The Rosemary Foundation Limited

The Rosemary Foundation (Office)

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?	Outstanding
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 8 December 2016 and was announced. The provider was given 48 hours because the location provides a domiciliary care service; we need to be sure that someone would be available in the office.

The Rosemary Foundation provides end of life personal care and support for people in their own homes. At the time of this inspection they were providing a service to 43 people, 10 of whom were receiving direct personal or nursing care. The other people were receiving emotional support and advice. The Rosemary Foundation was providing a service to people in Petersfield and surrounding towns and villages.

The Rosemary Foundation had a registered manager and management team who each had specific management responsibilities. 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.

People and relatives could not praise the service enough and consistently told us about the outstanding care they received from The Rosemary Foundation. They said that without a doubt they would recommend the service to their friends and family, if they ever needed to. Words people commonly used to describe their care included, "absolutely brilliant" and "exceptional". People or their relatives told us that staff interacted with them in a compassionate, respectful and caring manner and took time to maintain their dignity and privacy.

People received care that was tailored to their individual needs. People were treated as equal partners in determining their care and treatment plans and their rights, wishes, preferences and diverse needs were respected. People, their families and staff felt that they mattered and that their views were taken seriously and acted on.

People were supported to receive end of life care that met with their needs and wishes and to achieve a private, dignified and pain free death. People, their families and staff were provided with the emotional and bereavement support they needed. People's medicines were safely and effectively managed.

People were protected from harm and abuse and robust recruitment procedures were followed for people's safety. There were sufficient staff to meet people's individual needs and to respond flexibly to changes and unforeseen emergencies. Systems were effective to manage known risks associated with people's care and treatment needs; for example, to protect them from the risks associated with medicines, falls, pressure injuries or related to symptoms they may experience.

People told us they felt safe and secure when receiving care. Staff received training in safeguarding adults, knew how to recognise and respond to abuse and understood their responsibility to report any concerns. Staff felt supported and received regular supervision and training.

Staff followed and understood the requirements of the Mental Capacity Act 2005 and people's rights around consent to care. This ensured, where appropriate, that decisions about people's care were made in their best interests when they were unable to do this for themselves.

Staff worked closely and in partnership with external health and social care professionals and providers and also health commissioners and national organisations concerned with palliative and end of life care. This helped to ensure that people received the right care at the right time and that knowledge was appropriately shared and used to influence best practice for people's care.

Clear governance and management strategies were employed. This helped to ensure clear management oversight and scrutiny of the service in line with recognised practice and guidance. People and their families, staff and key stakeholders, views were used to continuously inform service improvements and to influence the management and running of the service. People felt listened to and a complaints procedure was in place.

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 were protected from harm and abuse and robust recruitment procedures were followed for people's safety.

Systems were effective to manage known risks associated with people's care and treatment needs.

There were safe medication administration systems in place and people received their medicines when required.

There were sufficient staff to meet people's individual needs and to respond flexibly to changes and unforeseen emergencies.

Is the service effective?

Good

The service was effective.

People received effective care, treatment and support from nurses and healthcare assistants who received the training and support they needed to perform their roles.

Staff worked closely with external organisations, health and social care professionals in a way that ensured people received the right care at the right time.

Staff understood consent and how they should provide care to ensure people's legal rights were protected. People said staff always obtained their consent before providing care.

Is the service caring?

Good

The service was caring.

The service had a strong person centred culture. Staff and management were committed to ensuring people were able to express their views and received end of life care in the way and place they wanted to be cared for.

The service provided outstanding end of life care and people

experienced a comfortable, dignified and pain free death. They were cared for by exceptional staff who were compassionate, understanding and who had distinctive skills in this aspect of care. Staff also cared and supported the people that mattered to the person who was dying with empathy and understanding.

Is the service responsive?

Outstanding ☆

The service was very responsive.

People received outstanding care that was tailored to their individual needs allowing them to have choice about where they lived at the end of their lives. People were treated as equal partners in determining their care and treatment plans. Their rights, wishes, preferences and diverse needs were respected. People, their families and staff felt that they mattered and that their views were taken seriously and acted on.

There were close links and working relationships with local statutory community health services whose professionals told us The Rosemary Foundation focused on providing person-centred care and achieved exceptional results enabling people receive the care they required when they required it. The service had a business continuity plan in case of emergencies or severe weather which would ensure they could continue to respond effectively at all times.

