

5 Boroughs Partnership NHS Foundation Trust

RTV

# 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)
RTV30	Halewood Health Centre	District nursing team	L26 9UH
RTV06	Warrington	District nursing team	WA2 8WA
RTV06	Warrington	District nursing team	WA2 8WA

This report describes our judgement of the quality of care provided within this core service by 5 Boroughs Partnership 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 5 Boroughs Partnership NHS Foundation Trust and these are brought together to inform our overall judgement of 5 Boroughs Partnership NHS Foundation Trust.

# Summary of findings

## Ratings

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

# Summary of findings

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# Summary of findings

## Overall summary

We rated Community end of life care services at 5 Boroughs Partnership NHS Foundation Trust as good because:

- The service had made significant improvements since our last inspection and had addressed all areas of concern effectively.
- Staff delivered end of life care in the community setting that was caring, compassionate and supportive of patients and their families.
- The service had a comprehensive and credible framework and strategy for end of life care and this was monitored through regular meetings.
- The advanced care plan document developed to replace the Liverpool Care Pathway in July 2014 was comprehensive and person-centred.
- The trust had appointed a board member and non-executive board member with a specific lead role for end of life care and staff were aware of who these executive leads were.
- Safety was a high priority and there was routine measurement and monitoring of safety and performance within the service.
- Risks were appropriately managed and identified.
- We found that the care delivered to patients was evidence-based and in line with key documents such as National Institute for Health and Care Excellence guidance and priorities of the dying person, particularly personalised care.
- There was routine monitoring of patient outcomes of care and treatment, and patient feedback was actively sought on a regular basis.
- The training for staff involved with the delivery of end of life care was appropriate and provided on a regular basis.
- The end of life care team worked effectively and engaged with other professionals to ensure patients received the required level of care and support.
- Staff appraisals were completed and staff had sufficient clinical supervision.
- Staff spoke positively about the support they were given by seniors and management.
- Staff worked with local hospices, hospitals, GPs and specialists to seek advice when needed.
- When we talked with patients and staff and observed care, we found that staff were passionate and committed to providing good end of life care.
- There was a strong culture of innovation and improvement and staff were actively encouraged to put forward ideas for improving the service.

# Summary of findings

## Background to the service

The 5 Boroughs Partnership NHS Trust provides 24-hour end of life care services for adults over the age of 18 years and children under 18 years, including patients with individual and complex nursing needs in the community. The service was provided for people who live in the Knowsley borough and some patients in the St Helens borough.

End of life care was provided in a variety of organisational settings by community nursing teams, specialist Macmillan nurses, general practitioners and a consultant specialising in palliative care. Services included facilitation of discharge from the acute hospital and co-ordination of care provision in the community.

Teams of district nurses provide end of life care as part of their caseloads and additional support was provided from local hospice services. There are no inpatient services for patients using community health services provided by the trust.

Additional services include the district nursing liaison service, which was based at Whiston Hospital and assists

in facilitating discharges from hospital to the community, the advance care planning team, who work closely with the district nursing teams and the specialist palliative care Macmillan team who ensure patients receive care in their preferred place.

The out of hours service provides professional nursing assessment and advice, management and nursing treatment for patients with palliative care needs and those who are in the terminal phase of their illness. This service also aimed to reduce hospital admissions out of hours and also provided the following services:

- Assistance with the provision of emergency loans and equipment.
- Psychological support and advice.
- Administration of drugs in the out of hours periods.

A specialist paediatric palliative care nurse works closely with Alder Hey Children's Hospital coordinates and provides care to patients under the age of 18 who are in need of end of life care.

## Our inspection team

**Team Leader:** Sarah Dunnett, inspection manager, Care Quality Commission

The team that inspected this core service included one CQC inspector and one specialist advisor.

## Why we carried out this inspection

We carried out a focused unannounced inspection to check whether the trust had made improvements. When we inspected community end of life care in July 2015, we rated the service as requires improvement overall. We rated the key questions safe, effective and responsive as requires improvement, caring as good and well-led as inadequate.

The trust sent us an action plan about how they would improve. This inspection was to check whether improvements had been made.

## How we carried out this inspection

We ask the following five questions of every service and provider to ensure continuity across all inspections carried out:

- Is it safe?
- Is it effective?

