The Rosemary Foundation Limited

The Rosemary Foundation (Office)

Inspection report

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29 July 2019

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Outstanding ☆
Is the service well-led?	Outstanding ☆

Summary of findings

Overall summary

About the service
The Rosemary Foundation is a domiciliary care agency specialising in providing end of life palliative nursing and personal care to people in their own homes. At the time of inspection there were 32 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found
The Rosemary Foundation offered bespoke care and support for people at end stage of life (EOL) and to their families. People, relatives and professionals were, without exception, very positive about their EOL care and support.
People and their relatives said they felt safe with their carers and liked and trusted them. People, relatives and professionals told us the registered manager and staff were extremely kind and caring and very good at their jobs. They praised the standard of care provided and described the service as exceptional.

The service was passionate about supporting people with their end of life care in the way that they wanted. They had created a team of enthusiastic and dedicated staff and volunteers. Staff turnover was low, and people and relatives told us they were supported by staff who knew and consistently met their needs. Staff had the skills, knowledge and experience required to support people with their end of life care. The service used practical and creative ways to teach staff care skills and put this into practice to provide high quality care.

People, relatives and professionals were overwhelmingly positive about the person-centred support people received. The feedback emphasised how varied and person specific the support is. People's care and support was planned proactively and in partnership with them.

People and relatives said staff were respectful, friendly and extremely conscientious. Staff had a strong emphasis on encouraging and empowering people to be supported with the end of life care they wanted. We saw evidence of the care the service took to ensure people's beliefs were respected and supported.

Staff worked in excellent partnership with other organisations, groups and healthcare professionals to make sure they followed good practice and people received high quality end of life care. The management team used a variety of methods to check the quality of the service and develop good practice. They were extremely proactive in encouraging people to discuss how their support could be improved or raise concerns.

Staff were aware of people's individual preferences and had the skills, knowledge and ability to meet their

dietary requirements. Medicines were managed safely, and people received them at the times they needed them. Staff understood the importance of supporting people to have a comfortable, pain free and peaceful end of life. The service was exceptionally flexible and fluid in providing care at very short notice.
The service had a strong bereavement support programme which was offered to anyone who had been affected by the loss of a person.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The registered manager provided excellent leadership and showed empathy and a real desire to promote the best outcomes for people. All staff had a clear vision of what was required of them and focused strongly on doing so.

There was a clear and supportive staffing structure and lines of responsibility and accountability. Staff were highly competent and experienced. The service was involved in joint operational meetings with colleagues from the local hospice, community nursing services and social care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was Good (published 03 February 2017).

Why we inspected
This was a planned inspection based on the previous rating.

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

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.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-Led findings below.

The Rosemary Foundation (Office)

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by one inspector.

Service and service type
This service is a domiciliary care agency. It provides nursing and personal care to people living in their own homes and specialises in end of life palliative care.

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. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection site activity started on 15 July 2019 and ended on 29 July 2019. This included visiting the office location to speak with the registered manager, interview staff and review care records and policies and procedures.

What we did before the inspection
Before our inspection we completed our planning tool and reviewed the information we held on the service.

This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people supported by the service and previous inspection reports. We also sought feedback from partner agencies and health and social care professionals.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with the registered manager, the clinical nurse manager, a registered nurse and a healthcare support worker. We looked at five people's care records including their medicine records and daily notes. We looked at training compliance records for the staff team and we examined five staff members recruitment and supervision records and two volunteer files. We viewed documents relating to the management of the service, complaints and compliments, satisfaction surveys and quality audits.

After the inspection
We contacted two people, two relatives, two volunteers, the chairman of the Trustees for The Rosemary Foundation and eight healthcare professionals to obtain feedback on the service. We also requested further documents and information from the registered manager.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "Oh yes, I feel very safe with them". Relatives and professionals also confirmed this. Staff told us how they work hard to ensure people felt comfortable with them. The registered manager confirmed this, "We went out to one person and he loved James Bond and so we all did some swotting on James Bond, so we could talk to him about this and it made him feel safe".
- Robust safeguarding policies were in place and staff received annual safeguarding training to ensure they were knowledgeable about the signs to look out for of any suspected abuse. Staff were aware of their safeguarding responsibilities and were confident any concerns would be followed up.
- Safeguarding information and signposting was displayed in the office and we saw evidence of safeguarding being discussed in team meetings.

