencing a period of time during their illness where they and their family need extra support, for example during chemotherapy treatment.

The service worked in conjunction with GPs and community based nurses and is provided to people who live within a 20 mile radius of Stow on the Wold in Gloucestershire. This included the surgeries at Stow on the Wold, Bourton, Burford, Northleach, Winchcombe and Moreton in Marsh. A local resident, who had wanted to remain at home for her own end of life care, instigated the setting up of the service up 21years ago by the local GP and district nurses. The charity has made the decision to remain small, person-centred and responsive and to only provide qualified nurses.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the time of the inspection the service was supporting eight people. Health and social care professionals could refer people to the service for support or people and their families could refer themselves. Kate's Home Nurses worked in partnership with the district nurses who were the lead healthcare professional.

The service provided to people was safe. This was because the nurses were trained on how to safely use any moving and handling equipment and had received safeguarding adults and children training. Risks to people's health and welfare were well managed. Safe recruitment procedures were followed to ensure that only suitable nurses were employed. This meant appropriate measures were in place to protect people from being harmed.

The service offered support to people who were either experiencing a period of acute illness as part of a life limiting illness or were at the end of their lives. The service had a flexible workforce in order to be able to accommodate demand for the service. All eligible referrals were accepted and an assessment was made, so that support can be given when capacity allowed. In the meantime the coordinator often offered to be on call overnight (or give nursing care herself) if no nurse was available, for those people requiring symptom control. If a referral was not eligible, the service signposted onto other services. This may be because the person lived 'out of area'. However it was evident the nurses were compassionate about their role and often pulled out all the stops to enable people to be nursed at home for their final hours, days or weeks.

All nurses had a programme of mandatory training to complete plus other training courses that were relevant to the palliative care service they provided. New nurses to the service had an induction training

programme to complete. They were shadowed by one of the nurse coordinators until they were ready to work alone and were competent to carry out their role to the high standards expected. The nurses had the necessary skills and qualities to provide compassionate and caring support to people and their families.

People were supported to make their own choices and decisions where possible. The nurses had received training about the principles of the Mental Capacity Act (2005). Where people lacked the capacity to make decisions nurses worked within implied consent but checked with family members and healthcare professionals before providing care and support.

Nurses supported people to eat and drink safely as part of the care they delivered and liaised with the district nurses and the person's GP when needed. Where people were unable to eat and drink, mouth care and oral hygiene were provided in order to keep people comfortable.

The nurses developed good working relationships with the people they were looking after and their families. These working relationships were short but intense. The nurses were well supported emotionally by their colleagues, the registered manager and the trustees, through regular supervision, team meetings and team debrief sessions.

People were involved in making decisions about the care and support they needed and the service provided was led by their needs and wishes. People's care needs were reviewed at every visit by the nurses and adjusted, taking into account deterioration in people's abilities. The nurses worked in partnership with the district nurses. Communication between the nurses, the nurse coordinators and the district nurses ensured that any changes in people's health was reported and significant information was passed on.

The service was well led with good management and leadership provided by an experienced registered manager and the nurse coordinators. The trustees who were not involved in the day to day business were kept fully informed of how the service was performing. Where things did not go as well as expected, they looked at the reasons why and made adjustments accordingly. There was a continual programme of review to drive forward improvements.

The service had a regular programme of audits in place to check on the quality and safety of the service. Any accidents, incidents, near misses and complaints would be used to identify any learning in order to drive improvements the service could make. The arrangements in place ensured the service was safe, effective, caring, responsive and well led.

The service was linked with the National Association of Hospice at Home and the registered manager, nurse coordinators and CEO attended meetings and conferences. They linked with other hospice providers and this enabled them to share, and learn about, good and best practice.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People received care from nurses who were aware of their responsibilities to safeguard them and knew who to report any concerns to. Recruitment procedures for new nurses were safe and ensured suitable staff were employed.

Any risks to people's health and welfare were well managed. People were assisted with their medicines by qualified and competent nurses.

The service had a flexible workforce. There were sufficient numbers of staff with the required skills and experience to meet people's needs safely.

Is the service effective?

Good

The service was effective.

People were looked after by nurses who had the right qualities and skills to provide compassionate care and support. The nurses were well trained and well supported.

Staff understood the importance of obtaining consent from people before supporting them. The service was aware of the principles of the Mental Capacity Act (2005).

