Measuring quality in community nursing: a mixed methods study

An increasing number of people are cared for in their own homes by community nurses. Community nurses are qualified nurses, working in teams, who look after patients who are housebound and need a range of nursing care such as wound dressings, catheter care, help with medication or care at the end of life.

It is extremely important that patients receive high-quality care. However, it is difficult to measure the quality of this care, and therefore to gain an accurate picture of the standard of care being provided by community nurses in a given area.

Between 2014 and 2016, a team of researchers, led by Dr Sue Horrocks from the University of the West of England, Bristol, together with researchers from NHS Bristol Clinical Commissioning Group (CCG), the University of Bristol, the University of Manchester and the London School of Hygiene and Tropical Medicine, was funded by the National Institute of Health Research to explore how the quality

of community nursing is measured in England. A key issue was to find out how *quality indicators* for community nursing services are chosen and applied.

A *quality indicator* is any aspect of the service chosen to demonstrate the quality of care: for example, the number of preventable pressure sores found among patients; the number of visits that a patient receives from a community nurse; or the degree to which community nurses are able to accommodate the wishes of someone who chooses to die at home.

In 2014, the research team conducted a national survey of CCGs (clinical commissioning groups which plan health services) in England to find out which quality indicators were being used in the community nursing services. Of the 211 CCGs operating at the time, 159 sent the researchers comprehensive information; of these, 145 were using quality indicators in their community nursing services. The most common indicators chosen were about organisational issues relating to updating and changing ways of working. Other areas which received attention through indicators were planning, organising and delivering care for people with long-term conditions.

After the survey was completed, the team carried out in-depth research in five case study sites across England, each involving a CCG and the organisation from which it commissioned community nursing services: three NHS Trusts and one social enterprise providing only community care; and one NHS Trust

providing both acute and community care. Across the five sites, the team observed 25 meetings; interviewed 9 patients, 4 carers, 21 commissioners (responsible for planning services), 22 managers from organisations responsible for providing community nursing and 10 community nursing team leaders; and conducted 9 focus groups with 45 front-line community nurses and one focus group with 4 patients and 4 carers.

The findings across the different study groups were similar. In particular, patients and carers felt that:

1. **It is important to get an accurate picture of the quality of care.**

2. **Front-line nurses, patients and carers are not sufficiently involved in the way that quality indicators are chosen or developed.**

3. **Some of the indicators in use are very valuable: for example, those that are set nationally in order to measure and monitor the incidence and severity of patients' pressure sores.**

4. **Using a questionnaire to collect information about the quality of the service can have drawbacks. Patients and carers may not feel confident to say what they really think; or they may think that it is designed to help market, rather than improve, the community nursing service.**

5. **Overall, the set of indicators in use fail to reflect the quality of care accurately, as they do not measure aspects of care which are valued highly by front-line nurses, patients and carers. These aspects include**

kindness, respect and the amount of time spent in the home by the nurses; and importantly, seeing the same nurse regularly, so that nurses, patients and carers get to know one another.

6. **Community nurses have too much paperwork to do.**

Our findings suggest that quality indicators would be enhanced if commissioners and managers of organisations responsible for providing community nursing care ensured that front-line nurses, patients and carers are more closely involved in choosing and/or developing quality indicators. It would also be beneficial for commissioners and managers occasionally to accompany community nurses when they visit patients, so that they gain a realistic understanding of what providing good quality care in a patient's home entails.

On the basis of the study findings, the research team drafted Good Practice Guidelines for selecting and applying quality indicators for community nursing. These Guidelines are on the project website. Publication of the final project report is anticipated in winter 2017. Please visit www.quicn.uk for more information.