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing had been assessed and risk assessments were reviewed regularly to meet any changing needs. Staff demonstrated their knowledge and experience on how to deal with a range of health conditions in relation to providing end of life care to ensure people were supported safely.
- Staff we spoke with had a good understanding of people's health conditions and could explain how they managed any risks. One health care professional told us, "They are always doing their own courses to update themselves and will even tell us about developments and changes."
- Environmental risks, including fire safety risks, were assessed, monitored and reviewed regularly.
- Business continuity plans were in place to ensure that individuals were prioritised in terms of risk during crisis situations.

Staffing and recruitment

- Safe recruitment practices were mostly followed. However, for one staff file a second reference was not available and a registered nurse had started before their Disclosure and Barring Service (DBS) check had been completed. The DBS carry out checks on individuals who intend to work with children and adults, to help employers make safer recruitment decisions. The registered manager was able to demonstrate how the risks were mitigated. The staff member lacking the second reference had been one of the founding nurses at the start of the company who had worked for the Foundation from its inception and had transitioned from the local hospice. The registered nurse was supported to complete their induction and training whilst waiting for the DBS check to come through and did not carry out any lone work during that period with any people.
- Re-validation was monitored, and staff were alerted as this approached their due date. All nursing staff

had their registration status checked and all held current professional registration.
● There were sufficient staff to meet people's needs and keep them safe. The Rosemary Foundation provided a 24 hour on call service which would include, where necessary, nursing and care staff attending a person at any time of the day or night. The registered manager and clinical nurse manager were both qualified nurses who were also able to support nursing and care staff where necessary. This showed there were arrangements and adequate staff available to ensure people received the care they required.

Using medicines safely
● There were safe medicine administration systems in place and people received their medicines when required. Care plans included a section related to medicines and listed all medicines people were prescribed and any specific information as to the level of support people required with their medicines.
● Registered Nursing staff administered medicines prescribed by the person's GP to manage people's symptoms. Records of medicines administered were kept. These detailed the date, time, medicine, route of administration and why nursing staff had administered the medicine. Records of medicine administration were checked when care files were returned to the office. The service had a clear medicine policy which stated the tasks staff could and could not undertake in relation to administrating medicines. Registered Nurses received suitable training to administer medicines, followed by a knowledge check and observations of their practice to help make sure they were competent and safe.

Preventing and controlling infection
● Staff completed training in infection control. Staff told us they have access to personal protective equipment (PPE) and waste was disposed of correctly.
● There was a volunteer system in place that monitored the supplies and ensured that sufficient stock levels were available at all times. We observed that this system was effective.

Learning lessons when things go wrong
● Where an incident or accident had occurred, the registered manager had robust procedures in place to investigate the cause, learn lessons and take remedial action to prevent a recurrence.
● We saw evidence of trend analysis of incidents taking place. Staff were informed of any accidents and incidents and these were discussed and analysed during weekly staff meetings.

Good

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant 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; Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to have comprehensive assessments completed to ensure their needs could be met. Expected outcomes were identified, discussed and agreed with the person and family members. Discussions were held to establish peoples wishes and preferences for end of life care which were clearly documented in their records. Assessments were completed in pairs to enable relatives to receive support as well during a difficult time. The service found that this enabled them to continue to offer support to relatives if they became upset and needed to leave the room.
- The service provided care and treatment based on national guidance and evidence-based practice. People's physical, mental health and social needs were holistically assessed by the service and care and treatment was delivered in line with legislation, standards and evidence-based guidance.
- People had clear personalised care plans that reflected their needs and was up to date. Individual care plans took account of symptom control, psychological, social and spiritual support and we saw evidence of discussion with patients and relatives recorded in care plans. This gave us assurance that care plans were agreed and developed with the consent of the person.
- Staff were able to support and advise people to have enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary and made sure people had enough to eat and drink, including those with specialist nutrition and hydration needs. A staff member told us, "We have training on nutrition every year as usually our patients are not eating or drinking well by the time we get to them, so we give relatives suggestions and ideas on how to support people".

Staff support: induction, training, skills and experience

- People and relatives had confidence in the ability of staff. One relative told us, "They know what to do definitely". A healthcare professional said, "the care workers are all not only experienced nurses, but they have the specialised skills to deliver palliative care".
- Staff we spoke with were knowledgeable about when to escalate a deteriorating patient and knew how to implement procedures to ensure timely and appropriate treatment.
- The continuing development of staff skills, competence and knowledge was recognised as being integral to ensuring high quality care. Staff were proactively supported to acquire new skills and share best practice.
- The clinical nurse manager had devised a comprehensive annual training programme with a different training course each month that the entire team would attend. For example, verification of deaths, syringe drivers and symptoms management. The service also had close links with the local hospice and were able to

utilise their training courses when needed. This meant that they were able to ensure all their staff had access to additional training.