# Summary of findings

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

Before visiting, we reviewed a range of information we hold about 5 Boroughs Partnership NHS Trust and asked other organisations to share what they knew about the provider.

As part of the inspection we carried out unannounced visits to: The Halewood Centre, Willowbrook Hospice, Bluebell Centre.

During our visit, we spoke with six patients and 18 members of staff. We looked at a range of policies, procedures and other documents relating to the running of the service. We reviewed 10 sets of care records and 42 medication records.

## What people who use the provider say

Patients told us that staff treated them with respect, dignity and compassion.

The feedback we received from patients was positive for all services involved in delivering end of life care.

## Good practice

- The trust had undertaken significant amount of work to improve the service after the last inspection. Staff went above and beyond their duties to ensure patients received excellent care that met their needs. Leaders of the service had supported staff and valued their team highly
- Policies and guidelines to administer diuretics to patients living with end stage heart failure was embedded. The service shared this evidence based initiative with other trusts who wanted to develop a similar protocol.
- There were four full time advanced care planning facilitators employed within the service. This meant patients had access to staff and ensured advanced care planning was undertaken at an early stage.
- The service had a comprehensive Citizen's Charter, which informed patients of the care they could expect to receive. Patients were involved in their journey and held staff to account for the care they provided.
- The service met the needs of the diverse local population, a recent project carried out devised strategies to engage the homeless population so that they had improved access to end of life care services.

## Areas for improvement

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

- The provider should consider working with GPs to improve the prescribing of medications to alleviate breathlessness at the end of life.

# 5 Boroughs Partnership 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 the service as good in relation to safe because:

- Safety was a high priority and there was measurement and monitoring of safety and performance within the service.
- Risks were appropriately managed and identified.
- We saw evidence in patient records that risks were identified on an individual patient basis and appropriate action was taken by staff in response to these risks.
- Staff understood the importance of reporting and learning from incidents.
- Medicines were managed well and controlled drugs were managed in line with national guidance and legislation.
- Staff told us that they felt well staffed they felt that they had enough time to care for patients.
- Staff worked together to cover unexpected absences and holiday periods.
- The training for staff involved with the delivery of end of life care was appropriate and provided on a regular basis.

- Safeguarding was well managed in the service, training was up to date and staff felt confident to report issues when raised.

### Safety performance

- We observed safety goals and targets in use and the district nursing teams monitored these.
- One example of this was key performance indicators including the development and care of pressure ulcers. These indicators were monitored at team, divisional and executive level. If a patient developed a pressure ulcer at a grade three or above the team responsible for the patient's care was required to attend a learning and scrutiny panel to examine why the ulcer had occurred.
- Senior managers within the service routinely reviewed incidents and identified themes in relation to the end of life care service.
- Senior staff told us that they linked any highlighted issues with staff supervision.



# Are services safe?

## Incident reporting, learning and improvement

- Staff were aware of the reporting systems for incidents and staff had access to the trust-wide electronic reporting system. Staff said they found the system user friendly and demonstrated to us how they would access and submit an incident report.
- There were 610 incidents reported within the community nursing and end of life care services between July 2015 and July 2016. The majority of these incidents were categorised as low and no harm incidents and the highest incident category related to pressure ulcers acquired outside of the trust.
- Learning from incidents was shared with staff at regular team meetings and supervision sessions and we saw evidence of this in the form of minutes of meetings and memos.
- Staff gave recent examples of incidents which they had recently learned from and improved practice as a result. We also saw evidence of incidents being discussed at team meetings in the form of minutes of meetings and agendas of meetings.
- Staff said that they received timely and appropriate feedback when they submitted an incident form or raised a concern.

## Safeguarding

- Policies and procedures for safeguarding vulnerable adults and children were accessible to staff electronically.
- Staff received mandatory training in safeguarding vulnerable adults that included aspects of the Mental Capacity Act 2005 and Deprivation of Liberty safeguards. All district nursing teams had a high uptake of level two safeguarding adults training and in all teams; the uptake rate of this training for nursing staff was above the trust target of 90% at 95%. The specialist palliative care Macmillan team had an uptake rate of 100% in this training for nursing staff.
- Staff received mandatory training in safeguarding children at level two and the uptake levels within the community nursing teams were high with 95% of staff having undertaken this training.