People were assisted to eat and drink safely and there was good communication with the GP's, district nurses and other healthcare professionals.

Is the service caring?

Good

The service was caring.

People were treated with respect and kindness. The nurses cared for the person who was dying and their family members.

The nurses developed positive, kind and caring relationships with people and talked respectfully about the people they

looked after. Staff were devoted to the service and dedicated to helping people die in their own homes.

Is the service responsive?

Good

The service was responsive.

People and their families received care and support that met their specific needs. The nurses were skilled to assess what people needed and adjusted the service provided to take account of any changes in their needs.

People and their families were listened to and staff supported them if they had any concerns or were unhappy.

Is the service well-led?

Good

The service was well led.

There was a good management and leadership structure in place. Nurses were expected to provide the best quality care and feedback from other professionals confirmed this was achieved.

Feedback from people and families who used the service was gathered. The service used the information to drive improvements and make the service better.

There was a programme of checks and audits in place to ensure that the quality of the service was measured. Any accidents, incidents or complaints were analysed to see if there was any lessons to be learnt.

Kate's Home Nursing

Detailed findings

Background to this inspection

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

The inspection was announced and was undertaken by one inspector and a specialist advisor. The specialist advisor was a qualified nurse who had experience of working in palliative and end of life care. This was the first inspection of the service since its registration in 2014.

Prior to the inspection we looked at the information we had about the service. This included notifications that had been submitted by the service. Notifications are information about specific important events the service is legally required to report to us. We reviewed the Provider Information Record (PIR). The PIR was information given to us by the provider. This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

We contacted five health and social care professionals and asked them to tell us about their views of the service. Their comments have been included in the body of the report.

During our inspection we spoke with nine relatives of people who had recently used the service. We did not speak to people who were currently using the service because this would have been a difficult time for them. We asked the relatives to tell us about the quality of service they had received and their experience of the qualified nurses who had supported them. We spoke with the chief executive and the registered manager. Not all the nurses who worked for the service were available for interview as they were also employed in other roles in the NHS and the community. However, eight nurses contacted us by email and told what it was like to work for the service.

We looked at four people's care records and two staff recruitment files. We also looked at training records, policies and procedures, audits, quality assurance reports and minutes of meetings.

Good

Is the service safe?

Our findings

Relatives told us they felt the service was safe. Those relatives we spoke with said, "All the nurses gave us as a family a sense of calm. We knew that (named person) was being safely and lovingly looked after", "The nurses were very professional. Even though I knew that (named person) was going to die soon, I knew they were safe" and "No concerns at all. The nurses were so kind and thoughtful".

The service had a safeguarding policy and procedure in place and 16 of the 21 nurses had recently received their refresher safeguarding adults and children training. Arrangements were to be made for the other five nurses to have their refresher training. All nurses were provided with a copy of the safeguarding policy and this was kept in their staff handbook. The policy was last reviewed in October 2015 and contained up to date contact details for the local authority safeguarding team, the police and the Care Quality Commission. One of the nurse coordinators was the lead nurse for safeguarding. Although the service was not provided to children, the nurses were made aware of child protection procedures because they could well be supporting a parent and children would be present in the home.

The registered manager had raised one safeguarding alert with Gloucestershire County Council when nurses had been concerned about the activities of a family member towards their parent who was at end of their life. The alert was raised appropriately and demonstrated the service was committed to safeguarding people from harm.

Staff files were checked to ensure safe recruitment procedures were followed. Each file evidenced appropriate pre-employment checks had been completed. These checks included the Nursing and Midwifery registration number checks and fitness to practice. Disclosure and Barring Service (DBS) checks had been carried out. A DBS check allowed employers to check whether the applicant had any past convictions that may prevent them from working with vulnerable people. Interviews were always carried out by the chief executive and the registered manager. The measures in place prevented unsuitable staff being employed.

Staff were trained to safely use any moving and handling equipment including hoists. For some nurses this training was delivered by their main employer (the NHS). The district nursing services were responsible for ensuring the appropriate moving and handling equipment was in place and worked collaboratively with Kate's nurses to move and transfer people safely. This ensured people were assisted properly and were not harmed by being moved incorrectly.

