

Airedale NHS Foundation Trust

# Community end of life care

## Quality Report

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# Summary of findings

## Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RCFX1	Harden Ward, Castleberg Hospital		
RCF22	Airedale General Hospital		

This report describes our judgement of the quality of care provided within this core service by Airedale NHS Foundation Trust. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by Airedale NHS Foundation Trust and these are brought together to inform our overall judgement of Airedale NHS Foundation Trust

# Summary of findings

## Ratings

Overall rating for the service		Good	●
Are services safe?		Good	●
Are services effective?		Good	●
Are services caring?		Good	●
Are services responsive?		Good	●
Are services well-led?		Good	●

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	5
Background to the service	6
Our inspection team	6
Why we carried out this inspection	6
How we carried out this inspection	6
What people who use the provider say	7
Good practice	7
Areas for improvement	7

### Detailed findings from this inspection

The five questions we ask about core services and what we found	8
Action we have told the provider to take	19

# Summary of findings

## Overall summary

We rated the service as good overall.

Staff felt fully supported and fulfilled their responsibilities to raise concerns and report incidents and near misses. Transparency and openness about safety was encouraged. Plans were in place to respond to emergencies and major situations.

Staff used recognised documentation to ensure that patient's wishes were assessed in relation to their end of life care needs. We saw good examples of evidence based practice. Systems were in place for patients to receive anticipatory medications.

Staff were trained and competent within their role. Training had been provided to increase knowledge where staff felt they required specialist skills in relation to end of life care.

Effective MDT working and co-ordinated care pathways allowed for continuity of patient care. Gold Line allowed people to contact the service for support and advice to meet the patient's end of life care needs 24 hours a day. Services worked together to ensure that 24 hour end of life patient care was provided in the community.

Patients and relatives were treated with dignity, respect and felt supported and cared for. Staff communicated well and worked together to plan the care and treatment.

They encouraged patients to be involved in the decision-making about their end of life care needs. We observed staff responded compassionately when patients and families required support and helped them to cope emotionally.

Responsive times were good when patients were required to access services. Complaints and concerns were responded and listened to and improvements were made as a result.

We saw evidence of good leadership in the community teams and Harden ward and teams met regularly to discuss their roles and service. The leadership, governance and culture of the service promoted the delivery of person centred care. An open and honest culture was adopted where managers met with staff regularly to discuss their service.

However we also found:

Limited participation in national audits and the community teams and in patient ward were not always involved in trust wide audits. We observed delays in the timescales of re-evaluating audits.

We found some DNACPR forms did not meet the required standard.

# Summary of findings

## Background to the service

### Information about the service

End of life care is a core function of the district nursing service and was provided during the hours of 8:00am to 9:00pm by three community teams:

- Community team 1 – North Craven
- Community team 2 – South Craven
- Community team 3 – Crosshills

Out of hours was covered between 9:00pm and 8:00am and was provided by Craven Collaborative Care Team (CCCT). The teams worked very closely with local GPs, out of hours GP provider, the local hospice, community palliative specialist nurse who worked within the hospice, and social care to enable people to die in their preferred place.

There were 683 deaths at the trust between April 2014 and March 2015 of which 405 had been referred for specialist palliative care.

Harden ward at Castleberg Community Hospital also provides end of life care for people requiring 24hour nursing care. It was a 10 bedded unit located near Settle serving a very rural community. The team worked closely

with the palliative care team within the trust to facilitate seamless discharge for patients. At the time of inspection, no patients on Harden ward had been admitted for end of life care.

The trust's Gold Line telephone service, provided from the telehealth hub at Airedale General Hospital, provided additional support to patients approaching end of life, and their families. Gold Line was established in 2013 and has expanded to cover local and neighbouring clinical commissioning groups (CCGs). The service consisted of a 24 hour telephone support and coordination point for patients who are on the Gold Standards Framework (GSF) who are thought to be approaching or in the last year of life. Gold Line is part of Airedale NHS Foundation Trust's digital care hub which provides support to patients who may require the services of the telemedicine for complex care needs and may use mini computer devices for face to face consultations. Patients who use Gold Line may also have access to alternative equipment.

During the inspection visit, the inspection team spoke with three patients, three relatives, 17 members of staff and attended one gold standard framework meeting. We observed care being delivered, patient handover and looked at six care records.