People and their relatives were actively encouraged to give their views which were valued and seen as part of driving improvements.

Is the service well-led?

Good ●

The service was well led.

People and staff spoke highly of the service and management team, who were approachable and supportive. The service was open, honest and transparent placing people at the centre of the service.

Clear governance and management strategies were employed. This helped to ensure a high level of management oversight and scrutiny of the service against recognised practice and guidance.

The Rosemary Foundation (Office)

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.

This inspection took place on 8 December 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure someone would be in the office. The inspection was carried out by two inspectors.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed previous inspection reports and notifications we had been sent by the provider. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with four people who used the service, or their relatives, by telephone. In June 2016 we sent surveys to people who used the service, staff and healthcare professionals. We spoke with the nominated individual, the registered manager, office staff, a trustee and eight nursing or care staff members. We looked at care records for four people. We also reviewed records about how the service was managed, including staff training and recruitment records.

The service was previously inspected in February 2014 when we found no concerns.

Good

Our findings

All four people who completed our surveys about the care provided by The Rosemary Foundation told us they felt safe from abuse or harm from the nurses or care staff. Equally both relatives who completed our survey said they believed that their relative / friend was safe from abuse and or harm from staff. We also spoke with people and relatives of people who were receiving a service. People told us they felt safe and they and relatives felt The Rosemary Foundation provided staff who kept people safe whilst providing them with nursing or personal care. One relative said, "Yes, I feel safe they [relative] are very safe", they added, "I have no worries when I go out and leave them with the care staff". Another relative told us, "I felt confident about them from the first contact". All four people who completed our surveys about the care provided by The Rosemary Foundation told us they felt safe from abuse or harm from the nurses or care staff. Equally both relatives who completed our survey said they believed that their relative / friend was safe from abuse and or harm from staff. Two community health professionals also completed surveys and confirmed that they felt people who used this service were safe from abuse and or harm from the staff of this service. We spoke with five external health professionals including GP's and community nurses. They all confirmed that they believed people receiving a service from The Rosemary Foundation received a safe service.

People benefited from a safe service where staff understood their safeguarding responsibilities. A safeguarding policy was available and all staff completed formal safeguarding training for adults and children as part of their induction. Staff kept people safe from the risk of abuse. Feedback from a family member stated: "I only wanted to protect [my relative] and you did that for me." Staff had received safeguarding training and knew how to identify, prevent and report abuse. They told us they would have no hesitation raising concerns and had confidence that managers would take appropriate action. Staff were also aware of external organisations they could contact for support, including the local safeguarding authority. One staff member said, "If I had any concerns, I'd escalate them to my line manager. They would be proactive and would deal with them quickly." The registered manager was aware of their safeguarding responsibilities and provided examples of how they had worked with safeguarding partners to conduct investigations and keep people safe. A previous incident had led to the introduction of shared communication systems between end of life services, to identify risks to people, and these were still in operation.

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. Safe systems were in place and were followed by staff to support people who required prescribed topical creams.

Nursing staff administered medicines prescribed by the person's GP to manage people's symptoms. One community health care professional told us that nursing staff always completed medicine records and were fully aware of when various medicines should be used to help manage symptoms people may experience. 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. In most cases, family members supported people with oral medicines and the registered nurses gave injectable medicines. 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.

Assessments were undertaken to identify and manage any risks to people who received the service and to the nursing and care staff who supported them. These included environmental risks and any risks due to the health and care needs of the person. Risk assessments were available for moving and handling, use of equipment, skin integrity, nutrition, medicines and falls. Where risks were identified there was guidance for staff as to how to reduce risks to people and themselves. For example, in one care plan we saw that two staff were required due to the need for the use of moving and handling equipment. Nursing and care staff confirmed that two staff were always present if moving and handling equipment was to be used.

Systems were also in place to help keep staff safe. Environmental assessments were also conducted of the person's home. These covered risks such as fire, trip hazards, appliances, infection control, pets and access to the home. The safety of staff was considered a priority for the service. The registered manager told us, "If we can't guarantee the safety of staff, we don't go in [to an address]." They provided an example of a time when they declined to support a person due to uncontrollable risks present at their house. The registered manager said that the risks to staff working alone were assessed and where this indicated a higher risk action was taken. This could include providing two staff to attend calls. Nursing and care staff told us that at night they would always work in pairs. The service was testing the use of mobile technology to monitor the safety and whereabouts of staff. This used innovative technology to allow staff to log on and off duty, and to contact a monitoring service at the press of a button in an emergency. Once rolled out to all staff, this would provide an enhanced level of security for staff working alone in remote areas.

