

# Derbyshire Health United Evening and Overnight District Nursing Service – Ashgate Manor

## Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Derbyshire Health United (DHU) evening and overnight district nursing service on 9 & 10 May 2016. As part of this inspection we visited Ashgate Manor where the north district nursing team were based. Overall the service is rated as good.

Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. Staff knew how to and understood the need to raise concerns and report incidents and near misses.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff had received extended training relevant to their role. For example, staff had undertaken training in varying aspects of end of life care, dementia awareness and domestic abuse awareness.

- A care concern referral process had recently been introduced. This system enabled referrals to be made where the concerns for the patient did not relate to suspected abuse but related to care needs or welfare of the patient.
- Through the comment cards patient completed for us, they said they were treated with compassion, dignity and respect. They also told us they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Patient information was available in different languages. Complaints were fully investigated and patients responded to with an apology and full explanation.
- Vehicles used to visit patients in their own homes were clean and well equipped.
- There was a clear leadership structure and staff felt supported by their team leaders and the senior management team.
- The provider proactively sought feedback from staff and patients, which it acted on.
- There were innovative approaches to providing integrated person-centred care. Rightcare plans were developed by the patient's GP and shared with the evening and overnight district nursing service for

# Summary of findings

clinically high demand patients including nearing end of life and those with complex health needs. Special notes were used to record relevant information about patients.

- There were effective safeguarding systems in place for both adults and children at risk of harm or abuse. There was an effective system in place for adults to support people about whom there were care or welfare concerns.
- There were clinical supervision and appraisal processes in place for all clinical roles and support was provided for those members of the nursing team who were required to revalidate.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw several areas of outstanding practice including:

- A daily comfort call system was in place for patients referred into this service with palliative care needs and those patients who were at the end of their life. These patients received a telephone call on a daily basis to assess their care needs and received priority visits when required.
- DHU worked towards achievement of a quality target to achieve a minimum of 95% of all requests for urgent visits to be achieved within a four hour time frame. During the period 1 April 2015 – 31 March 2016, a total of 18,361 patient contacts were recorded. The overall achievement of this target was 99.75% of urgent visits attended within a four hour timeframe. Data was monitored on a monthly basis and any reported breaches of this target were investigated on an individual basis to ascertain whether an actual breach had occurred.
- DHU carried out an end of life care admission audit which involved a review of all hospital referral rates and emergency 999 calls for terminally ill/palliative

care patients. This audit monitored reasons for admission to hospital and any further communication with or actions taken by DHU and identified whether a Rightcare plan was in place for these patients. This enabled DHU to continually monitor the appropriateness of unplanned admissions to hospital and use of emergency services. The results of this audit showed that 75% of either hospital admission or emergency 999 calls were appropriate or unavoidable. Results highlighted that 50% of cases did not have a Rightcare plan in place. Reasons for either admission or an emergency 999 call were recorded for those cases deemed inappropriate to enable DHU to monitor trends and action plans were implemented as a result of this audit.

- An out of hours coordinator was in place on a daily basis who was also supported by a clinical lead who provided clinical oversight and support in the community to the nursing teams. The out of hours coordinator continually monitored the location of all members of the nursing teams when working in the community via the 'Adastra' electronic system and ensured regular communication with staff throughout their shift. The coordinator continually monitored and re-allocated workloads across all nursing teams to ensure work was re-allocated to other teams should a nursing team require to spend more time with a patient dependent upon their care needs, whilst ensuring other patients received a home visit as soon as possible by the most appropriate team. This system also ensured achievement of the quality target to achieve a minimum of 95% of all requests for urgent visits within a four hour time frame

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The provider is rated as good for providing safe services.

- There was an effective system in place for reporting and recording incidents and significant events.
- Lessons were shared to make sure action was taken to improve safety.
- The service had clearly defined systems, processes and practices in place to keep patients safe from harm and abuse. Staff understood their responsibilities and had received training relevant to their role.
- The provider had systems in place to ensure that people were appropriately recruited and vetted to ensure their eligibility and suitability for their role.
- Risks to patients were assessed and well managed.
- Vehicles used to take members of the district nursing team to patients' homes for home visits were well maintained, cleaned and contained appropriate emergency medical equipment.
- Monthly checks were carried out to ensure all nurses were registered with the Nursing and Midwifery Council (NMC).
- All employees who had direct contact with patients, were offered annual influenza vaccines.

Good



### Are services effective?

The provider is rated as good for providing effective services.

- Our findings showed that systems were in place to ensure that all members of the district nursing team were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Health care assistants (HCAs) received training in the role of the HCA in end of life care. We saw evidence of these training records during our inspection.
- There was evidence of appraisals and personal development plans for all staff.
- There was evidence of clinical audit, clinical supervision and reflective feedback processes for all staff to ensure the delivery of high quality patient care.
- Staff received training relevant to their roles and were up to date with all mandatory training.

Good



# Summary of findings

- The service worked closely with the GP out-of-hours service and with patients' own GPs. Information was shared with the evening and overnight district nursing service through Rightcare plans and special notes, ensuring that the patient's needs and wishes were known.
- Staff had access to counsellors and de-brief sessions should they have required support following a particularly traumatic, emotional or upsetting home visit.