- We found that staff were knowledgeable about their role and responsibilities regarding the safeguarding of vulnerable adults and were aware of the process for reporting safeguarding concerns and allegations of abuse within the trust.
- Staff confirmed safeguarding was always raised at multidisciplinary meetings and told us that they received meaningful feedback on any safeguarding concerns they raised.
- Staff told us that they felt confident dealing with matters of a safeguarding nature and were able to give us recent examples of cases they had dealt with and how they had actioned these.

## Medicines

- The trust had an up to date policy on the management of controlled drugs. This policy reflected current guidance and was easy to understand and accessible to staff electronically.
- The staff we spoke to who were involved with the management of controlled drugs were aware of the policy and how to access it.
- We reviewed 42 medication records across team areas and we noted that 39 out of 42 records were up to date, clear and unambiguous. In three out of 42 records, we found minor discrepancies in record keeping which had been identified through audit and actioned by the governance pharmacist linked to the service.
- There was a linked pharmacist with a specific role in governance for the service. This pharmacist provided support and advice to the district nursing teams and the specialist palliative care Macmillan team. In addition, they also provided bespoke tailored training on medications management and other subjects relate to medicines within the service.
- The process for the destruction of controlled drugs was clearly set out in the trust's policy on the management of controlled drugs. Staff followed this process and ensured that these medications were destroyed following the death of patients in their own home.
- Staff administered and managed medicines well in the delivery of the end of life care service.

## Are services safe?

- The trust required all nursing staff to undertake a medications management training update every three years. The mandatory training figures showed that the compliance with this training was high at 94%, which was above the trust's target of 90%.

### Environment and equipment

- We found that staff were aware of how to maintain and use equipment used in end of life care such as syringe drivers. Staff told us they received training and updates as needed in relation to the use of syringe drivers and we saw evidence of this in training records.
- All electronic equipment had portable appliance testing stickers and maintenance records, which would identify when it was last checked. We reviewed the maintenance records for all syringe drivers used within the community services and these showed that all drivers had an up to date testing in place.
- There were clear and robust processes for the maintenance and checking of equipment provided to patients in their own home. Staff were able to describe the processes and how they followed them. The service worked closely with the Centre for Independent Living, which had very clear and robust processes for the maintenance and checking of equipment provided to patients in their own home.
- We observed the storage of dressings and other equipment at team bases and found that this storage was appropriate and well maintained.

### Quality of records

- The trust had developed a comprehensive care document called the 'Care and Communication Record', which was used when patients were receiving end of life care. We found this document was comprehensive and patient centred. This document was easy to understand and follow and we found that this record was being used in all areas of the service consistently.
- We reviewed four records relating to patients who had a do not attempt cardio pulmonary resuscitation forms present. In all four cases, we found that the do not attempt cardio pulmonary resuscitation records were completed fully and correctly. They all contained

sufficient detail regarding the decision to complete the form and in all four cases there was evidence that the decision had been discussed with the patient or their relatives.

- The community nursing teams were using an electronic notes system along with their written hand held notes system. Staff told us that this was easy to access and connectivity was good. There had been no reported incidents relating to this system between July 2015 and July 2016.

### Cleanliness, infection control and hygiene

- Personal protective equipment (gloves and aprons) and hand cleansing products were available to all staff undertaking patient care. Staff were aware of when personal protective equipment should be used.
- All of the clinic areas we visited were visibly clean and tidy and the equipment was noted to be visibly clean.
- There were adequate arrangements in place for the handling, storage and disposal of clinical waste, including sharps.
- The trust had an infection prevention and control policy in place, which was accessible to staff on the trust intranet site.

### Mandatory training

- Mandatory training was provided in four sets of training, these were statutory, core, statutory clinical and specialist. These sets included subjects such as fire safety, equality and diversity and infection control.
- The uptake rates for all sets of mandatory training were high with 94% of staff having undertaken their core and specialist mandatory training and 93% of staff had undertaken their statutory clinical training that were all above the trust's target of 90%. The uptake rate for the statutory training was slightly lower than the trust's target at 89%, however managers were aware of this and were working to improve the uptake rate.
- Staff told us that they were encouraged to undertake mandatory training and that their managers monitored this.