People's needs were met by a consistent team comprised of sufficient numbers of nursing and healthcare staff to meet people's needs safely. People who completed our survey and those we spoke with all told us they received care and support from familiar, consistent staff. We joined the weekly clinical and allocations meeting. This identified the level of service each person would require such as phone contact, nursing or care staff visit and how frequently this was required. Nursing and care staff were then allocated. The registered manager stated that when the service was at full capacity they would not accept new referrals until they were able to be sure they could meet the needs of any new people. They told us they controlled demand for the service by prioritising those most in need and those with the shortest time left to them.

Due to the potential for people's needs to change there was no set time allocated for each home visit. One relative told us "After [name care staff member] had completed their work they sat and talked with me for a while. This really helped me, they never rush off". 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 nominated individual and registered 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.

There was an appropriate and robust recruitment procedure in place to help ensure staff were suitable for

their role. This required applicants to provide a full employment history and to undergo reference checks and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruiting decisions. Checks with the Nursing and Midwifery Council were also made to verify that trained nurses were properly registered to practise. Files of recently recruited staff showed all necessary checks had been completed before they started work and this was confirmed by a recently recruited nurse we spoke with. One new staff member told us, "I had an interview, completed an application form and they did a police check and references."

Good

Our findings

Relatives were happy with the way their loved ones care needs were met. Relatives felt staff had received the training they required and had the skills and knowledge to provide the care and support they needed. One said, "They are very good, fantastic." Another relative confirmed the nursing and care staff knew how to care for their loved one and understood their difficulties. Care plans contained information about people's health and personal care needs and any action that was required to meet these. Staff recorded the care and support they provided and a sample of the care records demonstrated that care was delivered in line with people's care plans and needs. Staff told us they were always told about the needs of the people they provided care and support for. Copies of care plans were held in people's homes meaning that staff could consult these whenever required. Both community health professionals who completed surveys told us the staff from The Rosemary Foundation were competent to provide the care and support required by people who used the service.

People and their relatives as well as external health professionals responded positively to our questions about whether the service was effective. They said they would recommend the service to another person or one of their relatives who needed end of life care and support. Comments from one community health professional included, "In the 20 plus years I have known this service they have always been professional and I have only ever had positive comments about the service they provide". Both relatives who completed our survey said they felt the staff had the right skills and knowledge needed to give their relative the required care and support. Four people also returned surveys and all stated that they felt the nursing and care staff had the skills and knowledge to give them the care and support they needed. One person added the comment 'The care and support I have received from each and every one of the workers has been absolutely superb; all the workers have been charming and helpful in every way. I am most grateful for the splendid support I have received. Thank you.'

The service was not usually responsible for meeting people's nutritional needs, although three staff members had attended nutritional training relating to people at the end of their lives. Although relatives were responsible for preparing most meals for people care plans contained information about any special diets people required and about specific food preferences. The registered manager summed this up by saying, "The general rule of thumb is that if the person is hungry or thirsty we offer food and drink." Records viewed showed that where necessary such as during night or day time respite 'sits' care staff would provide people with food and drinks as required.

People were supported to access other healthcare services when needed. The Rosemary Foundation

worked closely with a local hospice and the MacMillan nurses. The MacMillan nurse usually attended their weekly meetings to discuss the needs of people who the foundation was supporting. Staff from The Rosemary Foundation attended weekly meetings at the local community hospital and monthly meetings at the local hospice to discuss shared care arrangements. This helped ensure that people received effective care and support and that there was no duplication between services. It also enabled staff to review cases once the person had died, in order to identify good practice and learning. The registered manager told us, "We do our best not to rattle any professional cages. We don't go in saying we're experts; we go in to walk beside people. At the end of the day getting the right care for the patient is what matters."

People received care from staff they knew. All people and relatives said they received care and support from familiar, consistent staff. One relative told us "We have the same staff member; [name staff member] is lovely". People's needs were met by staff who were highly skilled and suitably trained. The foundation only recruited staff who had a wealth of experience of working in palliative care. New staff completed a comprehensive induction programme. Most staff completed a six month probationary period, but if they only worked part time then this was extended. Feedback was sought from colleagues and supervisors before the staff member was 'signed-off' as competent to work alone.