● Counsellors and clinical specialists supported staff learning and development, facilitated clinical supervision and reflective practice. Managers ensured staff had access to debriefing and counselling when appropriate, for example following a serious incident. Staff told us they received regular clinical supervision and they could discuss any topic they felt they needed to during these sessions.

● Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Staff we spoke with confirmed that they received opportunities to attend further courses and educational sessions relevant to their work.

● Staff who were trained to verify death renewed their competencies annually. Training competencies were based on NICE guidance.

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

● People, relatives and professionals were positive about the support provided by the service. A professional told us, "It is abundantly clear that the nurses support their patients and relatives to maintain as good health as possible, whether that is by referring a relative to our counsellor or, for the patient, by assisting them to live fully in the face of end of life".

● People's healthcare needs were carefully monitored and discussed with the person or family members as part of the care planning process. Care records seen confirmed staff worked closely with, and liaised with, healthcare professionals to ensure people received the appropriate level of care as their needs changed.

● The service worked with other organisations to ensure they delivered joined-up care and support and people had access to healthcare services when they needed it. One community professional told us, "They cover a lot of support out of hours which we can't cover. We couldn't be without them. They are amazing".

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

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

People 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

● Care plans showed that mental capacity assessments were carried out to ascertain whether the person had capacity to make decisions related to their care.

● Care plans identified if people had representatives in place, and who had responsibility for carrying out or advocating their wishes, such as Lasting Power of Attorney or an advocate. Advocacy seeks to ensure people have their voice heard on issues that are important to them.

Good

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; Respecting and promoting people's privacy, dignity and independence

- People, relatives and professionals were without exception extremely positive about the care people received. Comments included; "They are all lovely, brilliant people. Lovely attitude, very caring", "They are amazing, they deliver amazing care and have a lot of time for patients", "Hands on patient centred care", and, "Patients get huge satisfaction".
- Staff treated people with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff were discreet and responsive when caring for people. Staff took time to interact with people and those close to them in a respectful and considerate way. Staff always did their utmost to maintain dignity and privacy. A relative told us, "They have been a tremendous help to us. They don't intrude on your privacy". A professional said, "Because they are able to be there long term they can build up a fabulous rapport and trust. Continuity of the girls mean that we don't have to get other people in".
- There was a strong person-centred culture. Care plans detailed people's preferences and protected characteristics. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity. A local GP practice told us, "We are very happy with the quality of care given to our patients".
- Relationships between people and staff were strong, caring and supportive. These relationships were highly valued by people, relatives and staff. One relative said, "We look forward to them coming. [Relative's name] has lovely chats with them. He's always smiling. I think they enjoy coming. They always say they look forward to coming". A volunteer said, "The nurses and health care support workers are very able, committed and caring. They often go out of their way to fit in with a family".
- Staff understood and respected the individual needs of each person and showed understanding and a non-judgmental attitude when caring for, or discussing, people. A relative told us, "We find that some people find it hard to talk about things, but they always know the right way to say things".
- People's emotional and social needs were highly valued by staff and are embedded in their care and treatment. Staff provided emotional support to people, families and carers to minimise their distress. The service used the 'Carer Support Needs Assessment Tool' (CSNAT) approach with carers of people. This helped to ensure tailored support to families.

Respecting equality and diversity

- The service and staff understood and respected the personal, cultural, social and religious needs of

people and how they may relate to care needs, always taking them into account.
● One of the registered nurses who had previously become a vicar would facilitate blessings if requested and needed. The service, and the registered nurse, took great care to ensure any requests were led by the person.
● The service had reference materials on different religions and had access to different religious leaders to ask for guidance. The registered manager told us, "I will research and speak to the local rabbi or priest and ask them. It is the first thing I do when we find out someone has a religion; contact someone so we know how to support them".
● The service used innovative approaches to access interpreters to support people when needed. For example, there was a person they supported with end of life care who was the main English speaker in their family. Their relatives were not able to translate and so the service approached their contact with the local police. They put the service in contact with an administration officer within the police team who spoke the language required. They interpreted for the person and the staff. This enabled the person's preferences and wishes to be recorded whilst they were still able to communicate them. The police officer assisted the person, their relatives and the service both before death and after death.