# Are services safe?

## Assessing and responding to patient risk

- We reviewed ten care records of recently deceased patients and found that in all ten of these cases risk assessments such as nutritional assessment and pressure ulcer risk assessments had been undertaken and were documented fully.
- We saw evidence in patient records that risks were identified on an individual patient basis and appropriate action was taken by staff in response to these risks.
- Where there were significant risks identified, we found that staff responded appropriately such as involving other multidisciplinary teams to seek advice and ensure a joined up multidisciplinary approach was taken to mitigate risk.

## Staffing levels and caseload

- A consultant with a responsibility for end of life care was shared with other local trusts. Patients were also supported by their GPs working closely with community nursing teams.
- The specialist palliative care nursing team had 6.2 whole time equivalent band 7 specialist nurses and one whole time equivalent band 6 specialist nurse that was in line with their current establishment. It had been identified by the manager for the team that they required an additional whole-time equivalent nurse to meet the staffing ratios set out and agreed in their commissioning document and agreement during the last inspection.

We found that this additional member of staff had been approved by the board and was in position at the time of our inspection and staff reported that this had eased their workload significantly.

- Staff within the specialist palliative care Macmillan team told us that they felt well staffed and that they felt that they had enough time to care for patients.
- Staff told us that they felt they were well staffed within the community teams and they worked together to cover unexpected absences and holiday periods.
- There was a low rate of staff turnover, which meant staff had good relationships and knowledge of end of life care processes within the team.

## Managing anticipated risks

- We found that there was a local risk register for end of life care services. This contained risks and was appropriately updated on a regular basis.
- Staff told us of ways they had dealt with adverse weather conditions in the past, such as walking to patient's homes and attending their nearest base.
- Staff were aware of how to access the policy to follow regarding adverse weather conditions to ensure patient care would be delivered in these circumstances.
- The lone worker policy was implemented fully and staff were aware of how the policy was to be used.

# 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 the service as good in relation to effective because:

- Staff were delivering care in line with key documents such as National Institute for Health and Care Excellence guidance and priorities of the dying person.
- The service had developed a comprehensive advanced care plan, based on best practice guidance from National Institute for Health and Care Excellence and other documents, to replace the Liverpool Care Pathway that was withdrawn in July 2014. Pain was being assessed and managed effectively and patients spoke positively about the pain management they received.
- We found that patients nutritional and hydration needs were being assessed and recognised assessment tools were being used to assess these needs.
- There were close working relationships between the palliative care team and other community teams.
- The staff we spoke with appeared to be competent and committed to delivering high quality end of life care.
- Patients' outcomes were routinely monitored and were better than expected when compared to national and local benchmarks and targets.
- The teams involved in the delivery of end of life care worked closely and effectively together to facilitate high quality patient care.
- Patients had easy access to leaflets about the services available specifically in relation to end of life care services.
- Staff were aware of the Mental Capacity Act and were able to describe how they would apply this in practice.

However

- Anticipatory medication for people with breathlessness was not always prescribed, which did not comply with best practice.

## Evidence based care and treatment

- We found that the care delivered to patients was evidence-based and in line with key documents such as National Institute for Health and Care Excellence guidance and priorities of the dying person, particularly personalised care.
- Staff showed us the recently developed care and communication record that offered personalised care plans. This record was based on National Institute for Health and Care Excellence guidance and principles set out in the Priorities for Care of the Dying document. The care plan was comprehensive and contained all appropriate areas for consideration.
- The trust was supporting local care homes and GPs with working towards the Gold Standards Framework Accreditation and five of the care homes they were working with had achieved accreditation status. There were regular Gold Standards Framework meetings held with local GP's and community nursing staff. These meetings ensured evidence based multidisciplinary team approach to patient care.
- Staff had easy access to evidence based guidelines used to plan patient care, including specialised end of life care medication formularies.
- The service participated in local and national audits and worked closely with other trusts of a similar size to benchmark their practice.
- The service had implemented a policy and guideline to administer diuretics to patients living with end stage heart failure. This was an innovative evidence based initiative and the service was regularly hosting other trusts who wanted to develop a similar protocol.

However,

- Staff did not always prescribe anticipatory medication for people with breathlessness. Breathlessness at the end of life is a common symptom and best practice is for medications to treat this symptom to be prescribed when someone is reaching the end of their life.