All staff were up to date with the provider's mandatory training. Nurses were supported to undertake study to support the needs of their registration and training to meet the specific needs of people approaching the end of their lives. For example, they had attended training in end of life care for people living with dementia, syringe drivers, and verification of death. Healthcare assistants told us they attended many of the training sessions that nurses attended and this gave them a better insight into the nurse's role. A staff member told us, "The training is good. If I have any gaps in my knowledge or areas of interest, I can go on study days and follow that".

People were cared for by staff who were appropriately supported in their role. All staff received regular one-to-one sessions of supervision. These provided an opportunity for a supervisor to meet with staff, discuss their training needs, identify any concerns, and offer support. In addition, staff met with the foundation's counsellor on a monthly basis (or more often by self-referral) to support their welfare and allow them the opportunity to talk about incidents that may have affected them emotionally. Staff told us these sessions were helpful and spoke positively about the support they received from the management on a day to day basis.

The registered manager was particularly aware of the potential for staff working in palliative care to suffer 'burn-out' due to the emotional nature of the work. They told us they monitored this by working alongside staff and allowing them to take time out when needed. They said, "The staff are The Rosemary Foundation. If they are being damaged by the work, we have a responsibility for them. They provide nursing care to people, but there is no bandage they can give for grief and they find that hard to cope with." The registered manager provided an example of a staff member the foundation was supporting financially and practically following difficulties they had experienced at work and in their personal life.

Staff who had worked at the service for over a year also received an annual appraisal to assess their performance and identify development objectives. The results of audits of care records they were responsible for, together with observations of their practice and feedback from people, relatives, colleagues and other professionals, all contributed towards their performance assessment.

People said they were always asked for their consent before care was provided. One person said, "They always ask what I want to do, they don't make me do anything". A relative told us care staff sought consent before providing care. They said, "When I've been there they say 'do you want', 'would you like'". Staff were

aware of the Mental Capacity Act 2005 (MCA) and had an understanding of how to apply this to the care they provided. The MCA aims to protect people who lack capacity, and maximise their ability to make decisions or participate in decisions that affect them. Staff described the process to follow if they were concerned a person was making decisions that were unsafe. Staff were aware people were able to change their minds about care and had the right to refuse care at any point. Staff were aware of the need to act in people's best interests. When people were no longer able to communicate their wishes, staff based their decisions on their knowledge of the person and the wishes and preferences they had previously expressed. They also took account of the views of those close to the person. A staff member told us, "We always go with [the person's] wishes". People told us they had been involved in discussions about care planning and were aware of their care plans and how the foundation planned to provide their care. Care plans including data protection forms and permission to share information forms. These had been signed by the person showing they consented to the care planned and processes used by the agency to support the delivery of care.

Good

Our findings

People and relatives could not praise the service enough and consistently told us about the wonderful care they received from The Rosemary Foundation. They said that "Without a doubt" they would recommend the service to their friends and family, if they ever needed to. Words commonly used to describe their care included, "absolutely brilliant" and "exceptional". People or their relatives told us that staff interacted with them in a compassionate, respectful and caring manner and took time to maintain their dignity and privacy. Relatives often wrote to The Rosemary Foundation after their loved one had died. Comments were all positive and showed people had been cared for with kindness and compassion. These included comments such as, "Thank you for your care, compassion and kindness"; and "You really are true angels". When people or relatives completed our surveys some added comments. These included 'As a family, we feel privileged we have this support. They are full of compassion, a professional, considerate team of staff.' Another comment stated 'These wonderful ladies saved me from a near break down. They stepped in to support my Mum, who was bed bound and terminally ill, and the rest of the family, and treated us all with kindness and compassion when no one else did.'

Staff built positive relationships with people and their relatives. One staff member said "We like to build a good rapport and know about our families." Another staff member said "I get a lot of job satisfaction from spending time with patients. It is the little things you do that make a huge difference to people. For example, we give [one person] a shave twice a week and it gives us time to talk and build up a rapport." Other staff comments included, "What we do best is listen to patients. That's the key to what we do." And "We are guests in people's houses, albeit welcome guests, so we have to listen to them." The registered manager told us, "People are often like rabbits caught in the headlights when they first get the news [that they are terminally ill]. We try to build up relationships with the families and support them by teaching them the skills to look after their loved ones. We see it as a positive sign if the relative wants to help with the last offices when the person has died and spend time with them." A relative wrote to thank The Rosemary Foundation for the care their loved one had received. They said "You enabled us to keep [our relative] at home, surrounded by all the people she loved; and that includes you." This showed staff built positive caring relationships with people.