## Our inspection team

Our inspection team was led by:

Chair: Jan Filochowski

Team Leader: Julie Walton, Care Quality Commission

The team included a CQC inspector and nurse specialist.

## Why we carried out this inspection

We inspected this core service as part of our comprehensive inspection programme.

## How we carried out this inspection

To get to the heart of people who use services' experience of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

# Summary of findings

Before visiting, we reviewed a range of information we held about the core service and asked other organisations to share what they knew. We analysed both trust-wide and service specific information provided by the organisation and information that we requested to inform our decisions about whether the services were

safe, effective, caring, responsive and well led. We carried out an announced visit on 14 to 18 March 2016. During the visit we talked with staff and people who use services. We observed how people were being cared for and talked with carers and/or family members and reviewed care or treatment records of people who use services.

## What people who use the provider say

Patients and their relatives and carers spoke very positively about the end of life community services they received and the support available from staff.

## Good practice

Outstanding practice

- The use of Gold Line allowed patients, relatives and carers to access a support network of registered nursing staff 24 hours a day. Staff supported patients in their preferred place of care. One of the benefits of

Gold Line was to reduce hospital admissions for patients that did not wish to be in a hospital environment. Trained staff had access to other services to refer the patient to in order to prevent a hospital admission.

## Areas for improvement

### Action the provider **MUST** or **SHOULD** take to improve

SHOULD

The trust should:

- Review the clinical audit plan so community end of life services are included in appropriate trust-wide audits.
- Ensure DNACPR forms are fully completed.

## Airedale NHS Foundation Trust

# Community end of life care

### Detailed findings from this inspection

Good



## Are services safe?

By safe, we mean that people are protected from abuse

### Summary

We rated safe as good because:

- Openness and transparency about safety was encouraged. Staff were fully supported, understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- Systems were in place for patients to receive anticipatory medications.
- Staff used recognised documentation to ensure that patient's wishes were assessed in relation to their end of life care needs.
- Appropriate equipment available in people's homes.
- Plans were in place to respond to emergencies and major situations.

### Detailed findings

#### Incident reporting, learning and improvement

- There were no never events or serious incidents relating to end of life care in the community teams or on Harden ward between February 2015 and February 2016.
- One incident report was completed in January 2015 due to low staffing levels and a patient visit that required emotional support was rearranged for another day.

- All staff we spoke to in the community teams and on Harden ward were aware of their responsibility to raise concerns and report incidents.
- Staff were encouraged to complete incident forms and received feedback and lessons learnt from incidents at monthly ward meetings.

#### Duty of Candour

- The Duty of Candour is a legal duty on hospital, community and mental health trusts to inform and apologise to patients if there have been mistakes in their care that have led to moderate or significant harm.
- We saw that there was a duty of candour section on the trust's adverse event incident form.
- Staff showed a limited amount of understanding of Duty of Candour however, they were aware of the principles of open and honest care.

#### Safeguarding

- Information provided by the trust in January 2016 showed that the training figures for safeguarding adults and children were higher than the trust's target of 80% in the community teams and Harden ward.
- Staff were aware of the importance of protecting people against the risk of abuse, knew how to report concerns and access advice.



## Are services safe?

- We saw that the trust had appropriate safeguarding policies in place to support staff in their decision-making.
- Staff were aware of who to contact in regards to a safeguarding concern.

### Medicines

- Patients in their own homes who were receiving end of life care were prescribed 'anticipatory' medicines. Anticipatory medicines are 'as required' medicines that are prescribed in advance to ensure prompt management of increases in pain and other symptoms. On inspection at a patient's house anticipatory medication were in place and stored correctly.
- Staff followed local and national guidelines with anticipatory medicines. The forms included the medication and dosages that could be administered to patients.
- Local guidelines were in place for staff regarding prescribing at the end of life and when to stop non-essential medication.
- In order for medication to be delivered promptly, staff liaised with certain chemists who stocked all of the anticipatory medication that may be required.
- We saw evidence that the staff member, during a routine home visit, administered anticipatory medication and completed the appropriate record.
- Community team leaders attended and participated in the medicines process review group.
- Several nurses within the community have completed a non-medical prescribing course. This allows the patient to receive a prescription from the practitioner instantly and not wait for the GP.
- Patients who were cared for on Harden ward could also be prescribed anticipatory medicines.