## Are services caring?

The provider is rated as good for providing caring services.

- In the comment cards patients completed for us they said they were treated with dignity and respect by helpful, polite and caring staff.
- Patients were satisfied that they were involved in decisions about their care and treatment.
- We saw evidence of a 'Derby City 'Dignity Campaign' certificate of achievement' in recognition of their work to promote dignity and respect.
- Some members of staff were Dementia Friends and Dignity Champions.
- Staff treated patients with kindness and respect, and maintained patient and information confidentiality at all times.
- Two members of the district nursing team had recently been nominated and received an internal recognition award for the outstanding level of care shown to two individual patients who were at end of life.
- A daily comfort call system was in place for patients referred into this service with palliative care needs and those at the end of their life. These patients received priority visits when required.

Good



## Are services responsive to people's needs?

The provider is rated as good for providing responsive services.

- The provider undertook continuous engagement with patients to gather feedback and held regular patient and public involvement sub-committee meetings to review suggestions for improvements. Changes were made to the way it delivered services as a consequence of this feedback. Patient satisfaction, patient safety, friends and family test results and healthwatch information were also discussed.

Good



# Summary of findings

- The service understood the needs of the population it served and engaged with the local Clinical Commissioning Group to provide services that were responsive to the needs of the population.
- Rightcare plans were developed by the patient's GP and shared with evening and overnight district nursing service for patients with higher levels of need such as patients with long term conditions, complex health needs and those at the end of their life. The district nursing service worked jointly with the GP out-of-hours service which ensured staff had access to Rightcare plans and special notes which were used to record relevant information about patients.
- Information about how to complain was available and easy to understand. Evidence showed that the service responded quickly and sensitively to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

The provider is rated as good for being well-led.

- It had a clear vision with quality and safety as its top priority. The service was responsive to feedback and used performance information proactively to drive service improvements.
- The views of patients were taken into account and acted upon through active public engagement.
- The organisation had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance and performance management framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The senior management team encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- There was a strong focus on continuous learning and improvement at all levels, staff were encouraged to continually learn and develop their skills.

Good



# Summary of findings

## What people who use the service say

Results from the GP Patient Survey published in July 2015 (collected during July 2014 to September 2014 and January 2015 to March 2015) related specifically to patients' satisfaction with how they could access care and treatment from the GP out-of-hours services. Results were not provided specifically in relation to the evening and overnight district nursing service.

Due to the nature of this service, we did not visit patients in their own homes to speak with patients about the care they had received. However, as part of our inspection we asked for CQC comment cards to be completed by

patients or their relatives/carers prior to our inspection. We received 23 comment cards for both the north and south nursing teams which were all positive about the standard of care received. Comments told us that patients felt that staff were caring and they were treated with dignity and respect. Some comments received were from patients who had been receiving on-going care from this service for a long period of time. These patients or their relatives/carers told us that staff were extremely kind, caring and compassionate during difficult and emotional circumstances and patients felt safe.

## Outstanding practice

We saw several areas of outstanding practice including:

- A daily comfort call system was in place for patients referred into this service with palliative care needs and those patients who were at the end of their life. These patients received a telephone call on a daily basis to assess their care needs and received priority visits when required.
- DHU worked towards achievement of a quality target to achieve a minimum of 95% of all requests for urgent visits to be achieved within a four hour time frame. During the period 1 April 2015 – 31 March 2016, a total of 18,361 patient contacts were recorded. The overall achievement of this target was 99.75% of urgent visits attended within a four hour timeframe. Data was monitored on a monthly basis and any reported breaches of this target were investigated on an individual basis to ascertain whether an actual breach had occurred.
- DHU carried out an end of life care admission audit which involved a review of all hospital referral rates and emergency 999 calls for terminally ill/palliative care patients. This audit monitored reasons for admission to hospital and any further communication with or actions taken by DHU and identified whether a Rightcare plan was in place for these patients. This enabled DHU to continually monitor the appropriateness of unplanned admissions to hospital and use of emergency

services. The results of this audit showed that 75% of either hospital admission or emergency 999 calls were appropriate or unavoidable. Results highlighted that 50% of cases did not have a Rightcare plan in place. Reasons for either admission or an emergency 999 call were recorded for those cases deemed inappropriate to enable DHU to monitor trends and action plans were implemented as a result of this audit.

- An out of hours coordinator was in place on a daily basis who was also supported by a clinical lead who provided clinical oversight and support in the community to the nursing teams. The out of hours coordinator continually monitored the location of all members of the nursing teams when working in the community via the 'Adastra' electronic system and ensured regular communication with staff throughout their shift. The coordinator continually monitored and re-allocated workloads across all nursing teams to ensure work was re-allocated to other teams should a nursing team require to spend more time with a patient dependent upon their care needs, whilst ensuring other patients received a home visit as soon as possible by the most appropriate team. This system also ensured achievement of the quality target to achieve a minimum of 95% of all requests for urgent visits within a four hour time frame.