# Are services effective?

## Pain relief

- There was evidence in all 42 patient records we reviewed that pain relief had been prescribed appropriately and was administered when they required pain relief.
- All patients we spoke with spoke positively about the way in which their pain was managed.
- Staff told us that they had 24-hour access to syringe drivers to deliver pain relief and other medications as needed.
- There was evidence within records of patients receiving end of life care that pain was being assessed regularly.
- The community nursing teams told us that they prioritised patients receiving end of life care if they called and required medication or assistance. Staff told us of one case in which a patient was experiencing difficult to control pain. The staff had stayed with a patient for a number of hours to provide pain relief, arrange a GP visit and continually assess the patient's response to the pain relief delivered.

## Nutrition and hydration

- In ten out of the ten care records of recently deceased patients that we reviewed, there was evidence that nutrition and hydration had been assessed and a malnutrition universal screening tool completed and appropriate action had been taken where appropriate.
- Community nursing staff were aware of how to refer patients to dietetics if needed. Staff talked us through the process of referral and we saw evidence in care records of patients who had been referred to dietetics when required.

## Patient outcomes

- The service routinely monitored patient's outcomes and the findings were reviewed on a monthly basis in a variety of meetings. Patient outcomes were better than expected when measured against local and national targets and benchmarks.
- Audits regularly undertaken by the service showed that 88% of patients who died in the trust in the period of July 2015 to July 2016 were referred to and accessed specialist palliative care services.

- The service was recording data in relation to the number of patients who died in their preferred place of care. The national standard is that 80% of patients should die in their preferred place of care. For the period 2015 to 2016, the service performed slightly better than this target and better than the national average and data showed that 81% of patients accessing community palliative care services died in their preferred place of care.
- The service expected that all patients identified as requiring end of life care would have specific form completed. This form included the patient's place of preferred care, next of kin details and other personal details. A quarterly audit undertaken by the service showed that for quarter four in 2015 to 2016 100% of patients had this form completed.
- The service also separately recorded and audited the number of patients who had their preferred priorities of care documented. This included information about how the patient wanted to be cared for when they reached the end of their life. Data provided by the service showed that 96% of patients audited in quarter four for 2015 to 2016 had this documentation completed. This was higher than the audit target of 95%.
- There were regular meetings where after death analysis and mortality reviews were completed in relation to patients who had received end of life care. These analyses were robust and thorough and were reported, reviewed at service level meetings, and escalated to board meeting if required.

## Competent staff

- The specialist nurses within the palliative care team either had undertaken or were planning to undertake specialist degree level training in end of life care. They were all very experienced and competent in their roles.
- Appraisal rates were slightly lower than the trust's target of 90% within the district nursing teams at 86% overall and 75% of staff employed within the specialist palliative care Macmillan team had received their annual appraisal last year. This had however been noted by service managers and they had taken immediate action to ensure that all staff in the specialist palliative care Macmillan team received their annual appraisal. Data showed that by June 2016 100% of staff had received their annual appraisal.

## Are services effective?

- Since the last inspection, all staff were required to undertake specialist training in end of life care. At the time of the inspection data showed that 64% of staff had undertaken this training. The service managers were aware of this figure and were working to ensure that all staff completed this training as soon as possible.
- Staff told us that they were actively encouraged to undertake training additional to their mandatory requirements and were supported to improve their knowledge.
- There was a culture of debrief and supervision with debriefing meetings and clinical supervision provided by senior staff and the specialist palliative care Macmillan team, who also then received their own supervision. The specialist palliative care Macmillan team had recently started providing group supervision sessions at community nursing bases to ensure that the maximum number of staff possible could access this supervision.
- The community nursing staff we spoke with were knowledgeable about end of life care and specific areas of end of life care such as anticipatory medicines and rapid discharge.
- Community nursing staff told us that there were often opportunities to work within the specialist palliative care Macmillan team on a secondment basis to improve their skills and knowledge.

### Multi-disciplinary working and coordinated care pathways

- We saw evidence of multidisciplinary team meetings, which were held with medical staff including GPs, nursing staff, therapists and specialist palliative care staff.
- Community nursing staff told us that the specialist palliative care Macmillan team were accessible and supportive. Each community nursing base also had a linked specialist palliative care Macmillan team specialist nurse who was available to staff for support and advice. This ensured continuity of care for patients and continuity of support for staff members.