### Environment and equipment

- Staff all had access to the system to order equipment.
- We found that there could be a delay in equipment being available. In January 2015, a patient receiving end of life care required equipment in order to be safely managed at home; this consisted of a hospital bed and air mattress. The patient was high risk of developing pressure ulcers. No bed was available at the time of requesting and the patient's own bed was brought downstairs.

- Side rooms on Harden ward provided a quiet and private environment for patients with end of life care needs.
- Staff were required to be trained in the use of syringe drivers. The training was provided by a representative from the company. Community team 1 and Harden ward used the same stock of five syringe drivers. A book system was in place to identify for which patient a syringe driver was being used; this was checked and appropriately completed. Four syringe drivers had been previously calibrated appropriately; one syringe stated 'do not use after 10/2015'. We raised this at the time of inspection and we were told that the syringe driver would be sent to be calibrated.
- All the community teams adopted the same approach when using the syringe driver equipment. The book was checked in community team 2 and was found to be appropriately stored and completed.
- The trust maintained an equipment log for devices at Airedale General Hospital. The trust provided us with a community equipment log, however syringe drivers were not included within the list.

### Quality of records

- We saw both paper and electronic records in use, paper records were used in someone's own home as a record of their care. The community staff recorded on the patient's electronic record on return to the office. Paper records were used at Castleberg Hospital.
- We reviewed two patient's records and the appropriate risk assessments had been completed.
- We observed records in the patient's home were comprehensive and completed.

### Cleanliness, infection control and hygiene

- Staff on community visits were observed to use and have adequate stocks of hand gel and PPE (personal protective equipment) to take out with them.
- We saw that protective aprons, gloves and wipes were made available for families and care workers in someone's home. We saw staff using PPE, washing hands and using hand-sanitising gel.
- We observed good use of PPE with staff on Harden ward and within patient's own homes.
- Hand hygiene audits were carried out on Harden ward. A hand hygiene audit was undertaken in November 2015; compliance was 100% for all staff groups. The trust completed a three month comparison which

## Are services safe?

showed in October 2015 compliance was also 100%; however no audit was completed on Harden ward in September 2015. We also saw evidence of monthly hand hygiene and reusable equipment audits in the community teams.

### Mandatory training

- The trust target for completion of mandatory training compliance was 80%.
- The overall training figures in January 2016 showed community services was 91% and Harden ward was 93%. For both areas, the mandatory training exceeded the trust target of 80% from April 2015 to January 2016.
- We saw the staff training matrix for the staff on Harden ward and saw that plans were in place to ensure that the training would be completed.

### Assessing and responding to patient risk

- We saw staff assessed patients and managed patient risk as part of an ongoing holistic assessment. Staff adopted the gold standards care plan which highlighted how often a patient needed to be reassessed and adapted accordingly. We observed on inspection that the gold standard care plan was used.
- An end of life icon appeared on the patient's electronic record, which identified that the end of life template had been completed.
- Staff in the community and on Harden ward were aware to contact out of hours or GP practice for a deteriorating patient as required.
- Staff had access to the oncall consultant out of hours at the local hospice for advice and support. Staff commented that they had utilised this and were supported with the decisions they made.

### Staffing levels and caseload

- Two staff were being recruited into the Gold Line team at the time of inspection. Staff were expected to work additional shifts to be meet the expected staff requirements.
- Within the Gold Line team the service required two band 6 sisters during the day and one band 6 and band 7 during the night. The band 7 also had other duties to perform during the shift.
- Staffing levels within community team 2 had been consistently low and as a result this was recorded on the trust's risk register. Due to the low staffing levels one patient visit had been moved which included a patient receiving emotional support.
- Staff within the community teams utilised a capacity tool which had identified that one unit was equivalent to 15 minutes of patient care. This allowed the workload to be fairly distributed and patient visits allocated appropriately to all staff.