# Derbyshire Health United Evening and Overnight District Nursing Service – Ashgate Manor

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor, a second CQC inspector and a District Nurse specialist advisor.

## Background to Derbyshire Health United Evening and Overnight District Nursing Service – Ashgate Manor

Derbyshire Health United (DHU), is a social enterprise and not for profit organisation that holds the contract to deliver the integrated NHS 111 and out-of-hours service for Derbyshire with a headquarters based in Derby. This service is commissioned by North Derbyshire Clinical Commissioning Group on behalf of the North Derbyshire, South Derbyshire, Hardwick and Erewash Clinical Commissioning Groups.

District nursing services are provided to patients from 6pm until 8am across Derbyshire County and from 10pm until 8am across Derby City providing both planned and

unplanned care to a population of approximately one million people. The total percentage of residents in this area who suffer with a long term health disability is higher than both regional and England averages

This service is provided by both a north and south nursing team who work across four locations including Ashgate Manor which is the main base for the north team and is located in Chesterfield. A second service Mallard House Call Centre is the main base for the south team and is located in Derby. Patients access this service for unplanned care by telephoning the NHS 111 service, where their medical need is assessed based on the symptoms they report when they call. Patients receiving planned care are scheduled for a visit by a coordinator using a computer software system. This system is also used by the GP out-of-hours and the 111 service and enables easier access to patient information and information sharing between these services. If patients need to be seen by a member of the district nursing team, appointments are allocated by a coordinator via an electronic system called 'Adastra'. This system enables the coordinator to despatch patients to the most convenient nursing team.

The district nursing teams provide services from the following locations:

Ashgate Manor, Ashgate Road, Chesterfield, Derbyshire, S40 4AA

# Detailed findings

Mallard House Call Centre, Stanier Way, Derby, DE21 6BF

Buxton Hospital, London Road, Derbyshire, SK17 9NJ

Whitworth Hospital, 330 Bakewell Road, Matlock, Derbyshire, DE4 2JD

During 2014-15, 14,419 patient consultations were provided during the evening period from 6pm until midnight. This figure consisted of 3,310 planned home visits and 11,289 unplanned. During the overnight period from midnight until 8am, 4,573 home visits were provided. This figure consisted of 25 planned home visits and 4,548 unplanned.

Pre-planned work was also referred into the evening service by the daytime nursing service provided by Derbyshire Community Health Service NHS Foundation Trust (DCHS) who commission the services for the evening and overnight district nursing service within Derbyshire of which DHU are the sub-contractor for this service. DHU began delivery of this service in 2011. DHU followed a TUPE process to integrate seven separate nursing teams who were working different shift patterns and working hours at that time. The service was re-structured and service improvements implemented with an aim to provide a consistent and equitable service across Derbyshire and Derby City.

At the time of our inspection, DHU had a governance structure in place for the evening and overnight district nursing service. This structure included a clinical director, deputy clinical director, head of community nursing and two team leaders who were responsible for the north and south team. The north team covered Ashgate Manor, Buxton Hospital and Whitworth Hospital. The south team covered Mallard house, Derby. Both the north and south team included smaller evening and overnight visiting teams. Each visiting team consisted of a nurse and a health care assistant, or two nurses. Members of staff were never required to work alone in the community. The service employed 62 contracted members of staff and 21 members of staff who were employed on a zero hours contract.

DHU staff have various lead roles across all their locations including a clinical lead for the GP out-of-hours service, service leads, information governance lead, director on call 24 hours per day, Caldicott guardian, infection control lead, medicines lead and safeguarding leads for both adults and children.

DHU was last inspected in November 2015. The inspection focused on the GP out-of-hours services and the NHS 111 services provided from the call centres and primary care centres at Ashgate Manor and Mallard House Call Centre.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

We carried out an announced visit to Derbyshire Health United (DHU) to inspect the evening and overnight district nursing service provided from a main base at Ashgate Manor on 9 & 10 May 2016. The purpose of the inspection was to report on this evening and overnight service provided by DHU.

Before visiting, we reviewed a range of information we held about the evening and overnight district nursing service and asked other organisations to share what they knew about the service. We also reviewed information that we had requested from the provider and other information that was available in the public domain.

During our inspection we:

- Visited Ashgate Manor Call Centre during the evening of 9 May 2016. We also visited Mallard House on the 10 May 2016.
- Visited Mallard House Call Centre where the south nursing team was based.
- Spoke with members of the DHU Board and Executive Team, including a number of non-executive directors.
- We spoke with a range of clinical and non-clinical staff including district nurses, head of district nursing, health

# Detailed findings

care assistants, out of hours coordinator, clinical lead and team leaders for north and south teams. We also spoke with the Clinical Director, Deputy Clinical Director and Director of Nursing and Quality.

- We reviewed 23 CQC comment cards for both the north and south nursing teams where patients shared their views and experiences of the service.
- We conducted a tour of Ashgate Manor Call Centre and looked at vehicles used by members of the nursing teams to visit patients' in their homes.
- We reviewed a range of information made available to us.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

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

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording incidents and significant events.