Risk assessments in respect of the likelihood of pressure damage to skin and frailty were completed by the district nurses. However the nurses supplied by the service had a responsibility to report any concerns to the nursing coordinator or registered manager and the district nurses. Risk assessments were reviewed at each nurse visit and the person's plan of care adjusted in order to lessen or eliminate the risk.

Because the service supported people in their own homes a risk assessment of the nurses 'place of work' was undertaken to ensure their safety. The assessment covered both the external and internal aspects of

the home and included the presence of pets, and other people. Nurses were expected to be responsible for their health and safety at all times and to report any concerns they had about their own safety and that of the people they supported.

The service had a business contingency plan in place. This plan covered what would happen in the case of adverse weather conditions, staff sickness and failure of internet and IT services. The service had a list of 4x4 road users who would be able to deliver nurses to rural areas in order to support people. This meant the service had measures in place to continue to deliver what was expected of it during difficult circumstances.

The team consisted of four nurse coordinators (qualified nurses) and 17 other qualified nurses, two of these being on contracted hours and the other 15 being on the bank. Each week the nurse had to inform the service of their availability. The registered manager explained the service was able to provide as many hours as required, usually between 90 – 100 hours of support per week on average. By having a flexible workforce, the service was able to respond to referrals promptly. One relative we spoke with told us about the difficulties they had experienced in getting the hospital to set up community support for their wife who wanted to die in their own home. A neighbour had told him about Kate's Home Nursing, they visited the same day he had contacted them and the service had commenced the next day. The registered manager said they only employed qualified nurses "because on the whole people's needs were complex" and "could not be met by a health care assistant". The minimum length of call was for two hours, but the service also supplied day time and night time respite care, to allow families to take a break. There were sufficient numbers of nurses to support people safely however the registered manager was looking to recruit additional nurses to meet demand for their service.

The nurses supported people with their medicines where this had been identified as a care and support need. The responsibility for ordering medicines and any essential equipment (for example a syringe driver) remained with the district nurses. Kate's Home Nurses worked strictly to the GP's and district nurse's prescription and the prescription charts they completed (when necessary) remained with the district nursing notes. The registered manager evaluated the current medication practice of all the nurses and planned to introduce a programme of regular competency assessments. There was annual update training arranged regarding symptom control, led by a palliative care consultant. This meant the nurses were always following current practice in pain management. Each nurse was expected to carry a copy of the medicines policy, plus a copy of the West Midlands guidelines for the use of drugs in symptoms control at all times when they were working and were all trained in the use of syringe drivers. As part of the care planning process nurses used an assessment tool to measure people's pain and would then administer pain relieving medicines according to the prescription.

Good

Is the service effective?

Our findings

The relatives of the people who had recently received a service from Kate's Home Nursing told us they had been involved in making decisions about the care and support their loved ones needed. The relatives said, "Without this service my wife would have not been able to return home to die as was her wish", "The service all get arranged very quickly. If there had been any delays my husband's wish to die at home would not have been possible" and "This service met my expectations and beyond".

Comments from health and social care professionals included, "The service can arrange to support our patient and their families promptly which is essential", "The aim of the service is to look after people until they die, in their own homes. They achieve this so that makes the service effective" and "We (district nurses) work alongside the Kate's Home Nurses and we work together for the good of the patient".

Nurses contacted us and told us why they liked to work for Kate's Home Nursing. They said, "I have never worked for an organization where staff are so well supported and respected for what we do", "I never have I felt so valued and appreciated and as I do for KHN. I feel respected and valued, and the level of support I have received over the last seven years from the nurse coordinators, the nurse manager, and the CEO are second to none" and "The nurses are kept informed, supported with continuing practice and development study. This is provided by the Kate's senior nursing team, local hospice's and online courses".

The team of nurses were all experienced in community services and palliative care. The registered manager said they would re-direct any newly qualified nurses who did not have this experience to hospice services where there were in-patient beds. This meant all nurses who worked for Kate's Home Nursing had the necessary skills competencies and personal qualities to meet the needs of people who were dying.

All nurses had a programme of mandatory training to complete and this included health & safety. On a yearly basis each nurse received an appraisal where an audit of their training and development needs was completed. Training records were kept for each nurse, in addition to this the service also has an area on their intranet for nurses to see their individual records and due dates, at a glance. The registered manager was always looking at ways to improve this system. Those nurses who worked for the NHS or other care providers received some of their mandatory training from that provider and provided evidence of any training received to the registered manager. Newly recruited nurses had induction training at the start of their employment, were shadowed initially by one of the nurse coordinators and had a probationary period to complete.