### Managing anticipated risks

- Staff were aware of the business continuity policy and were required to use this on 26 December 2015 when the area experienced severe flooding and some roads were unpassable. The staff accessed the escalation policy and an emergency meeting was held that included healthcare, fire service, police and local authority. The caseload was reviewed and prioritised according to patient's needs.
- As part of the business continuity staff can access mountain rescue services for rural areas where patients live.
- Local farmers also offered assistance with the use of trucks or tractors.
- A lone worker policy was in place and information was updated periodically.
- Junior members of the community team informed us that they were aware that they would walk around their local area and visit patients if they were not able to access their work base.

# Are services effective?

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

## Summary

We rated effective as good because:

- We saw good examples of evidence based practice.
- We saw evidence of personalised care planning.
- Effective MDT working and co-ordinated care pathways allowed for continuity of patient care.
- Staff were trained and competent within their role. Training had been provided to increase knowledge where staff felt they required specialist skills in relation to end of life care.
- The implementation of the trust's telehealth hub in particular Gold Line to meet the patient's end of life care needs 24 hours a day.

However we also found:

- Although audits were undertaken, the community teams and the in-patient community ward were not always involved in trust wide audits, for example the bereaved relative survey and DNACPR audit.
- We found some DNACPR forms did not fully meet the required standard.

## Detailed findings

### Evidence based care and treatment

- A comfort and dignity care plan had been developed to provide a standardised care template to support personalised care and maintain comfort and dignity during the last days of life. In response to the withdrawal of the Liverpool Care Pathway the trust presently used personalised care plans for last days of life which include a holistic assessment to verification of death.
- The Hospital used the Gold Standards Framework (GSF) to approach care in the last year of life. The community teams worked in conjunction with the GPs to complete the Gold Standards Framework.
- Staff within the community and on Harden ward used the McKinley syringe driver standard operating procedure, however this was due for review in December 2015.

### Pain relief

- Nursing staff used and documented an evidence based pain score to assess patient's needs.
- We observed nursing staff respond to the patient's need for pain relief. Staff within the Gold Line checked the anticipatory drugs were in place prior to requesting one of the community teams to visit.
- Patients in the community had adequate stock of anticipatory medication and were assessed as to if they required the medication.

### Nutrition and hydration

- Nutrition and hydration were assessed and monitored using the individual care plan and the last days of life care plan.
- On inspection, the malnutrition and universal screening tool (MUST) score was completed within a patient's notes. We observed a patient who required an enteral feed and the regime was agreed and managed with the patient and dietitian. Community nurses completed weekly weights to identify any weight loss.

### Technology and telemedicine

- Part of the telemedicine hub based at Airedale General Hospital incorporated Gold Line. The service was a 24 hour telephone support line for patients in the last year of life. This allowed patients and carers to contact a dedicated telephone line and access clinical advice and support.
- All patients on Gold Line needed to be on the gold standard framework and received a label with the contact details of how to contact the service. Staff from the community teams, GPs and hospital ward could refer patients onto the Gold Line system.

### Patient outcomes

- An audit was commenced in January 2015 on Harden ward which looked at staff's confidence in discussing and delivering the gold standards framework. The results showed a variation in levels of confidence which reflected the experience of the staff members. Staff felt less confident in starting conversations with patients although they did feel confident in assessing, planning



## Are services effective?

and delivering care. An action plan was put in place to deliver education sessions and then to re-evaluate to identify if the results had changed. The trust confirmed that the actions had been completed within the action plan although the re-evaluation that was due to be completed in August 2015 was revised for February 2016 and had not yet been completed.

- An audit was completed on Harden ward and within the community teams in March 2015 that looked at patients who had received end of life care. A set of 16 patients recorded were audited over a one year period. Two patients did not have their preferred place of death recorded on Harden ward. Within the community teams all the patients had some documentation regarding their preferred place of death. The audit identified that the community staff were not predominately using the priorities of care personalised care plans for the last days of life. The conclusion of the report looked at amending the documentation. A focus group was devised to review the documentation and the new care plan for comfort and dignity was devised and was to be implemented and rolled out in April 2016. The next agreed audit was to be repeated in November 2016 once the new care plan for comfort and dignity had been embedded.
- All phone calls to the Gold Line were recorded; every three months the team leader listened to a selection of calls to identify if the information given was appropriate.
- Action plans were in place for the results of the last days of life audit in the community teams and Harden ward. Within this a re-audit was planned for May 2016.
- The trust undertook a bereaved relatives survey however, the community services were not included in the survey as the trust identified that it only focused on the relatives experiences of in-patient care. The survey did not include Harden ward.