People and relatives valued their relationship with the staff team, as a result they felt really cared for and that they mattered. The weekly clinical and allocation meeting we joined identified that several people required a higher level of support as they were in their final days of life. They and their relatives therefore required frequent home and longer home visits than previously. Nursing and care staff offered to do extra visits when they were not scheduled to work. Staff also actively supported the fundraising undertaken by the

charity attending events in their own time. One relative wrote to The Rosemary Foundation following a loved one's death. They said 'You have been the safe hands that are so much needed at sad times. Thank you all for your help, kindness, care, knowledge and most importantly for your time spent with grandma.' Whilst another relative wrote 'You provided such wonderful care for [my relative] in her last few weeks. It really was unforgettable. You were always warm and reliable and it was incredibly reassuring to know that one of you was on the end of the phone even during the night.' People said they had good relationships with staff who took time with them, understood their needs and preferences, treated them with respect and ensured their dignity. One person said, "I have the same nurse, which is very important to me." The relatives of two people told us about their experiences. One said, "Absolutely wonderful and so caring; I can't thank them enough for what they've done; their support means I can get out each week; it gives me much needed respite as a full time carer and has relieved me of a lot of worry." The other said, "I can't express how much I value their support. I have a night sit once a week and that night I know [my relative] will be completely safe and cared for just as I would do."

People receiving care told us in many ways that staff paid attention to the detail of their lives, how their illness affected them and matters that were important to them. One person said, "Nothing is too much trouble, its more than just about the illness, they really care for you." Whilst in a thankyou card we read 'We were completely bowled over by the kindness, efficiency and respectful way you treated our loved one.'

Staff protected people's privacy and treated them with respect at all times. One relative wrote in a thankyou card 'When I saw you in action for the first time and the way you looked after [my relative], I was overwhelmed. I saw how gentle and kind you were, and how you made her feel at ease and most of all how you made her laugh. You never patronised her and finally you gave her some of her dignity back.' Everyone we spoke with responded that staff always treated them with respect and dignity. Staff said they always kept dignity in mind when providing personal care to people. They described how they would close curtains or doors and ensure people were covered with a towel when having a wash. A staff member said "I've showered people in their underpants; it's about what makes them feel more comfortable". They described practical steps they took to protect people's privacy when delivering personal care in people's homes. These included keeping the person covered as much as possible, explaining what they were about to do and checking people were ready and willing to receive the proposed care and support.

The service had a strong, visible person centred culture and was exceptional at helping people to express their views so they understood things from their point of view. Staff and management were fully committed to this approach and found ways to make it a reality for each person using the service. The assessment and care documentation in use followed best practice guidance for end of life care. This ensured that people's views about their wishes for end of life care and what was important to the person were discussed openly and recorded. This meant people's wishes and preferences were known and could be met when they were no longer able to communicate these. This was seen as an important part of the service. For example, at the time of the inspection the service was busy as several people were entering their final days. Even so routine support visits, which staff told us enabled them to build up relationships with people and understand their wishes were scheduled. In one letter sent to The Rosemary Foundation after a person had died we saw 'As time progressed, I saw strong friendships develop between you and [my relative] and it was such a joy to see. You made the worst few weeks of our lives easier. As a daughter, you realise the importance of the little things, like making sure her hair was brushed and she had lovely smelling body lotion on. I know it would have made such a difference to her, even though she couldn't see it.' In another letter we read 'You gave her just the right amount of support and especially in that last hour when you were so discreet in your presence but here to help with her physical care.'

People said staff consulted them about their care and how it was provided. People, and where appropriate

their relatives, confirmed they were involved in decision-making about their care and support needs. Care plans showed people were involved in the planning and reviews of their care and that people's individual preferences and wishes were known and met including those for their care following death. For example, one person had a very specific way they wanted their body to be handled after they passed away and these requests were known and met by staff. Staff confirmed this wish had been complied with. Staff respected people's rights to refuse care. They told us that if a person did not want care they would encourage but then record that care had not been provided and why. People's care records we looked at reflected this. Systems were in place to determine people's care and treatment in the event of their sudden collapse and for their end stage of life when they may not be able to communicate their decisions. These are known as advanced care plans. This meant that people were protected from receiving end of life care that did not meet their needs or wishes.