### Referral, transfer, discharge and transition

- Community nursing staff told us that referrals were responded to by the palliative care team quickly and appropriately. The service was not monitoring how quickly they responded to urgent palliative care referrals but told us that patients were seen and triaged quickly since the introduction of a triage specific nurse, who reviewed all referrals into the service as they came in.
- We reviewed two patient records where a rapid discharge was either requested or required. In both cases, these discharges had been completed within 24 hours of the initial decision.

### Access to information

- Patients had home held notes that could be accessed by different professionals attending their homes.
- Staff told us that the electronic notes system was easy to access, available on hand held devices and had good connectivity. This allowed staff to access information about patients including test results while they were out of the office.
- We observed leaflets and contact sheets, which were given out to patients in relation to end of life care services.

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

- Staff received mandatory training in safeguarding children and vulnerable adults, which included aspects of the Mental Capacity Act (2005) and Deprivation of Liberties Safeguards.
- All staff displayed an understanding of the requirements of the Mental Capacity Act 2005 and were able to give us examples of how they would apply this in their practice.
- Mandatory training figures for the Mental Capacity Act showed high compliance at 94% of staff trained in this subject.





# Are services caring?

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

## Summary

We have rated the service as outstanding in relation to caring because:

- Staff were passionate and committed to providing compassionate, holistic care to patients and their relatives.
- Patients were truly valued and were treated as partners in their care and treatment.
- All patients and their relatives gave positive feedback about the care they received.
- We saw a number of examples of staff going the extra mile to provide person centred, compassionate care. Staff had gone above and beyond to ensure that patient's final wishes were met. One example of this was staff members walking patient's dog's in their own time so that patients could keep their pets at home that were a great comfort to them.
- The culture within the service was strongly patient centred and motivated staff to provide a high standard of compassionate and dignified care.
- Staff had strong relationships with patients and their relatives and these were highly valued by staff.
- Staff considered the totality of the needs of patients and their loved ones.
- Staff encouraged patients and their relatives to be partners in their care and ensured that they were consulted on all decisions relating to their journey.
- Staff went the extra mile to ensure that patients and their relatives received the emotional support they needed. One example of this was staff arranging to buy presents and goods for hampers out of their own wages to provide to patients who would be alone at Christmas time.
- Staff supported relatives after patients had passed away. One example of this was that a six-week post bereavement visit was scheduled for every family of a patient who died.

## Compassionate care

- Staff respected patients and their relatives and truly valued them as individuals. The care provided by the end of life care service was person centred and the culture within the team reflected this. All interactions between staff that we witnessed were patient centred and displayed compassion and respect.
- Staff were courteous and caring towards patients at all times. Staff displayed a high level of compassion and understanding when communicating and supporting patients.
- We spent time in the team office listening to staff talk to patients on the telephone and to each other. Staff spoke respectfully and compassionately to patients and about patients and appeared to have their best interests at the centre of their decisions.
- All patients told us that staff were always kind, caring and compassionate. All patients told us that staff went beyond their duty to provide compassionate care.
- All staff in all the teams we visited displayed that they were passionate about providing a caring and compassionate approach to their work.
- We were told of occasions where staff had been out to buy shopping for patients in their own time with their own money if they were being discharged home and had no relatives to help them.
- One patient also told us that they were visited when they were in hospital by a community nurse, as they had no living relatives or friends.

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

- Staff displayed a person centred approach and went beyond their duty to provide care to patients, which met their needs. Staff valued patients and their relatives as partners in their care.
- All patients told us that they had been involved with decisions about their care and had been actively involved in their care plan.



## Are services caring?

- The staff within all teams involved in delivering end of life care worked together to ensure that all the patients' needs were identified and met in a holistic way.
- Staff showed determination to overcome obstacles and challenges to delivering the holistic care patients needed. One example of this was a patient who had great comfort from having their pet dog at home. Due to the progression of the patient's condition, they were no longer able to take the dog outside and were concerned they would have to give the dog up. Staff recognised how important the dog was to the patient and arranged to walk the dog daily in their own time to ensure that the patient could still have them at home. Another example of staff overcoming obstacles was the work of the specialist palliative care Macmillan team with a service to facilitate a patient's dying wish to see a relative who was held in a secure unit.
- There were specific sections within the advance care plan for patients and their relatives to record their preferences.
- There was a Citizen's Charter for end of life care in place and in use. This charter set out what patients should and could expect from the service and described what end of life care was. One patient we spoke with told us that they found this helpful and informative and that it guided them in questioning and being involved in their care.