### Competent staff

- Staff had completed further training which covered difficult conversations.
- All staff at Harden ward were up to date with end of life training.
- District nursing sisters had completed a community practitioner prescribing course in order to be able to prescribe certain medication including non-opioid pain medication and laxatives.

- Advance nurse practitioners had completed a non-medical prescribing course which allowed them to prescribe certain medication needed for end of life care. Non-prescriber policies supported staff with prescribing.
- One staff member within the Gold Line team had been accepted to commence the MSc advance practice course.
- All staff had been trained in verification of an expected death and a policy supported the staff to complete the procedure. An annual review was required to maintain competency and the staff member worked with the hospice or palliative care team to achieve this.
- Most staff had completed training for symptom management in the last days of life.
- Staff identified within their PDR any end of life training they require. Places had been funded on certain end of life courses.
- Staff completed an induction period and within this completed the competencies required for end of life care.
- Within the CCCT, staff had completed scenario based learning on the deteriorating patient. This was discussed with other teams, however it had not been undertaken by other areas.
- Staff within the community identified link nurses to specialise in end of life care.
- There was no access to a community practice teacher within the community teams. However, the trust were hoping to secure a place on the practice teacher course commencing in September 2016.
- Staff we talked to in the Gold Line team identified they received clinical supervision.
- Some of the registered nurses in Gold Line would be undertaking a nurse-prescribing course; this allows nurses to prescribe non-opioid medication and aperients to end of life patients.
- Staff in each of the community teams, Harden ward, CCCT and bank staff were all trained in the use of syringe drivers.

### Multi-disciplinary working and coordinated care pathways

- During our inspection we attended a gold standard framework meeting which was held once a month at the GP surgery. The meeting was attended by GPs, district nurses and community palliative specialist nurse and all patients on the gold standards framework were discussed. Patients would move across the different

## Are services effective?

parts of the gold standard framework dependant on their condition. This was discussed at the meeting to identify if they were still on the correct part of the framework.

- Therapists from the CCCT saw patients that required their services for appropriate adaptations.
- We observed a community team handover where patients with end of life care needs were discussed. Whilst on inspection a patient on the caseload had died and the staff contacted the patient's relatives immediately and discussed with the GP the care that was still required.
- The joint use of the Electronic Palliative Care Co-ordination system (EPACCS or End of Life template) across Airedale, Wharfedale and Craven and Bradford also enhanced cross boundary working.

### Referral, transfer, discharge and transition

- When patients required end of life care, they were rapidly added to the community nurse caseload.
- On Harden ward, patients for end of life care were admitted as a first priority before other admissions.
- All referrals were received from the intermediate care hub based at Airedale General Hospital. Speaking with staff at the hub, they were aware of the referral criteria.
- Patients had direct access to Harden ward for end of life care and symptom management.
- Staff who were currently on chemotherapy could not access Gold Line and had to contact another service. A protocol was in place for the staff to ask the question at the beginning of the call if they were receiving chemotherapy, however this was not always asked when observing the service.

### Access to information

- Most GP practices were on the same electronic patient record system as well as the community teams therefore professionals visiting the patient would see information they had written.
- Harden ward did not use electronic patient records although plans were in place for the commencement of this.
- The community specialist palliative nurse, who worked for another organisation, could access the patient's electronic record but could not document anything on the record.

- During a gold standard framework meeting, we observed the patient's electronic record was viewed to look at current up to date information regarding the patient end of life care needs.
- An electronic digital programme was due to be rolled out in September 2016 within the community teams.
- Social care practitioners were due to move onto the same electronic patient record system in July 2016.