People and their family members could access a range of support services to suit people's preferences and needs. For example, family bereavement support was provided for following a person's death for as long as relatives felt they needed support. The foundation's policy was to visit the family within 24 hours of a death, if they had not been present at death. This enabled them to offer support and an opportunity to talk through the death and discuss post-death arrangements. Later, relatives were also invited to attend a bereavement support group run by the foundation.

Staff were highly motivated in their roles and showed their commitment and enthusiasm to providing the best possible quality of end of life care and support for people. The Rosemary Foundation had a clear philosophy which stated that "Every person is of immense value and this requires the utmost courtesy and consideration in all matters." From speaking with staff, it was clear that they understood this and applied it to their practice at all times. For example, a staff member told us, "The philosophy of care is about respecting people's choices and wishes and being the add-on support to other agencies to help achieve these goals." This philosophy was confirmed by people we spoke with and letters of thanks that we viewed from relatives.

The service proactively engaged with other health and social care providers and commissioners to enable on-going service development and improvements for people's end of life care. Staff were encouraged to make suggestions as to how the service could be improved. For example, the assessment and documentation procedures and records in use had been developed by a staff member to ensure a holistic person centred approach was used. This was important to enable people to receive care and treatment that met with their known end of life care choices and wishes. People were supported to be as independent as possible. All people who responded to our surveys said 'The support and care I receive helps me to be as independent as I can be'. A staff member said in our survey 'Because our patients are approaching end of life preserving their independence isn't always possible but the five principles of care for dying person are fundamental to the care we provide.'

Systems and guidance were also in place for staff to follow for the protection, handling and processing of personal confidential information relating to people's care. Staff recognised and understood these. All records relating to people were kept secure within the office with access restricted to only staff who should have need of access. Records kept on computer systems were also secure with passwords to restrict access. This would also help ensure people's privacy and rights to confidentiality were ensured.

Outstanding

Our findings

People received highly individualised care that both met their needs and responded promptly when these changed. Everyone who was receiving care or their relatives were highly complementary and completely satisfied with the outstanding care and support they received from The Rosemary Foundation. They were very satisfied with their care and the way it was planned and delivered. People and relatives told us that staff always responded promptly when they needed care and support and acted on their wishes for their care and treatment. One family member added a comment to our survey saying 'They took over the role of personal care for my Mum while we waited over three weeks for a care package to be put in place [from the local authority]. Even when carers finally started they continued their support visits just to make sure Mum was happy and we, as a family, were supported.' Staff told us, "We help people to stay at home. We are proactive, but are led by them and follow them on their journey as much or as little as they want. They may not want us at the beginning, but then will suddenly call us in the middle of the night; and we are there for them." Another staff member said "We promote that we follow the patient's needs and wishes. We take a safety blanket approach and if we feel they need more input we offer it."

Assessment and agreement of people's emotional and spiritual needs and those of their carers were shown in people's care plans, which were regularly reviewed with people and their families. Some staff had attended a course about supporting people's spiritual needs at the end of life. Following the training, they had shared their knowledge with colleagues to help ensure they recognised and met people's spiritual needs alongside their care needs. One of the staff members told us, "I learned that it's okay to just be with someone. You don't have to be busy doing things." One staff member was an ordained Christian minister and combined these duties with their care role when supporting people who they knew from their local church and who had requested this. A new team member told us they had not been confident about attending bereavement visits, but was supported to attend courses to develop these skills. They said of the courses, "They gave me more confidence and a good range of tools to use." Another staff member told us they were encouraged to undertake a course in massage and reflexology, which had been of benefit to people. They said, "I've used it a lot; it helps people open up and develop close relationships with people."

The Rosemary Foundation showed a commitment to being resourceful, innovate and dynamic in responding to people's changing needs. For example, one person very much wished to remain at home and his family wanted to provide care for him. The person had complex medical and physical care needs related to his diagnosis and the effects of disease on him. Equipment including a wheelchair, commode and pressure relieving cushion were provided from stores held by The Rosemary Foundation. The person required twice daily physiotherapy to manage some symptoms; however, this was not available through

statutory community services. Staff from The Rosemary Foundation undertook additional training and were able to provide this enabling the person to be cared for at home as was their wish. The Rosemary Foundation was contacted by another relative requesting advice as to how they could source a motorised wheelchair as they were unable to push a manual chair, meaning their loved one could not attend appointments or activities outside the home. The Rosemary Foundation was able to arrange for a donated motorised wheelchair to be delivered the same day, thereby enhancing the person's quality of life. The registered manager said that by "Understanding what people's individual wishes were meant people could receive care as they wanted". They added an example of when a person had wanted their much loved pet to be with them at the end of their life and staff had ensured this had occurred. These examples showed The Rosemary Foundation was able to respond to people's individual and diverse needs as and when they occurred.