Training was delivered via a mixture of on-line training courses, regular nurse meetings and taught sessions. The week prior to our inspection nurses had completed bespoke safeguarding training. This training had also covered the Mental Capacity Act 2005 (MCA), Deprivation of Liberty Safeguards (DoLS) and best-interest decision making. MCA legislation provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. DoLS is a framework to approve the deprivation of liberty for a person when they lacked the capacity to consent to treatment or care. On an annual basis, all nurses completed basic life support and cardio-pulmonary resuscitation, syringe driver,

moving and handling, infection control, health and safety and safeguarding (adults and children).

The registered manager had completed the registered manager award and the advanced diploma in palliative care. One of the other nurse coordinators was working towards achieving the diploma qualification as well. Examples of other training that had been completed by the team of nurses included a medicine prescribing course, advanced listening skills, appraisal training, teaching and assessing, a bereavement course, verification of expected death and the NMC revalidation process. The registered manager stated that nurses had requested training around the care of a patient living with dementia as well as palliative care needs and oral healthcare. Oral healthcare training had already been arranged for November 2016. This meant that all the nurses had the necessary skills and competencies to meet people's needs and were able to deliver the best possible care.

The team of nurses and nurse coordinators were well supported to do their jobs effectively. There was always a nurse coordinator on call and the overwhelming feedback from the nurses was they were always available to give advice or provide practical support. The on-call nurse co-ordinator was always aware which nurses were working with which person. Each nurse was provided with a copy of the staff handbook and this contained key policies and a lot of, 'what to do if…..' guidance. Team meetings were held on a regular basis with the nurses and the four nurse co-ordinators had monthly meetings to discuss what had worked well and what had not worked well.

As part of the assessment of each person who received support, their ability to make decisions for themselves was determined. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

The nurses knew the importance of gaining consent before they provided any care, support and treatment and reviewed this on each visit. The nurses had received training around the principles of the Mental Capacity Act (2005). Their service user guide stated that initial consent to receive care and support was implicit because the nurses had been invited in to the home. However the nurses were responsible in ensuring that consent was given prior to any care or treatment being provided. Since people who were supported by Kate's Home Nursing were being looked after in their own homes during an acute stage of their illness or the end stages of their life, the DoLS legislation was not relevant.

People being supported by the nurses would be assisted to eat and drink where required. Nurses were not involved in meal preparation. Nutritional needs were considered as part of the overall assessment process, by both the district nurses and the nurses from Kate's Home Nursing. Nurses would ensure it was safe for people to eat and drink and would assess the person's ability to swallow safely. Where people were unable to eat and drink, mouth care and oral hygiene were provided in order to keep people comfortable.

The district nurses were the lead healthcare professional and the nurses from Kate's Home Nursing worked collaboratively with them, the GP and other relevant health and social care professionals. There were good systems in place for the passing of information from one care provider to another. Some of the care records were shared between services, for example the medicine records.

Healthcare professional feedback was extremely positive about the effectiveness of the service. They said, "They act quickly when we have contacted them to make a referral", "If it hadn't been for Kate's nurses some of our patients may well have died in hospital, this was not their wish" and "They pull out all the stops to ensure patients can end their days in their own home".

Good

Is the service caring?

Our findings

The relatives we spoke with who had recently used the service were extremely complimentary about the service they had received. They told us, "I cannot express how wonderful the nurses were", "I cannot praise them enough. They made a very difficult time slightly more bearable", "They not only cared for (named person) but also me" and "All the nurses were exceptionally kind and caring. The service was way above our expectations".

One relative told us Kate's Home Nursing were "absolutely fantastic" and had supported them regularly several times each day for a period of time. When the person's health had rapidly started to deteriorate, the nurses had stepped up their cover and provided night care. The relative said the nurse was "highly skilled" and knew when he was going to pass, therefore had been able to wake her so she could hold his hand and say her good-byes. The relative said this had meant a lot to her and enabled her to have a "cherished moment".

Relatives told us their loved one had been treated with respect and dignity. The person and their family were involved in making decisions about how they were looked after. Their wishes were respected and people were encouraged to retain control over their care and support for as long as possible.