### Emotional support

- We observed patients and their relatives being offered and provided with emotional support on the telephone and we saw evidence of this in patient's records.
- Staff were aware of patients who lived alone or had infrequent visitors. At Christmas, time staff would donate items and money to buy hampers of food and gifts for these patients. They also visited them in their own time at Christmas to ensure they felt cared for at this sensitive time of year.
- The staff involved with the delivery of end of life care worked hard to continue to support patient's relatives after their loved ones had died. An example of this was the close relationship between a number of charitable organisations and the end of life care team. Staff would signpost patient's relatives to these services for additional support and counselling. Staff would then follow up by checking back in with these relatives to ensure that they had been able to access the services.
- Staff involved in the delivery of end of life care also conducted after death visits at six weeks to support the relatives of patients who had passed away.
- The dates of patient's funerals were noted and staff made every effort to attend.
- All patients we spoke with were very positive about the emotional support they received from all professionals delivering end of life care.



# 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 the service as good in relation to responsive because:

- The needs of the local population were taken into account when planning the delivery of services in relation to end of life care and the service routinely sought patient feedback when planning or changing services.
- Patients reported that they received a good service in relation to end of life care.
- Patients living with a disability were supported and signposted to appropriate support.
- Patients could access care and treatment 24 hours a day.
- We observed the service delivering care to a range of patients with different conditions.
- Complaints and concerns were handled effectively and lessons learned from these were widely disseminated.

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

- The service was adapted and tailored to meet the needs of the diverse local population. One example of this was a recent project and group that had been formed to devise strategies to engage the homeless population and improve their access to end of life care services.
- We found that patients' needs were central to the planning and delivery of local services.
- The specialist palliative care team delivered a training programme to community staff on aspects of end of life care. Community nursing staff told us that they could request training subjects from the specialist team in relation to specific patient needs.
- We were told by senior staff that they routinely sought patient feedback when planning or changing services. This was completed through local consultation with service user groups and through patient representatives on key groups.

## Equality and diversity

- The community nursing teams gave us examples of when they had referred patients living with a disability to support groups.
- We saw that all leaflets provided to patients by the service could be provided to patients if their first language was not English. On the reverse of these leaflets, a message guiding patients on how to request material was displayed in a number of languages.
- Staff were able to tell us how they would access a translator if they needed to. These materials could also be provided in braille and audio formats.

## Meeting the needs of people in vulnerable circumstances

- End of life care services were available and were being provided to patients with a variety of conditions including dementia and patient with disabilities, and we saw examples of this in case records and when talking to patients. This showed us that staff were providing these services to all groups of patients regardless of condition or disability.
- The service worked with support groups and charities to engage with people in vulnerable circumstances. They would collaboratively to remove barriers for these patients to access services.
- One example of this was their work with the mental health teams within the trust to deliver end of life care in a secure setting and to patients with mental health conditions.

## Access to the right care at the right time

- Patients had access to 24-hour care through the community nursing and palliative care team during the daytime and the out of hour's service at night.
- Staff members involved in all areas of delivering end of life care told us that they made every effort to ensure patients reaching the end of their life received timely care.

## Are services responsive to people's needs?

- A helpline was available five days a week from 9am until 5pm. This line was staffed by a support worker or nurse whose designated duty was to take calls from patients, their relatives and other health care professionals in relation to end of life care services.
- The out of hours district nursing service was based at a local hospital.
- All patients we spoke with told us that they felt supported including during out of hours periods.
- Information on how to raise a complaint was available in leaflet form and staff told us that they provided these to patients as needed.
- Staff understood the process for receiving and handling complaints and were able to give examples of how they would deal with a complaint from a patient.
- The trust recorded complaints on the trust-wide system. Information about complaints when they were received was discussed during staff meetings to facilitate learning. Senior staff also told us that they worked with staff individually to address any issues of performance highlighted because of a complaint.

### Learning from complaints and concerns

- Staff told us that they did not often receive complaints for end of life care specifically.