People's care and support was planned proactively and in partnership with them. The format used ensured assessments and care planning followed a holistic approach which considered the whole person, including any family or friends, and any other professionals involved. Everyone who completed our surveys and those we spoke with told us they had been involved in decision-making about their care and support needs. Relatives also all confirmed in our survey that 'With my relative's consent, I am consulted as part of the process of making decisions relating to care and support'. Community health care professionals told us The Rosemary Foundation co-operated with other services and shared relevant information when needed, for example, when people's needs changed. The registered manager told us people's care plans were kept as up to date as possible, but that their priority was providing the right care at the right time. They said, "We're sometimes in [supporting people] for less than 24 hours. It's sometimes difficult to keep up when things move quickly. We have to repeatedly contact [district nurses] and GPs for updates." The registered manager told us the district nurses were the 'managers of care' and had primary responsibility for ensuring people received appropriate care. The role of their staff was to support people "as little or as much" as they and their relatives wished.

Community health care professionals said The Rosemary Foundation was focused on providing person-centred care and achieved exceptional results. They told us care and support was planned proactively with people in conjunction with statutory services. One community health professional told us that The Rosemary Foundation nursing staff attended multi-disciplinary palliative care meetings and they always knew their patients and were aware of how end of life care should be provided. One community healthcare professional told us "The Rosemary Foundation is crucial to the local health economy and has enabled so many people to have their wish and remain at home for end of life care". All community health professionals told us people received a highly individual and person-centred service which meant that people were able to have a good end of life experience. One healthcare professional told us how the staff of The Rosemary Foundation "work well over and above their hours". Another community health professional told us "Every single one of [The Rosemary Foundation] staff go over and above what is expected".

Community health care professionals told us that statutory health services were unable to provide a service which covered twenty-four hours per day which The Rosemary Foundation achieved. There was always a nurse and experienced health care assistant on call who were able to provide telephone advice or home visits at any time these were required. One relative told us staff had reminded her they were able to come out at any time and this had meant they felt able to continue to support their loved one at home. The relative told us they had been reminded of this aspect of the service after they had managed a situation and later discussed this with The Rosemary Foundation staff. The relative told us they felt reassured that it was "not a problem" and they should "call at any time". Community health professionals told us they were able to redirect some of their limited resources to people who were living outside the area covered by The Rosemary Foundation. They gave an example of the night sitting service where statutory services had

extremely limited availability. The Rosemary Foundation was able to meet this need for people in its area so people living outside the area could be supported by the statutory service.

In order to ensure they could continue to provide a responsive service there was a business continuity plan in case of emergencies. This covered eventualities such as severe weather or issues affecting the office such as power failures. It included procedures to follow and emergency contact details for key staff. The Rosemary foundation was registered with a local volunteer organisation which provided 4x4 vehicles to transport or assist essential community staff during adverse weather. In addition, staff had been provided with specialist driving training to manage ice and slippery road surfaces. These measures would help ensure staff were safe and people could continue to receive a service. The Rosemary Foundation held items which may be required by people, including equipment such as commodes and disposable items such as continence supplies or disposable gloves and wipes. These were held both in the main office and locally in the area served by The Rosemary Foundation. This meant staff or relatives could quickly access items they required to ensure people received all necessary care as their needs changed.

People and their relatives were actively encouraged to give their views and raise any concerns or complaints. The provider sought feedback from people, relatives and external professionals through a variety of means, including telephone surveys. Responses showed a very high level of satisfaction with the service provided. Where issues were identified, these were investigated and used to improve the service. For example, a breakdown in communication had led to a misunderstanding and staff not visiting a person with a degenerative condition. The registered manager had engaged in a review of the case with other professionals, from which learning had been taken. This had led to a training session being organised for all staff about the use of oxygen, and the associated risks, for people with this specific condition. This showed that the service was open and sought to make improvements wherever possible.