### Consent, Mental Capacity act and Deprivation of Liberty Safeguards

- We reviewed seven do not attempt cardiopulmonary resuscitation (DNACPR) forms within the community and Harden ward. Three out of seven did not fully comply with the recommended guidelines from resuscitation council 2015. One of the DNACPR forms was not signed and another one was not the original copy but a photocopied one. This was addressed at the time of inspection and the ward sister was to review with the doctor. One of the forms did not document a reason why the DNACPR was in place; the recommended guidelines identify that the form should include clear documentation of reasons why CPR is impossible or inappropriate.
- All of the DNACPR forms were stored in the correct place at the front of the notes.
- Staff were aware of which patients on the ward had a DNACPR in place on their nursing handover sheet.
- Within the community, the computer record was completed with the DNACPR information.
- We observed a patient's family member who contacted Gold Line. The staff member could clearly identify on the patient's record that a DNACPR was in place and the patient was on the gold standard framework.
- The trust completed a DNACPR audit although the community teams and Harden ward were not included.
- We observed consent was asked and obtained before staff undertook interventions with patients.

We observed consent was asked and explained by staff members in Gold Line to share the patient's electronic record.

# Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

## Summary

We rated caring as good because:

- Feedback from patients and relatives who used the services was positive about how staff treated people with dignity and respect. Patients and families felt supported and cared for.
- Patients were encouraged to be involved in decision making about their end of life care needs. Staff communicated well and worked together to plan the care and treatment.
- Staff responded compassionately when patients and families required support and helped them to cope emotionally.

## Detailed findings

### Compassionate care

- Patients and relatives told us that staff were professional, supportive and kind. We observed care being provided and saw that patients were treated with compassion, dignity and respect.
- One patient commented that they felt supported, safe and well looked after.
- During the gold standard framework meeting, it was observed that two patients who had died were discussed. Within this, the care given was assessed and any lessons learnt were considered.
- We observed care provided over the phone from the Gold Line team, the staff responded with kindness and compassion in the tone of their voice.
- Bereaved relatives had contacted the Gold Line to thank them for the care they received.

### Understanding and involvement of patients and those close to them

- The district nurse team had developed a close relationship with the patient, which allowed an open and frank discussion.

- We observed patients were involved in their care and during the inspection; one patient identified that they felt involved.
- Staff on Harden ward informed us that patients and family had visited the ward prior to admission. One example, where a patient and the family visited before their admission, enabled them to be involved with their care.
- We observed that several patients that contacted the Gold Line were familiar with the nurses and discussed their care with them.
- Within the comfort and dignity care plan, relatives and friends could contribute to the assessment process. The plan highlighted that the patient's care needs and decisions may change and people had the opportunity to inform staff and ask questions within the care plan. Staff discussed the written information and signed to say they had discussed the comments.
- One relative commented that when the patient's DNACPR was put in place the GP explained the process fully and in a manner they could understand.

### Emotional support

- On inspection, we observed that patients in their own home were aware of who to contact when they needed advice. Telephone numbers were accessible for Gold Line and contact numbers available in front of the district nursing notes.
- We observed staff had discussed where the patient had chosen to die and plans were in place.
- We observed one staff member using sensitive communication and providing a family member time to discuss their anxieties.
- We observed staff contacting a bereaved relative straight away to provide support.
- Community staff offered bereavement visits to all relatives that had been visited on the caseload.



# Are services responsive to people's needs?

By responsive, we mean that services are organised so that they meet people's needs.

## Summary

We rated responsive as good because:

- Services worked together to ensure that 24 hour end of life patient care was provided in the community.
- Responsive times were good when patients were required to access services.
- Complaints and concerns were responded and listened to. Improvements were made to the quality of care as a result of complaints and concerns.

## Detailed findings

### Planning and delivering services which meet people's needs

- The trust collaborated with local clinical commissioning groups. The Gold Line service had developed and extended to support patients in other areas.
- Staff within the community teams and Harden ward followed the end of life pathway. The pathway had been altered to incorporate the needs of patients living within a community setting.
- Patients in the community had 24-hour cover from the community nurses. The night staff from the CCCT discussed any information regarding patients they had seen during the night to provide continuity for the patients.
- Community staff supported patients in nursing homes when required.
- Harden ward liaised with a local undertakers in regards to using their facilities out of hours.
- Visiting times were flexible on Harden ward to meet the individual end of life care needs of the patient.
- Within an audit on Harden ward, it was noted that 70% of carers were provided with written information following the death of a patient. Within an audit in the community teams 100% of carers were not given any written information following the death of a patient. As a result, the community teams have reviewed the literature provided to patients at Airedale General Hospital and have amended parts of the leaflet to adapt to community settings. The booklet had been approved and teams had purchased a stock level.