- Staff told us if they had been affected by significant events they reported the event including concerns regarding patient safety or any other incidents via an electronic system. This incident recording system supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- The provider carried out an analysis of the reported significant events and incidents.
- Staff spoken with told us that they received feedback on significant events and incident reports and they were able to give examples of shared learning.
- Fifty seven incidents had been reported between April 2015 and March 2016 for the evening and overnight district nursing service. We reviewed the records relating to these.
- All incidents were graded as either high, moderate or low/very low. There were no serious incidents reported during this time period. Five incidents were classified as moderate, all other incidents were low/very low grade.
- A register was held of all incidents which included details of the incidents, incident type and details of learning actions.
- Significant events and incidents were reviewed at the monthly quality and patient safety sub-committee meeting. Significant incidents were investigated by the clinical governance lead/deputy lead and discussed with the Clinical Commissioning Group quality lead.
- Learning from significant events and incidents was shared with individual staff as required and with all staff via the monthly clinical update. We saw examples of these updates during our inspection.

### Overview of safety systems and processes

The provider had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. Clear information was available outlining who to contact for further guidance if staff had concerns about a patient's welfare. Flowcharts were available to guide staff when making a referral and contact numbers were easily accessible. Staff were supported by named safeguarding leads for both adults and children. The safeguarding leads attended regular safeguarding meetings when possible and always provided reports where necessary for other agencies including a monthly report for the providers Board. A process was in place to review each safeguarding referral made. The safeguarding lead also updated staff on a regular basis via email providing guidance on various safeguarding topics such as human trafficking and sexual exploitation. Staff spoken with demonstrated they knew who the safeguarding leads were, understood their responsibilities and had received training relevant to their role. During our inspection, we spoke with the safeguarding adults lead and we reviewed eight adult safeguarding referrals made which included referrals relating to neglect and care concerns. Although this service primarily dealt with adults, members of staff were still responsible for reporting concerns involving children. During our inspection, we saw evidence of a safeguarding child referral which had been made. This showed correct procedures were followed.
- A care concern referral process had recently been introduced. This system enabled referrals to be made by staff members to the safeguarding team where the concerns did not relate to suspected abuse. The process was devised in line with the Care Act and was individual to the patients' needs and related to concerns about the patients welfare such as in relation to mobility issues, social isolation, lack of carer support, suffering frequent falls and other areas of concerns.
- Special notes were used to identify if patients were at risk, for example, if a patient was a vulnerable adult, patients with a learning disability or those patients who may be suffering from neglect. The safeguarding leads monitored all referrals for trends.
- All members of the nursing teams had completed Safeguarding Adults and Children, Mental Capacity Act (MCA) and Deprivation of Liberty Standards (DoLS)

## Are services safe?

training. We saw evidence of training records during our inspection. Staff liaised directly with out-of-hours GPs in the event of any concerns relating to the mental capacity of a patient.

- A clinical lead was available from 6pm until midnight each evening to provide clinical oversight and worked jointly with the coordinator on duty. The clinical lead dealt with any clinical queries from members of the nursing teams during their shift and also provided clinical support in the community where this was required. If the clinical lead was unavailable for clinical support in the community, an out-of-hours GP would visit to support the nursing team.
- All district nurses had received training in the verification of patient deaths. We saw evidence of training records during our inspection and staff we spoke with told us they found this training beneficial and reduced the need for a GP in these situations. Where a district nurse was unavailable to verify a patient death, either the clinical lead on duty or an out-of-hours GP would be called to attend to verify the patient death.
- Appropriate standards of cleanliness and hygiene were followed. We observed Ashgate Manor Call Centre to be visibly clean and tidy. We looked at two vehicles based at Ashgate Manor which were used by district nurses and health care assistants to attend visits in patients' homes. We saw these were clean and well maintained. Staff told us that they cleaned the vehicle inside with sanitizing wipes on a daily basis and every two weeks the vehicle was thoroughly cleaned by an external company. Personal protective equipment, sanitizing wipes and sharps boxes were available. We also saw evidence of annual infection control audits which were carried out for each vehicle at each location.
- During our inspection, we looked at colour coded bags which were stored securely in Ashgate Manor Call Centre, ready to be equipped to the vehicle when the nursing teams carried out visits. A blue bag contained supplies such as dressings, syringes and other items required for end of life care. A red bag contained all items required for catheter care. Each vehicle was also equipped with a syringe driver pack along with the relevant paperwork required and instructions for use. (A syringe driver is used in the administration of pain management medication for patients).
- All staff had completed infection control training and were provided with infection control updates in the clinical update newsletter, for example information on hand hygiene / below elbows, and information from the World Health Organisation – Who Saves Lives/Clean Your Hands.
- During our inspection, we saw evidence of a medicines policy which was accessible to all staff via the intranet. This policy set out the standards expected which adhered to both local and national guidelines in relation to medicines and prescribing. The nursing teams were not required to prescribe any medicines. There were also no medicines allocated to vehicles used by the nursing team, with the exception of adrenaline which was carried by the district nursing team in the event of anaphylaxis. There was a comprehensive stock of medicines which included drugs for use in palliative care held at all primary care centres and also within GP out-of-hours vehicles. If a medication was required to be prescribed for a patient, a member of the nursing team would arrange for an out-of-hours GP to visit the patient to prescribe or administer any medicines required. Members of the district nursing team only administered medicines which had already been prescribed and were available within the patient's home. An entry was recorded on the computer system of any medications administered to a patient in their home by a district nurse. The nursing team carried out-of-hours social services contact details should a patient have required additional social services support to assist with medication.
- Recruitment checks were carried out and the five files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identity, references, qualifications, registration with appropriate professional body and the appropriate checks through the Disclosure and Barring Service. All newly recruited staff received an initial induction and shadowed other members of the district nursing team for a period of time, this induction also included an overview of the clinical computer system.
- A monthly check was carried out to ensure all nurses were registered with the Nursing and Midwifery Council (NMC). We saw evidence of this register during our inspection.
- The provider arranged medical indemnity insurance for all members of the nursing team. We saw evidence of indemnity insurance and policies during our inspection.