Supporting people to express their views and be involved in making decisions about their care
● Staff encouraged people to express their views and opinions and supported people to make choices and decisions. The clinical nurse manager told us, "We do ask in the assessment what they would like and basically ask them how we can help them, we are very much patient led. We don't lead the conversation but listen to the patient and get them to talk".
● Where people had limited communication, or where people chose to include them, people's families or representatives were also involved in decision making. One relative told us, "They are amazing how they approach things with us". A community professional said, "They get to know them and build up their trust".
● Communication with the provider was regarded by everyone we spoke with as excellent. A relative told us, "They often ring up to see how things are. Always someone to talk to. I can't praise them enough". Another said, "[Carer's name] tells me exactly what has happened during the night".

Outstanding ☆

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Outstanding. At this inspection this key question has remained the same.

This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

End of life care and support

● The service had continued to tailor their assessments with people to each individual person and took their lead from the person. The registered manager told us, "Some people might have only been given their diagnosis a few weeks ago and so don't know what it is they want. We try and unpick it very, very gently. We explain the role of the GP with medication. Chipping away slowly, we get to know them. It is a continued assessment and as we get to know them we guide them. It can be very new to them and they don't know what is available".

● The Rosemary Foundation had continued to offer bespoke care and support for people at end stage of life (EOL) and to their families. People, relatives and professionals were, without exception, very positive about their EOL care and support. Comments included, "We couldn't be without them", "Their end of life care is exceptional", and, "I can't fault it, they are amazing".

● The service worked alongside the local hospice, Macmillan nurses and community nurses to ensure that the best possible level of palliative care was delivered. The visits to people were not time specific. The clinical nurse manager told us, "We review constantly, we try and keep communication lines open as much as possible. It is a very flexible and fluid system and it works. They [staff] go for as long as they need to, we don't have specific times for visits they are very fluid, they are there for as long as they need to be".

● Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. A relative told us, "Leaving my husband with them I feel so safe. It gives me a break".

● The service had created and developed information booklets for families to guide them on 'the final days of life'. This enabled families to gain some understanding and lessen some of their anxieties that comes with the unknown. It described the common features of the process of dying and what they can do to support their loved one at that time. For example, if there is a diminished need for food or drink, or changes in breathing.

● We saw evidence of the care the provider took to ensure people's beliefs were respected and supported. For one person supporting their beliefs meant that their body could not be touched after death. The registered manager ensured they understood the persons beliefs, so they could respect their wishes. They told us, "I called his minister to find out how to support him. His wife completed the circle of death and we sat with her as they asked us to be there".

● The provider ran a support group for carers and relatives. Counsellors sourced by the provider provided services for people and families within the registered office.

● The provider provided psychological and spiritual support for people and post bereavement counselling

for their relatives. Relatives could attend one to one bereavement sessions with a psychologist or bereavement support groups. Feedback from users of these services was consistently positive.

● The provider had a strong bereavement support programme which was offered to anyone who had been affected by the loss of a person. For up to two years following the death of a person the service reached out using appropriate methods to re-establish contact with anyone no longer in contact with them. They had recognised that the grieving process can take time and people are receptive at different times to their support. This ensured that people were fully supported at a time when they needed it the most.

● The staff attended communication workshops, training and relevant conferences to ensure their knowledge and practice was in line with current legislation and guidelines. For example, the National Hospice Conference. Community professionals were very complimentary of the skills and knowledge of the care staff saying that they led them at times in best practice in palliative care support.

● For example, when supporting one individual with palliative care who was requiring support with pain management they found the person's GP reluctant to prescribe anticipatory medicines as they were not sure how to support this. The service supported the person by liaising with a specialist doctor from the local hospice to ensure pain management was prompt and alleviated their distress. The provider then worked with the GP to develop their knowledge and confidence in supporting palliative care. The GP is happy to work alongside the service and was appreciative of their support.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● People, relatives and professionals were overwhelmingly positive about the person-centred support people received. The feedback emphasised how varied and person specific the support is. The registered manager told us, "We have no time constraints and we are inclusive of all. It is not just about personal care. We had one lady who was mortified that she couldn't change the bed and so we supported that".

● Other examples included; feeding pets, emptying fridges of expired items such as lettuce and supporting laundry. For one person the registered nurses devised a system; one would load the laundry into the washing machine, the next would empty it into the dryer and then another would iron it on their visit.

● Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment. A staff member told us, "I love being able to spend time with them and their family and really listen to them and support them with the care they need and support them at what is a really difficult time in their life and be part of that".

● Staff encouraged people to communicate their choices and decisions and supported them to have as much control and independence as possible. Staff told us, "I always say to patients we have no agenda and that we are there to support them and to discuss with them how best they want us to support them", and, "It is discussing at assessment what their expectations of us are and how best we can support them".

● The registered manager told us, "There is no set time but normally a good assessment you can do in an hour. Sometimes it can take three hours. We take the time to get the best clinical and psychological assessment we can to ensure we can make a difference. It is all about being the patients advocate. If it means I have to sit in the GP surgery for hours waiting to speak to them to get the medication chart right I will do that".

● The service continued to have a referral system in place through local GP surgeries, hospice and local hospitals. However, they had many examples of how they had supported people who had not followed the conventional referral route.

● For example, one person who had had a relative previously supported by the provider, directly approached the provider for support when they needed it. The provider supported the person to take the lead on their care and to involve other relevant professionals. For another person, supported by a private hospital, they had been told there was nothing else that could be done and were sent home to die with no

information or support. They contacted the provider on a recommendation and the provider stepped in and supported them at a time when they felt abandoned and lost. The provider supported the person to take the lead in their own care decisions and to have their wishes met.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were fully considered during the initial assessment and as part of the ongoing care planning process so that information was given in line with their needs.
- The service was able to meet the information and communication needs of people with a disability or sensory loss. For example, the carers guide and handbook the service provided to people was available in braille for people. For one person who was deaf the staff agreed with them that they would text the staff and then call the staff and once answered they would hang up. This would enable the staff to know the person needed them.

Improving care quality in response to complaints or concerns

- People and their carers were given the carers guide and handbook which explained how to raise a concern or complaint. People and relatives told us they felt safe expressing any concerns with the registered manager and were encouraged to provide feedback and discuss any issues. They were confident that any concerns would be dealt with and any changes needed would be made but had no complaints. One relative told us, "They are brilliant. Cannot fault them".

Outstanding ☆

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.

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding.

This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People, Relatives and Professionals had great confidence in the service and the care provided. Everyone we spoke to were very positive about the service and the management team. A person said they were "Perfect". Relatives told us, "They are just wonderful", and, "We appreciate their help".
- The management team were open and transparent. People and relatives told us they felt able to approach the registered manager, or anyone from the service, at any time. They added they were easy to talk with and available when they wanted to talk. The service ensured they were available to people and relatives 24/7. A relative told us, "They are 24/7. It is very good. I've never had to call them, but I know I can which is very reassuring to me". A staff member said, "I work 24/7 so time is not a factor to me, I work around them [people] and what they need".
- The service was passionate about supporting people with their end of life care in the way that they wanted. They had created a team of enthusiastic and dedicated staff and volunteers. They encouraged innovation and had developed an open and supportive working culture. When talking to us about the management team a volunteer said, "They are assiduous in their approach to the care of patients, to health and safety and related issues, and in the general example they lead by".
- The service supported their staff to develop their knowledge and skills in their specialist interests. One staff member was being supported, and funded, to gain a degree level qualification. Another who had identified a training need had been supported with bespoke training sessions from a specialist doctor on different cancer types and presentation of symptoms.
- The management team understood the duty of candour responsibility and supported people affected and staff if something went wrong.

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

- There was a clear and supportive staffing structure and lines of responsibility and accountability. Staff were highly competent and experienced. There was very low staff turnover and staff were highly motivated. Staff told us, " It is an amazing service and it is wonderful to be part of it as it really is unique", "Very privileged to be a part of", and, "I never feel like I'm working ever, it doesn't matter if I'm called out at 02:00 am, 05:00 am or 14:00 pm in the afternoon. If you can make a difference by holding somebody's hand, that is