The registered manager firmly believed the involvement of the person (their patient) and family was fundamental to their practice and was fully embedded in everything they did. The service they provided was person centred and based on each person's individual care and support needs. People's care and support needs were fully assessed by one of the nurse coordinators, either prior to the service being set up or during the first support visit.

At the initial assessment the nursing coordinator made a point of explaining to the person and their family that the service was led by their needs and wishes. People were involved at every stage of care planning and whilst care was being delivered. The amount of care service provided varied. Some people needed help with personal care at a time to suit them, whereas others needed specific symptom control, overnight care or respite care so families could have a break.

We looked at the recent letters and cards that had been received by the service. We recorded a few of the hand written comments: "I have very comforting memories of this time and am so grateful this organisation was available to provide a peaceful end to my late husband's illness", "I couldn't have done it without you all. It meant he had his wish to stay on the farm where he lived" and "Your overnight stays have in my mind become the most significant contribution to him having an end of life experience that was as gentle and peaceful as possible". These comments support a service that in this case clearly had a good appreciation of what was important to the person and their family, as a result it meant that the most important wishes were met.

The registered manager told us they had previously looked after people of different faiths. The examples they gave were Jewish and the Plymouth Bretheran. They had also looked after a person from the travelling

community. The registered manager explained they had researched the things they would need to know so as not to offend the person or their family and make a difficult time even worse. To ensure that mistakes were not made, the nurse coordinators carried up to date information on people's spiritual and religious needs. This showed respect for the person and the family and a willingness to meet people's diverse needs. The service would ensure they met people's religious and spiritual needs as part of the holistic care and support they provided.

The service focused on people's wellbeing and quickly developed ways to support and help them, both psychologically and practically. All the nurses demonstrated great empathy to those they supported and were skilled in helping people talk about their concerns and worries. Family support was seen as key to people's wellbeing and the needs of people's families were also supported. The service had recognised that supporting people with their anxieties was complex, as a result the nurses had attending a training session provided by a clinical hypnotherapist.

The nurses who worked for Kate's Home Nursing were also 'cared for' by their colleagues, the registered manager and the chief executive officer. Nurses made the following comments, "I have recently joined them and I find all the managers and staff very supportive and caring. They are a lovely group of people to work for. They have very high standards and expect the same from us nurses", "The length of time allocated to provide care, and not feeling under pressure if the shift runs over, ensures the patient's needs, and the needs of the family/carers, are our complete priority" and "I am very proud to be involved with Kate's and to be part of such a caring, committed group of nurses within my local community".

Nurses were committed to supporting people's wishes to die in their homes. It was evident from speaking with families and from what the nurses said that this service pulled out all the stops to get people out of hospital and support them in their own homes. The service was able to give us two examples of where recently they had received 'SOS' referrals from people that were based out of the service's normal working area. Services in those areas were unable to provide a service, the service recognised the needs of these people and provided both people with end of life care and support. All the relatives told us their family member's wishes would not have been met if it hadn't been for Kate's Home Nurses. Team meetings were used to de-brief with the nurses. They talked about how the service had handled each case and to work out if they could have done things any better.

Feedback we had received from healthcare professionals included, "The standard of care is consistently high", "The nurses are hand-picked and have the necessary caring and compassionate skills", "The nurses are so kind and caring. They not only look after the person who is dying but all the family" and "They always go the extra mile to help people".

The registered manager explained that a member of the staff team always attended the funerals of the people they had supported, to represent Kate's Home Nursing. This shows a level of compassion and empathy that shows the service goes the extra mile. The service continued to support the families of people who had died for a short time after the person's passing and signposted them towards bereavement support services where this was required. The service had reflected on the support they provided to people at this time, as a result they had made the commitment to provide their own bereavement services in the future. Three staff will be undertaking a recognised bereavement course to enable them to support people.

The nurses formed close working relationships with the people they supported and their families. Nurses said it was important to establish the trust and a bond quickly because they may support a person for a short time. One nurse said, "We enter people's lives at such an important and fragile stage, and it is only

ever an honour to look after them". Another nurse told us, "Their (the service) care for dying people and their families is amazing and I am frequently 'bowled over' by the way Kate's are able to meet their needs".

Good

Is the service responsive?