## Are services safe?

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The provider had a variety of risk assessments in place.
- All employees who had direct contact with patients were offered annual influenza vaccines. We saw evidence of vaccine uptake and declined rates during our inspection.

### Arrangements to deal with emergencies and major incidents

The provider had adequate arrangements in place to respond to emergencies and major incidents.

- All staff who had contact with patients received annual basic life support training, staff we spoke with confirmed this. We also saw evidence of training records during our inspection.
- There were no medicines allocated to vehicles used by the nursing team with the exception of adrenaline which was carried by the district nursing team in the event of anaphylaxis. We checked the stocks of adrenaline and found this to be in date and fit for use. Vehicles were equipped with oxygen and adult masks.

- The provider had a comprehensive business continuity plan that was available to staff. This contained detailed information on the actions to be taken in specific situations, such as the loss of the electronic systems or excess demand. The plan contained emergency contact numbers for staff. The provider had a severe weather policy in place to ensure staff were aware of the procedures to follow in the event of severe weather when working in the community at night.
- Security processes and a policy were in place for drivers and clinical staff working in the community. Each vehicle was equipped with a mobile telephone and satellite navigation system and all vehicles had a satellite tracker installed. This ensured that a vehicles location could always be determined in the event of an emergency situation. The out of hours coordinator continually monitored the location of all members of the nursing teams when working in the community via the 'Aastra' electronic system and ensured regular communication with staff throughout their shift. In the event of an emergency, staff would contact the coordinator via the mobile telephone supplied in each vehicle or via their electronic toughbook. The coordinator was also aware if a nurse's toughbook signal was poor and would attempt to contact the nurse by telephone to check they were safe.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The provider assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The provider had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The Clinical Effectiveness Group identified relevant updates from NICE and updated policies, procedures and clinical standards accordingly. The clinical directors determined what information needed to be included in the monthly newsletter. All members of the district nursing team were kept up to date via newsletters. We saw numerous examples of NICE updates relevant to this service during our inspection which included those in relation to end of life care. Staff we spoke with were able to tell us about recent updates and were able to describe the process in place.

### Management, monitoring and improving outcomes for people

The provider carried out various audits in relation to this service which included audits of syringe drivers for use in end of life care and workload patterns across Derbyshire and Derby City. Continual audits were also carried out of clinical documentation in relation to the updating of patient information on the computer software system via the electronic Toughbook system used by the nursing teams. This audit was to ensure contemporaneous record keeping at all times.

One audit we looked at was an end of life care admission audit which involved a review of all hospital referral rates and emergency 999 calls for terminally ill/palliative patients over a six month period. This audit monitored reasons for admission to hospital and any further communication with or actions taken by DHU and identified whether a Rightcare plan was in place for these patients. This enabled DHU to continually monitor the appropriateness of unplanned admissions to hospital and use of emergency services. The results of this audit showed that 75% of either hospital admission or emergency 999

calls were appropriate or unavoidable. Results highlighted that 50% of cases did not have a Rightcare plan in place. Reasons for admission or emergency 999 call were recorded for those cases deemed inappropriate to enable DHU to monitor trends. The main reasons for either admission or emergency 999 calls were patients who were discharged from hospital and re-admitted the same day due to inadequate care packages.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The provider had a corporate induction programme for newly appointed members of staff that covered such topics as information governance, fire safety, health and safety and equality and diversity. Staff then completed an induction and probationary period appropriate to their job role.
- The provider also had a mandatory training programme that covered topics such as basic life support, safeguarding adults and children and infection prevention and control. Staff that we spoke with told us that they had received this training.
- Staff also told us they had received extended training relevant to their role. For example, staff had undertaken training in verification of patient death, end of life care, domestic abuse awareness, dementia awareness, decision making for patients at end of life and foundations in palliative care which covered pain and symptom control and bereavement. Health care assistants (HCAs) also received training in the role of the HCA in end of life care. We saw evidence of these training records during our inspection.
- The provider continually monitored the staff turnover rate for this service. At the time of our inspection, seven members of staff had left employment between May 2015 and May 2016. This represented a turnover rate of 8%. Reasons for leaving employment were monitored by the provider to identify any possible trends to ensure any issues were addressed.
- The learning needs of staff were identified through ongoing assessments and meetings and a system of appraisals was in place. All members of staff had received an appraisal within the last 12 months. Personal objectives and training and development

# Are services effective?

## (for example, treatment is effective)

plans were developed and reviewed annually or more frequently if required. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work.