# 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 end of life care services as good in relation to the well led domain because:

- The service had a comprehensive strategy and framework for the delivery of services.
- Staff were aware of the trust and service strategy, values and vision.
- Progress against the end of life care strategy was monitored at a local and trust level.
- There were robust arrangements for identifying, recording and managing risks.
- The risks identified reflected the risks staff on the front line told us about. Progress against these risks was regularly updated.
- The service had robust governance arrangements in place including the use of clinical audit to monitor quality and drive improvements.
- There was an open culture centred on patients and the delivery of high quality care.
- Leaders were approachable and visible and staff felt able to raise issues of concern.
- Staff felt supported.
- The end of life care team worked effectively and engaged with other professionals to ensure patients received the required level of care and support.
- The service regularly engaged the public in how the trust planned their services and included patient representatives on key policy development groups.

## Service vision and strategy

- The service had developed and implemented a clear and credible strategy and framework for the delivery of services within end of life care since the last inspection.
- Progress against key aspects of this strategy was monitored on a regular basis through a number of meetings and forums and frontline staff were engaged in this process.

- All staff we spoke with were able to articulate key points of the strategy and describe work streams in line with this.

## Governance, risk management and quality measurement

- Senior managers within the service told us how they reviewed and brought together different streams of governance to inform risk management, across community and end of life care services.
- The board assurance framework referred to end of life care and there was a board appointed lead and a non-executive director for end of life care. Staff told us that they were visible and all staff knew who they were.
- There were local risk registers for community teams that provided robust arrangements for identifying, recording and managing risks. The risks on these registers reflected the risks staff working on the frontline told us about.
- There were two weekly meetings to review all incident reports, safeguarding issues and any other safety issues.
- The end of life care service integrated into the overall trust governance framework and there were appropriate methods of escalating risks and concerns.
- The service used internal audit to monitor quality and drive improvements.

## Leadership of this service

- Staff spoke positively about their leaders. Staff felt supported by their managers and felt able to approach senior leaders.
- Staff spoke very positively about their matrons and divisional leaders.
- Staff felt their leaders supported them to form supportive relationships between their team members and other teams.

# Are services well-led?

- Leaders went out of their way to make staff feel appreciated. Staff told us that the service managers and board had provided an afternoon tea; for all staff involved in the improvement of end of life care services to thank them for their hard work.

## Culture within this service

- Staff told us that they felt respected and valued.
- There was a strong patient centred culture within the community nursing and end of life care services in relation to the delivery of end of life care.
- All staff we spoke with said they felt supported by their managers and they would feel comfortable raising any concerns.
- Staff told us they had an open culture and were not afraid of speaking up if they made an error or had a concern.
- Staff told us that they felt there had been significant improvements since the last inspection.
- Staff told us that following the last inspection, they were supported very well, informed fully and engaged with the inspection report and subsequent required action plans.
- Senior managers within the service told us they felt supported by the trust senior management and board.

## Public engagement

- Patient feedback and opinion was routinely sought through regular meetings. Their opinions were taken into account when planning the delivery of services in relation to end of life care.
- The service also had patient representatives on key policy and process development groups.
- All patients we spoke with told us that they felt able to provide feedback on their opinions of their care and treatment.

## Staff engagement

- Staff told us that they had regular team meetings and we reviewed minutes from these meetings.
- Staff also told us that they were actively encouraged to feedback any issues they have to their leaders. They outlined to us how they would do this either by email or using the incident reporting system.
- Staff told us that they received timely feedback when they raised a concern or an incident.
- Staff told us that they were always consulted when there was a potential change to a policy or aspect of service delivery.
- Staff told us that they felt that their managers engaged with them in a one to one and team setting.

## Innovation, improvement and sustainability

- The staff involved with the delivery of end of life care worked effectively as a team. They engaged with other professionals to ensure patients received the required level of care and support.
- The service was regularly benchmarking their service and practice against other services in England.
- The service leaders were innovative in their approach and were actively researching ways to improve their service. One example of this was the early policy development and engagement with staff and the public for a new national guideline for fluid administration in end of life care.
- Staff were actively encouraged to think of innovations and leaders implemented their ideas where possible and practicable.
- The service had comprehensive plans for the future and these outlined how the quality of the service would be sustained in the future.