Our findings

Relatives told us, "If it wasn't for Kate's Home Nursing, my husband would not have been able to come home from hospital. A friend of mine told me about Kate's Nurses. Once I had contacted them it was all go" and "The service we received was adjusted as my husband's condition deteriorated. They were very responsive". Relatives said their loved ones had been kept comfortable and had received "excellent" physical and emotional care. They also said their emotional needs were met by "such lovely and compassionate nurses".

Staff responded promptly when referrals to Kate's Home Nursing were made, the registered manager explained that they always respond within two hours, and usually immediately. They acted and arranged for the service to start at speed to ensure those people who wished to die in their own home, had their wishes granted. The nurses had the specific skills to understand and meet the needs of people and their families in relation to their emotional support and the practical assistance they need with day-to-day life.

The registered manager firmly believed the involvement of the person (their patient) and family was fundamental to their practice and was fully embedded in everything they did. The service they provided was person-led and based on each person's individual care and support needs. People's care and support needs were fully assessed by one of the nurse coordinators, either prior to the service being set up or during the first support visit.

The registered manager explained the aim of the service was to respond to people's wishes to die in their own home by providing nurse support in addition to their other care arrangements. They also provided support to people whose life-limiting illness was going through a bad patch. At the outset of the service they would explain the service withdrawal policy. The registered manager talked about one person they had supported for end of life care, but whose prognosis had lengthened and their health had improved. The service had stopped at this point. This meant the service was able to support other requests for help.

People's care and support was planned proactively in partnership with them. The nurses used innovative and individual ways of involving people so that they felt consulted, empowered, listened to and valued. The nurses assessed the person's care needs at the start of each visit and throughout the visit if the person's health deteriorated. Care was planned to suit the person's needs but due to the nature of the support required people's needs could change dramatically from one day to the next.

The care documentation for each person consisted of a range of core care plans and very detailed evaluation records. These evaluations were an account of the nurses assessment, made in partnership with the person, and a record of care and treatment delivered. The nurses recorded a detailed account each visit and noted any changes that had occurred. The nurses used their judgement and in consultation with the person and the family, decided how the care support and treatment was to be provided for that visit. Where a person's care needs changed, the records completed by the nurses accurately reflected these changes.

After each visit the nurse reported back to the nurse coordinator who in turn reported to the district nursing

services. Before the visit information was passed from the district nurses to Kate's Home Nursing. These measures ensured continuity of care, and made sure that relevant information was communicated so people received the service they needed.

Meetings were held by the nurse coordinators on a monthly basis. During these meetings they discussed what had worked well, what could have been done better, people they were supporting and any new nurses. The nurses also got together regularly for de-briefing, particularly where things had not gone to plan or when a case was particularly complicated or traumatic. This gave the nurses an opportunity to reflect on their actions and drive forward with any improvements needed. The registered manager explained all the nurses would discuss the grief process with relatives to help 'normalise' the emotions they were likely to feel.

People and their families were made aware of what to do if they had any concerns about the service they received. Those we spoke with said they had not needed to raise any concerns. People were provided with a copy of the service user guide and this included details about how to raise a formal complaint. The complaints policy stated any complaints would be acknowledged within five days, the issues would be investigated and a written response would be provided within 28 days. The registered manager told us about some concerns that had been raised by one family who did not want the matter logged as a complaint. The registered manager was able to tell us about actions that had been taken as a result of the information. On-going improvement was seen as essential. The service strived to be known as outstanding and innovative in providing person-centred care based on best practice. This evidences that the provider listened to feedback and looked to see if things can be done in a better way. The Care Quality Commission had not received any complaints about this service.

Good

Is the service well-led?

Our findings

Relatives felt that Kate's Home Nursing was a well organised service. Healthcare professionals described the service as "invaluable", "worked well with all the other parties involved in the person's care" and "was very well led with an excellent manager".

Nurses all stated how proud they were to work for the service. They said, "I couldn't work for a more amazing charity. It is both an honour and a privilege to be counted as a Kate's nurse", "I feel so valued and appreciated", "We are united as a team. We work autonomously but always in the knowledge that senior support is on hand" and "KHN is by far the best. I believe this is because they are blessed with nurses who care deeply about patients and their families and their colleagues who provide the nursing". Nurses said the registered manager was very supportive and approachable. They felt they could raise any issues with her or any of the other three nurse coordinators.