- Clinical supervision processes were in place for members of the nursing teams. DHU also ensured staff had access to counsellors and de-brief sessions should they have required support following a particularly traumatic, emotional or upsetting home visit. DHU supported all members of the nursing teams who were required to complete revalidation in the future. DHU had provided workshops in-house and also gave staff access to workshops provided by Health Education East Midlands (HEEM) to ensure staff were supported through this process. At the time of our inspection, four separate workshops had already been provided. Staff we spoke with told us they had found these beneficial. Revalidation had also been integrated into the staff appraisal system for those who were required to revalidate.
- All drivers were required to undertake an annual driving assessment. Driving assessments were provided by an advanced driver and trained assessor with the 'Institute of Advanced Drivers'. Regular driving licence checks were carried out and we saw evidence of a driver's manual which included protocols for training requirements, breakdown procedures and home visit guidelines.

### Coordinating patient care and information sharing

- The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the summary care records, special patient notes (created by the patient's own GP and shared with the out of hours provider) and the Rightcare advanced care planning system (used to support patients who have complex medical needs and to avoid unnecessary hospital admissions).
- Systems were in place to ensure that the information following home visits and consultations was sent to the patient's own GP before the practice opened the following day.
- The provider shared relevant information with other services in a timely and effective way and worked with

other health and social care services. For example the safeguarding adults lead attended regular performance and quality sub-groups within Derby City and Derby County to discuss safeguarding referrals made, with a view to improve communication and promote best practice. The safeguarding adults lead also attended regular Quality and Patient Safety Sub-Group meetings in which safeguarding and care concern referrals were discussed.

- A 'palliative care group' was in place and meetings were held on a regular basis to review any complaints, incidents, lessons learned or training requirements of the nursing team in relation to all palliative care patients.
- DHU had representation on various forums and groups such as the North Derbyshire End of Life Forum, the North Derbyshire End of Life Project, the DCHS End of Life Care Group and the Derbyshire wide End of Life Group. DHU engaged with partner organisations within these groups with an aim to be actively involved in service development to improve end of life care across Derbyshire.

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Staff we spoke with told us they had completed Mental Capacity Act (MCA) training and Deprivation of Liberty Safeguards (DoLS) training. This training formed part of the service's mandatory training requirements. We saw evidence of training records during our inspection. Members of the nursing team liaised with an out-of-hours GP should they have had concerns regarding the mental capacity of a patient.
- The Rightcare care plan recorded patients' wishes regarding care and treatment and recorded the patient's consent to certain decisions, for example, 'do not attempt cardiopulmonary resuscitation' (DNACPR) care plans.

# Are services caring?

## Our findings

### **Kindness, dignity, respect and compassion**

Due to the nature of this service, we were unable to observe members of staff providing care to patients. However, we spoke with numerous members of the nursing team who through discussion, demonstrated their commitment to their role and were able to tell us how they delivered a high level of patient care and treated patients with dignity and respect at all times.

Two members of the nursing team had recently been nominated and received an internal recognition award for the outstanding level of care shown to two individual patients who were at the end of their life.

All members of staff had completed Dementia training and some members of the nursing team were 'Dementia Friends'. Other members of staff we spoke with were 'Dignity Champions' and had registered for this role as part of the Dignity in Care campaign which aimed to put dignity and respect at the heart of all UK care services and was supported by the national Dignity Council.

The provider held a record of all compliments received for the nursing team. Twelve compliments were received between 1 April 2015 and 31 March 2016. All compliments received related to the high level of care received from the nursing team, in particular from families of those patients who were at end of life and had thanked the staff for, what they described as, outstanding end of life care delivered to their loved ones.

We received 23 CQC comment cards for both the north and south nursing teams which were all positive about the standard of care received. Comments told us that patients felt that staff were caring and they were treated with dignity and respect. Some comments received were from patients who had been receiving on-going care from this service for a long period of time, these patients or relatives/carers told us that staff were extremely kind, caring and compassionate during difficult and emotional circumstances and patients felt safe.

### **Care planning and involvement in decisions about care and treatment**

Comments received on CQC comment cards told us that patients and their relatives/carers felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and were able to make informed decisions about their care and treatment.

Staff told us that translation services were available for patients who did not have English as a first language. However, members of staff told us that relatives and carers, who also translated for patients if required were often present in patient's homes.

Members of the nursing team made appropriate use of Rightcare plans and special notes from the patients' usual GP when conducting home visits and delivering care to patients. Rightcare plans and special notes are a way in which the patient's usual GP can raise awareness about their patients who might need to access the out-of-hours service, such as those nearing end of life or with complex care needs and their wishes in relation to care and treatment.