- Spiritual needs were covered by the local chaplaincy and other faiths when required at Harden ward. An audit identified that patients and relatives were asked within the last episode of care regarding their spiritual needs. Within the audit, it highlighted that on two occasions the patients were seen by a spiritual advisor.
- There were low numbers of patients who required translation services.
- Gold Line leaflets were available in other languages or formats.
- An independent organisation completed a qualitative evaluation of Gold Line and identified that the service needed to effectively engage with people from different cultural backgrounds across the area to be more successful and reach a wider client group.

### Meeting the needs of people in vulnerable circumstances

- The trust used the recognised butterfly scheme and staff had received dementia training. There was a specified icon on the patient's electronic record that would identify if a patient was living with dementia. This was easily seen on the front screen of the computer.
- Gold Line was shaped to allow patients to speak to regular nurses who would be able to access their clinical record and patients would not have to repeat their clinical condition.

### Access to the right care at the right time

- During the hours of 8.00am and 8.00pm, call handlers were present to answer the Gold Line phone if the clinical staff were engaged on another call. Whilst on inspection we observed call handlers answering the Gold Line phone and informing callers.
- A message could be left on the Gold Line number if the phone could not be answered. An email was delivered to the clinical staff logged onto system when the caller left a message and staff informed us that they would access the message and contact the individual back. It was highlighted in a team meeting that at times telephone calls to Gold Line were unable to be answered due to the influx of calls into the service.

## Equality and diversity



## Are services responsive to people's needs?

- Gold Line staff used their clinical judgement and decision making skills and provided advice and treatment to callers. Staff felt the service could not use protocols due to the diverse calls that come through.
- Over a four-day period from 14 March 2016, Gold Line received 102 phone calls. Twenty-four phone calls on 14 March 2016, fifteen phone calls on 15 March 2016, thirty phone calls on 16 March 2016 and thirty-three on 17 March 2016. Over half the phone calls were made outside of working hours between 5.00pm and 8.30am.
- Staff in Gold Line referred patients to other services when needed; the highest referrals were to the community nursing teams with 2,511 referrals between April 2015 and January 2016.
- The amount of patients that were registered with Gold Line had increased from 1,012 in April 2015 to 1,382 in January 2016
- Using Gold Line allowed the patient to remain in their place of residence, 90% of patients that telephoned the service stayed at home.
- Staff on Harden ward acknowledged that they could have utilised Gold Line but have not needed to use the service. Staff on the ward would give patients the Gold Line number on discharge where it was appropriate.
- Staff at the intermediate hub spoke to Harden ward staff daily to identify bed capacity for patients who may require end of life care.
- Patients that required an admission to Harden ward for end of life care were prioritised over other admissions. There was no evidence of patients waiting for beds and the ward manager confirmed that patients did not wait.
- All patients that were on the gold standard framework had immediate telephone contact with the GP if they rang. Community staff could contact the GP and request immediate communication.
- Sixteen patient records were reviewed as part of the last days of life audit completed on Harden ward and the community teams. Fourteen patient records identified

that the patient had acknowledged where their preferred their place of death would be, this was achieved by 75%. Some patients who had identified their preferred place of death at home changed their decision to be cared for in a hospice environment.

- The community teams had a response time to visit within; this ranged between one to two hours for urgent visits or three to four hours dependant on the reason for the visit. This was observed during our inspection and one patient commented that staff responded quickly.
- Patients were accepted onto the community team's caseloads; the staff prioritised patient's care and end of life care was a high priority.
- One patient commented that they felt that they could ring the community nurses and they would visit straight away.
- There was no waiting list for patients with end of life care needs to be seen by the CCCT therapists.
- CCCT provided social care in the patient's home until social care services had implemented the care package that was required. This allowed patients who had identified their preferred place of death as home to be discharged home.

### Learning from complaints and concerns

- We saw examples of complaints which had been handled in line with the trust's policy.
- A patient's relative complained that a staff member in Gold Line had not requested a GP as agreed. The telephone call was listened to and discussed with the staff member. The relative attended the trust board meeting as part of the patient story experience and identified that the trust had reacted with speed and honesty. Because of the incident, a call back system was put in place to ensure that communication was enhanced.
- We saw evidence of complaints being discussed in team meetings and senior meetings.