Feedback we received from healthcare professionals was overwhelmingly of the view that Kate's Home Nursing was a well-run and well managed service. They were complimentary about the management and leadership of the service and the ability of the service to act quickly. One response included the comment that people "would receive the best service possible if they were unfortunate to need the service".

The visions and values of the service were as follows: 'As a charity, not only do we care for our patients and their families but we also care for our colleagues'. It was evident from speaking with the registered manager, the chief executive officer, the nurses and relatives that this vision was shared by all and people were placed at the centre of everything they did. Assessment and regular reviews ensured that support remained appropriate and took account of people's changing needs.

The registered manager (also one of the nurse coordinators), was supported by a team of trustees, chief executive officer (CEO) and three other nurse coordinators to deliver a well led service. The nursing coordinators provided a 24 hour on-call support network for the nurses and as well delivering a service to people, were available to offer advice to the other nurses and deal with any "SOS referrals".

The trustees were not involved in the service on a daily basis but board meetings were held quarterly and the registered manager presented a quarterly report at these meetings. At the next board meeting, one of the nurse coordinators was attending the meeting to present a proposal regarding a bereavement support service to be supplied by Kate's Home Nursing.

The registered manager ensured that when things had not gone as well as they could have, they looked for lessons to be learnt. They told us about a recent hospital discharge on a Friday afternoon. They had liaised with the hospital and there had been a discussion about how things could have been done better. Another example was following an extremely heavy workload over one Christmas BH period, they had struggled but managed to provide cover for patients. Afterwards, they had discussed as a team and agreed to offer our nurses an on-call retainer over bank holidays to ensure that patient needs could be met, which has since proved to be a well-managed decision.

The service was linked with the National Association of Hospice at Home and the registered manager and CEO attended quarterly meetings and conferences. They also linked with other hospice services in Gloucestershire, Worcestershire and Oxfordshire. This enabled the service to share good practices with other hospice services and to follow best practice. The registered manager and one of the nurse coordinators attended gold standards framework (GSF) meetings at the GP surgeries. The GSF is a set of standards to ensure that people receive the best type of care when they are nearing the end of their life. In these meetings they were able to pick up some early referrals. The service subscribed to the Palliative Care Journal in order to ensure they were up to date with current practice. Because of this people were provided with the best end of life care and the chances of having a good death were high.

The service had agreed to take part in a Well-Being Project being run by a local hospice service in conjunction with the University of Gloucestershire. They were providing feedback on the well-being of bereaved relatives. This meant they were able to influence and improve counselling and follow on services that bereaved families may use in the future.

The service had a programme of audits in place to check on the quality and safety of the service. The programme looked at significant clinical events, nurse training, the assessment, planning and delivery of care and the standard of record keeping. The arrangements in place ensured the service was safe, effective, caring, responsive and well led. All the policies and procedures were kept under continual review. Key policies were included in the staff handbook that was given to all nurses.

Any accidents, incidents, near misses and complaints were used to identify any learning in order to drive improvements the service could make. Analysis of these events enabled the registered manager to identify any trends so that further occurrences could be prevented or reduced.

The registered manager was aware when notifications of events had to be submitted to CQC. A notification is information about important events that have happened in the service and which the service is required by law to tell us about. This meant we were able to monitor how the service managed these events and would be able to take any action where necessary.

The registered manager and CEO told us about the links they had with the community. There was a "Kate's Choir" and the nurses and the charity fund raisers belonged to this. Amongst other events they took part in the Christmas carol service in the local church. The provider also holds many fundraising events which were extremely well supported by the local community. The nurses had regular social get-togethers, the next one being the Summer party also for supporters, fundraisers and trustees. The charity worked closely with the local secondary school which had supported them generously over the years. The service had agreed to take a work experience student from the school for the first time at the end of the summer term. There was a real sense of camaraderie with the nurses and they worked well together for the benefit of people who needed their service. For the people and the families they supported this meant they were looked after by a team of nurses who were committed to their role and passionate about their work. The CEO was determined for the service to remain as a local community service with the quality of that service being paramount. They aimed to make working for Kate's Home Nursing a career choice for nurses and were looking to recruit nurses and have replacement nurse coordinators. This was forward thinking in that their current staff team was made up of some semi-retired nurses.