A daily comfort call system was in place for patients referred into this service with palliative care needs and end of life patients. This involved a member of the nursing team contacting all of these patients at the beginning of the evening shift to speak with the patient or their relative/carer to check on the patient's condition and offered a home visit if required. All of these patients received priority visits during that evening/overnight shift.

### **Patient and carer support to cope emotionally with care and treatment**

We found the service to be sensitive of patient needs and worked proactively to deliver care that supported them. For example working with other providers to develop continuity of care between services such as between DHU evening and overnight district nursing service and the daytime district nursing service and also through integrated working with the out-of-hours GP services to ensure a high level of care for these patients was delivered throughout the out-of-hours period.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The provider worked closely with Derbyshire Community Health Services NHS Foundation Trust (DCHS) who commissioned the evening and overnight district nursing service within Derbyshire of which DHU was the sub-contractor of this service. Operational meetings were held on a regular basis between DCHS and DHU to continually monitor the performance of this service. DHU and DCHS worked jointly when responding to any complaints in relation to this service. DCHS also provided access to relevant training for all DHU nursing staff.

DHU worked towards achievement of a quality target to achieve a minimum of 95% of all requests for urgent visits to be achieved within a four hour time frame. During the period 1 April 2015 – 31 March 2016, a total of 18,361 patient contacts were recorded with a total of 136 breaches of this target reported during this timeframe. This represented an overall achievement of 99.26%. However, data was monitored on a monthly basis and any reported breaches of this target were investigated on an individual basis to ascertain whether an actual breach had occurred. Investigations showed that the actual breaches that had occurred was 0.25%, which showed an overall achievement of 99.75% of urgent visits attended within a four hour timeframe.

Services were planned and delivered to take into account the needs of different patient groups to help provide flexibility, choice and continuity of care. For example:

- Access to the service for all unplanned care was through the NHS 111 telephone service.
- All planned care was referred into the evening and overnight district nursing service by the daytime service provided by DCHS to ensure continuity of care.
- A comfort call system was in place to ensure patients referred into this service with palliative care needs and end of life patients and their relatives/carers received a telephone call from a member of the nursing team on a daily basis to assess their care needs and offered a home visit if required.
- All members of the nursing team received training specific to their role such as in end of life care, palliative care, Mental Capacity Act (MCA) and Deprivation of Liberty Standards (DoLS).

- All members of the nursing team had access to the Derbyshire Alliance for End of Life Care toolkit which enabled teams working across Derbyshire and Derby City to plan and deliver care for people in their last stages of life. This toolkit contained national guidelines and local guidance in relation to various areas such as symptom management, Mental Capacity Act, advance care planning and information for patients and carers and decisions about DNACPR (do not attempt cardio pulmonary resuscitation).
- Special patient notes and Rightcare plans were accessible to the nursing staff which were used to record relevant information for patients such as patients who were known to be violent or the location of medicines in a patient's home.
- Multi-disciplinary meetings took place which included representation from Macmillan nurses, palliative care Consultants, GPs and the day time district nursing service for patients with complex needs, patients at end of life or receiving palliative care. We saw evidence of numerous meeting minutes which had taken place in relation to these patients.

### Access to the service

District nursing services were provided to patients from 6pm until 8am across Derbyshire County and from 10pm until 8am across Derby City and provided both planned and unplanned care to a population of approximately one million people. There were two district nursing teams, a north team located at Ashgate Manor in Chesterfield and a south team located at Mallard House Call Centre in Derby. Both teams ensured cover was provided across the whole of Derbyshire and Derby City.

Patients who required unplanned care accessed this service by telephoning the NHS 111 service, where their medical need was assessed based on the symptoms they reported when they called. Patients who received planned care were scheduled for a home visit appointment through the computer software system by a coordinator. This software system is also used by the GP out-of-hours and the 111 service. If a patient needed to be seen by a member of the district nursing team, appointments were allocated by a coordinator via the computer software system which enabled the coordinator to despatch patients to the most convenient district nursing team.

### Listening and learning from concerns and complaints

# Are services responsive to people's needs?

(for example, to feedback?)

The provider had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for out-of-hours services in England. There was a designated team who handled all complaints for DHU.

Information about how to complain was on the organisation's website. Patients who made a complaint were sent a copy of complaints leaflet, which was available in a number of different languages. We saw information for patients on how to complain in the waiting room at both locations we visited.

This service had received seven complaints between 1 April 2015 and 31 March 2016. We looked at these complaints and also the summary of complaints for this period. Twenty

nine percent of complaints received were in relation to staff attitude, 29% in relation to waiting times for home visit, 28% in relation to communication and 14% were recorded as 'other'. We found that these had been satisfactorily handled, demonstrated openness and transparency and dealt with in a timely manner. We looked at all seven complaints in detail. We saw that full investigations had taken place including staff interviews undertaken where necessary, letters of apology and explanation was given to the patient where required.

Complaints were also reviewed at the recently introduced Quality and Patient Safety Sub-Committee meeting. This monthly meeting was attended by operational managers, and reviewed complaints received for trends.

# Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

## Our findings

### Vision and strategy

The provider had a clear mission statement to provide caring, high quality, safe and effective healthcare to the patients and communities that it served. Following staff engagement the provider had developed a set of core values covering four key areas, Caring and Compassion, Always Professional, Respect and Everyone Matters (CARE). These values were on display and printed on the lanyards used for staff identify badges. Staff we spoke with were able to demonstrate they were aware of the mission statement and the values.

There was a strategic plan in place to achieve the mission statement and core values. This consisted of five objectives; patient safety, focus on prevention and self-care, supporting our workforce, good governance and integration through partnership. The overall strategy was to ensure the provider continually improved the quality of their services to ensure they were safe, effective, responsive and well-led. There were systems in place to monitor that the objectives were being met.

### Governance arrangements

The provider had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a strong and clear management structure in place, senior staff were very knowledgeable and integral part of the team. The Board were very experienced and had diverse professional backgrounds and knowledge. Both the Board and executive team displayed high values aimed at improving the service and patient experience and were taking positive steps to remind and re-enforce those values with all staff.
- There was a clear staffing structure in place and staff were aware of their own roles and responsibilities. Staff were encouraged to continually develop their skills and knowledge.
- Provider specific policies were implemented and were available to all staff electronically across all locations.

Staff were regularly updated of any updated they were required to be aware of. During our inspection, we specifically looked at the end of life, consent, medicines management and safeguarding policies in place.

- A comprehensive understanding of the performance of the provider was maintained.
- A programme of continuous clinical and internal audit was in place which was used to monitor quality and to make improvements.
- A programme of continual appraisal, clinical supervision and performance management was in place to ensure a high level of patient care was delivered.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

There was a clear leadership and management structure in place. The executive team were supported by the board of non-executive directors who were very experienced and had diverse professional backgrounds and knowledge. Both the Board and executive team displayed high values aimed at improving the service and patient experience and were taking positive steps to remind and re-enforce those values with all staff. A head of community nursing was in post and the nursing team was supported by a team leader.

Throughout the inspection we found the service encouraged a culture of openness and honesty and were prepared to learn from incidents, complaints and near misses, we found all staff welcoming during our inspection. The leadership of the service was visible. Staff told us that they found the senior managers, team leaders, clinical leads and coordinators approachable and felt very supported by them.

The provider was committed to developing the workforce and there was evidence that staff were encouraged and supported to attend training appropriate to their roles. The provider had ensured staff had access to training specific to their roles which included end of life, palliative care and verification of patient death.

The provider ensured that members of the nursing team were supported throughout their revalidation and ensured appraisal schemes and continuing professional development processes were in place. All clinical staff

# Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

received a high level of continual clinical supervision and audit of their competencies. Support with the newly introduced revalidation for nurses was also available. Staff had learnt from incidents and staff were given additional support if needed and there was evidence of shared learning between staff.

Staff told us that they were invited to attend bi-monthly team meetings and had the opportunity to raise any issues at these meetings, staff also received copies of meeting minutes. Staff told us they felt valued and supported by the management team. We looked at various meeting minutes during our inspection which covered topics such as training needs, revalidation, driving assessments and issues relating to patient equipment.

The provider had implemented an internal employee recognition award programme called the 'limelight' award. The nomination scheme was open to every employee within DHU. The scheme had been implemented to enable colleagues to nominate each other for a monthly award to recognise each other's efforts and to show appreciation of their colleagues. Details of the winner of the 'limelight' award were shared with staff in the monthly Board Brief. Two members of the nursing team told us that they had received a limelight recognition award from the Chief Executive Officer which acknowledged outstanding levels of care shown towards two patients who were at end of life. Staff told us this made them feel valued.

The provider had implemented an annual staff engagement event for all employees of DHU to attend to improve staff engagement and communication and share information about DHU with the wider team. During our inspection we saw details of three recent staff engagement events which were held in April 2016.

## **Seeking and acting on feedback from patients, the public and staff**

The provider encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The provider had an active Patient and Public Involvement Sub-Committee which took place monthly. We saw evidence of meeting minutes which showed there was always DHU representation at each meeting including a mix of clinical and non-clinical representation. There was also representation from members of the evening and overnight district nursing team during these meetings. Various topics were discussed including patient satisfaction, patient safety, friends and family test results and healthwatch information was also reviewed.
- The provider carried out regular staff surveys. An action plan had been developed and was discussed at the monthly Communication and Engagement Forum, which was attended by representatives from each of the different staff groups in DHU which included members of staff from this service. A staff engagement event had recently been held at four different venues to encourage as many staff as possible to attend in April 2016. Results of the staff survey were shared at this event. Following feedback from staff during a previous staff survey carried out in early 2015, the provider had introduced long service awards in recognition of an individual's loyalty to DHU and the predecessor organisations and the 'limelight' award, in recognition of employee effort.

## **Continuous improvement**

As part of the NHS five year forward view, DHU aspired to be involved in the development of a 24 hour palliative care telephone advice line to ensure palliative care patients and those at end of life had access to support and advice 24 hours a day.