# Are services well-led?

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

## Summary

We rated well-led as good because

- We saw evidence of good leadership in the community teams and Harden ward who understood the challenges and took action to address them.
- Teams met regularly to discuss their roles and service.
- The leadership, governance and culture of the service promoted the delivery of person centred care.
- An open and honest culture was adopted where managers met with staff regularly to discuss their service.

## Detailed findings

### Service vision and strategy

- The service followed the trust's 'Right Care' strategy and this was displayed in staff base points.
- No end of life care strategy was in place for the trust, however the end of life care annual report was used to look at future mapping and development aims. These included developing the trust internet site around care in the last days of life, competency framework and mandatory sessions in place for all staff groups. The annual report did acknowledge that the focus was on the care delivered within the hospital.
- Community staff were clear on the vision and care they wanted to provide to patients with end of life care needs.

### Governance, risk management and quality measurement

- End of life care was discussed in the monthly quality and safety operational group where updates were provided from the end of life group. These included an unannounced snapshot of care of patients in the last days of life completed in August 2015. The snapshot was conducted on all adult wards; no community services were included.
- An end of life operational group was held every two months.

- A last Year of Life Community Services Planning group meet every eight weeks. Within this meeting new draft care plans were discussed and feedback.
- The management team had identified the ongoing pressures from the low staffing levels in community team 2. As a result, a risk had been placed on the risk register and five additional registered nurses had been recruited to provide ongoing patient care and support in the area.
- The staff within the Gold Line team attended monthly team meetings which the palliative consultant attends.
- Gold Line calls were chosen at random and listened to quarterly. The calls were assessed examining active listening, control of the pace and flow of the call. Each patient's electronic record was retrieved and the documentation evaluated to ensure accuracy and follow up arranged as necessary. On one occasion in the early hours, it was noted that staff occasionally sounded tired and one call showed active listening skills were not up to the expected standard. The staff member listened to the call and the team were encouraged to take regular breaks during their night shifts to try and ensure that calls were always answered as expected.

### Leadership of this service

- The chief executive sent messages of praise and had recently sent a community team a fruit basket.
- Senior management felt the community staff had remained patient focused and responded to patients needs during changes within the community. The senior management identified that there had been lots of different ways of working and staff had remained resilient and committed to patients and each other. This was supported by team members who identified that they would support each other and work extra shifts as needed.
- Within the community teams and Harden ward, staff felt supported and could discuss issues with their managers.
- In one of the community teams, the advanced nurse practitioner led and managed the team in the absence of the district nurse sister. This provided the team with an ongoing consistency and leadership role.

## Are services well-led?

- New staff were inducted into the teams and supported to develop their role and knowledge.
- Staff were encouraged and had undertaken further training to enhance end of life care.

### Culture within this service

- At the trust award ceremony, the Gold Line team won an award titled 'highly commended for outstanding service and commitment.'
- The chief executive visited the new office for the Gold Line team in January 2016.
- Staff had received compliments for end of life care from the community teams, Harden ward and Gold Line.
- Within the community teams and Harden ward compliments were discussed and staff are thanked for the commitment and continued hard work.
- Staff within the areas we visited, were passionate about providing end of life care and ensuring that the patient's needs and wishes were met.
- Staff felt well supported by the community palliative specialist nurse and local hospice.
- Staff supported each other in the teams they worked.

### Public engagement

- The trust had established an end of life operational group with representation from board level, relevant

clinical services, governor and patient and carer panel. The group received and considered reports and made recommendations with regards to end of life care at the trust.

- A feedback form was devised for patients using Gold Line identifying how they had found the service and any improvements that may have been required.

### Staff engagement

- Staff were asked to be engaged with the end of life pathway. One example given was senior staff shared the pathway with their teams and asked for their thoughts. One staff member replied and this was fed back to the wider team.
- A feedback form was devised for health professionals using Gold Line to provide information on how to develop or improve the service.

### Innovation, improvement and sustainability

- The community team leader discussed the option of advanced nurse practitioners signing DNACPR forms was being considered.
- The Gold Line team have developed a video discussing the positive experience of using Gold Line.
- Several academic articles have been published in regards to Gold Line and the telemedicine hub.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

This section is primarily information for the provider

## Enforcement actions

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.