really powerful".
● The service had effective systems of structured internal audits and checks. These systems assisted staff to provide people with high-quality personalised care which met their needs and preferences.
● The registered manager provided leadership and staff were clear about their role. They had made plans for the future of the service. Staff were aware of the plans to 'future proof' the service and felt included, confident and supported in making suggestions. They told us they could call the management team at any time for advice and support. One staff member told us, "I know I can ring them at any time, even at night".
● The registered manager told us, "I feel very well supported. We have a board of trustees and I can call them at any time. I feel hugely supported by the Chairman". The Chairman confirmed this, and evidence was seen of their consistent presence, support and oversight of the service.
● The management team followed current and relevant legislation along with best practice guidelines. They understood legal obligations, including conditions of CQC registration and those of other organisations.
● Ratings from the previous CQC inspection were displayed in the office.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care
● The service proactively sought, listened to and promptly responded to the views of those involved with the service. This included using informal discussions, events, reviews, face to face and telephone checks and questionnaires. Trustees completed telephone bereavement audits with families to establish how they felt about the care and support delivered by the staff and to identify if there was anything they could do differently.
● The service ensured they supported the emotional wellbeing of their staff by providing debriefing and the opportunity to speak with counsellors. The registered manager was very aware of the emotional impact the role may have for staff and was vigilant for any changes to staff's well-being whilst operating a stringent caseload to prevent burnout. The service was exploring how they may be able to better support staff and had provided a furnished apartment for staff to stay over in to reduce travelling time.
● Staff felt supported and had weekly clinical and wellbeing meetings as well as regular supervisions. Staff told us, "I just know there is no pressure, we can spend whatever time we need to with the patient and relatives and not feel under any pressure at all", and, "We can come to the managers at any time and talk to them about anything we feel we need to discuss. We meet every Thursday as a team, so we may talk it through there, anything we are concerned about, or if we've been through something".
● The service used the office as a centre for a lot of community support activities including bereavement support groups, one-to-one bereavement counselling, a space for carers to have some space and time out from a difficult life experience and fundraising events. They had a bereavement tree and space to support grieving people who came in to the office, whether they had had loved ones supported by the service or not.
● The service sent out bereavement letters to grieving families from the named registered nurses, and healthcare support workers, who had supported their loved one. The service always ensured they attended funerals to offer support to families.
● The service held an annual 'tea party' and invited grieving families to join them. This was to ensure that people did not 'feel forgotten' or abandoned and had a safe space to spend time with the staff team and others in a safe space. The service ensured all staff were available to answer questions and spend time with them.
● The systems to monitor the quality of the service were robust and effective. The registered manager acted on any errors or omissions raised or found on audits to help them further improve care.
● The registered manager reviewed accidents and incidents to see if lessons could be learnt and improvements made and shared these with the staff team.
● The service had supported a statistically higher number of people with Asbestos related cancer due to the local area featuring a lot of former dockyard workers. Due to this they had specialist knowledge about

supporting such cancers. They were working with the coroner's office, and a local GP, to put together a fact sheet on these cancers and collate all of their learning to share with the wider community.

Working in partnership with others

● Healthcare professionals spoke very highly of the Rosemary Foundation Trust. Comments included; "We rely on them a lot", "They are amazing. They cover a lot of support and out of hours support which we can't cover. We couldn't be without them", "I do use them quite a lot as often can't use our own home team from the local hospice as people are too far out", and, "They are the only out of hours response as I don't have that service, you get a qualified nurse going out at night time. Their response time is second to none. Faster than anyone else".

● We saw evidence of the service working closely and extremely effectively with other organisations, groups and healthcare professionals to deliver high quality end of life care. For example, the service encountered a situation overnight where a person was in significant pain, and their relative in great distress with deteriorating mental health. The service had been the only one available to support at the time, as other primary healthcare services were ill equipped to support, and other end of life care services were not available out of hours. The service initiated, and led, a collaborative reflective practice meeting with other prominent end of life services and healthcare professionals. The result of which was that the Rosemary Foundation Trust was provided with access to out of hours specialist end of life care doctors to prevent a reoccurrence.

● The involvement of other organisations and the local community was integral to how services were planned and ensured that services met people's needs. There were innovative approaches to providing integrated person-centred pathways of care that involved other service providers for people at the end of their life. Professionals told us, "Excellent communication with other health care professionals", "They stay in contact with me, work closely with me, GP and the community nurses", "Once a week we meet up with them. We attend their weekly team meeting alongside Macmillan and keep each other updated", and, "Always in contact with them".

● We found the senior management team worked with local commissioners, local hospice teams, GP's and other providers to provide a service that met the needs of local people. The providers supported each other to provide the best possible service to people at the end of their life across the whole pathway. One professional told us, "I love working with them. A fabulous team".

● The service told us how they were involved in joint operational meetings with colleagues from the local hospice, community nursing services and social care to discuss operational pressures and to plan how the services could best work together to ensure patients received the care and support they needed.