There was a quality assurance in place that focused on continual improvement and encouraged the active involvement of the foundation's trustees. For example, two trustees conducted telephone interviews each month with a selection of people using the service. The results were then fed back to the registered manager to assess and analyse to identify whether any improvements could be made. The responses from people were all positive. The registered manager told us they found this reassuring, but said they were "disappointed" that it had not identified any areas for improvement. The quality assurance processes included a review of people's care files and records once a person had died. This included an assessment of whether the person's wishes, in respect of their preferred place of death, were met, which was one of the foundation's principle objectives. This demonstrated an understanding of the purpose of user surveys and a commitment to continuous development.

People or their relatives were aware of how to make a complaint or raise a concern about the service they received. Information on how to make a complaint was included in information about the service provided to each person and kept in the file held in the person's home. Everyone we spoke with and those who completed our surveys confirmed they knew how to complain and would do so if the need arose. There was an appropriate complaints policy in place and records showed that complaints were used to develop and improve the service. For example, a concern had been raised about the handling of people's medicines post-death and this had led to staff being reminded of the need to follow the correct procedures. Responses to the provider's survey showed people understood how to make a complaint.

Good

Our findings

People their families and community health professionals all told us they felt The Rosemary Foundation was a very well led service. People and their relatives were all aware of who to contact at the office and were able to name the management team. One relative added an additional comment to our survey saying 'These wonderful ladies deserve so much praise. They work extremely professionally. Are 100% reliable. I felt very at home with them in our house and part of our family. I would not have got through this difficult time without them.' An external health professional also added a comment stating 'A very responsive and professional service.' This was also the view of the other community professionals we spoke with who all praised The Rosemary Foundation and the way it was managed.

The service worked in partnership with key organisations to support care provision, service development and joined up care. The Rosemary Foundation is a charity which receives no statutory funding and relies on fundraising. It is unique as it is the only service in the area providing 24/7 end of life care for people. This was especially valued by people and their families as well as community health professionals. There were positive working relations with external healthcare providers. These were developed, in part, by new staff working with the district nurses and MacMillan nurses during their induction to gain an understanding of where they 'fit in' with other agencies. Records showed there had been 180 referrals to the service in the past year. They had come from a variety of source, including self-referral, referral by a relative, the hospital, The Rowans Hospice, GPs, MacMillan Nurses and District Nurses. This showed that people and community professionals in the area covered by The Rosemary Foundation felt the service was one they would and did recommend to people.

There was a clear management structure in place consisting of a board of trustees, the registered manager and a nominated individual. The nominated individual is a person who has legal responsibility along with the registered manager for the way the organisation is run and provides care. There was clearly a close working relationship between the registered manager and nominated individual who shared a common working ethos and vision for the charity. Each had a training programme they were following to help ensure they remained up to date with best practice guidance. This had included attending a recent study day to help prepare them for the CQC inspection. Both were registered nurses and were clearly fully aware of the needs of all the people who were receiving a service from The Rosemary Foundation. There were plans to enhance the management team and planning for the future. Two new senior nurses had been recruited to work alongside the existing managers to help them understand the management of the service.

The Rosemary Foundation had clear vision and values. The registered manager told us that there was a

strong culture within the service that new staff automatically adopted. This included the belief that "Every person is of immense value and this requires the utmost courtesy and consideration in all matters." The registered manager said, "It is a group belief and feeling. Our induction program always starts with this quote and we treat our staff in the same way. We treat each person as we would like to be treated."

Staff understood their roles and responsibilities and spoke positively about the support they received from management. Comments from staff included: "It's a very good organisation to work for. It's a very supportive team"; "Their philosophy is 'happy staff [leads to] happy patients'"; "The organisation just do everything well. They're very professional"; and "I feel we've got a good, cohesive team and the most amazing managers. They are always there to listen".

The quality assurance processes included a review of people's care files and records once a person had died. Each review was awarded an audit score. Where scores fell below a certain level, an investigation was conducted to examine why. For example, five people had recently died in a community hospital rather than at home. The registered manager said, "The trustees have an overview [of the service] and challenged us about why so many people did not have their wishes met of dying at home." The registered manager provided a valid explanation for this, which showed they understood the need to balance people's safety with their wishes. This further demonstrated the positive oversight of the service by the foundation's trustees.

The audits following people's deaths included the views of staff and family members. The registered manager told us, "If a death has not been peaceful, we think it's important for staff to tell their story; what went well and what could have been done differently. For example, we had problems with a [person whose needs changed very quickly] and we learnt from that."