

Hertfordshire Community NHS Trust

RY4

End of life care

Quality Report

Howard Court
Unit 1a, Howard Court
14 Tewin Road
Welwyn Garden City
AL7 1BW
Tel: 01707 388000
Website: www.hct.nhs.uk

Date of inspection visit: 18 - 19 April 2016
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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)
RY448	Howard Court	End of Life Care	AL7 1BW




This report describes our judgement of the quality of care provided within this core service by Hertfordshire Community NHS 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 Hertfordshire Community NHS Trust and these are brought together to inform our overall judgement of Hertfordshire Community NHS Trust

Summary of findings

Ratings

Overall rating for the service	Requires improvement 
Are services safe?	
Are services effective?	Requires improvement 
Are services caring?	
Are services responsive?	
Are services well-led?	Requires improvement 

Summary of findings

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Summary of findings

Overall summary

Overall, we rated the service as requires improvement because:

- The individualised care plan for the dying person, which the service had developed to replace the Liverpool Care Pathway (LCP), was not being used consistently by the community teams at the time of inspection.
- The service was not effectively collating information about the patients preferred place of death.
- The Specialist Palliative Care Team (SPCT) team did not undertake any audits to monitor how well they complied with management of pain relief or with National Institute of Health and Care Excellence (NICE) Guidance on the use of opioids in palliative care (NICE CG140) 'Opioids in Palliative Care' (May 2012).
- Whilst the trust had an end of life policy, it was not embedded across the trust. The trust board had ratified the policy in March 2016, and planned to launch it in May 2016.

However, we also found that:

- The service had implemented a system to enable staff to attend clinical supervision. Staff told us and records we saw confirmed staff attended regular supervision.
- The service had a development strategy and delivery plan for end of life care for 2015 to 2018. SPCT staff we spoke with were aware of the strategy.
- The service had an end of life care policy, ratified by the executive board in March 2016. SPCT staff we spoke with were aware of the policy, even though it had not been fully embedded.

- Staff were committed to providing compassionate end of life care.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- Staff demonstrated an understanding of safeguarding and understood the types of abuse that patients might experience and reported their concerns in accordance with trust policy.
- We saw evidence of effective multidisciplinary working across the community team who provided end of life care.
- The service had implemented an audit plan to monitor if they were meeting patients' wishes and how they could make improvements. Some staff collected information about patients' wishes, for example, preferred place of death. However, it was not being effectively collated.
- Patient records and do not attempt cardio-pulmonary resuscitation (DNACPR) forms were completed consistently and in accordance with trust policy.
- The SPCT provided services seven days per week.
- An on call consultant in palliative medicine was available out of hours to provide telephone advice to professionals in community and acute settings, across Hertfordshire community NHS trust.
- The service had both an executive director and a non-executive director who provided representation for end of life care at board level.

Summary of findings

Background to the service

Hertfordshire Community NHS Trust provides a wide range of care in people's homes, community settings and in its community hospitals. Hertfordshire Community NHS Trust employs around 3,000 members of staff who are at the forefront of NHS care and support.

The palliative care services provided by Hertfordshire Community NHS Trust are located at:

Gregans House – Base for the Palliative Care Team.

Apsley One – Base for the Palliative Care Team.

Robertson House – Offices used for nurses, but not a permanent base.

The SPCT comprises trained professionals including specialist palliative clinical nurses (SPCNs), a palliative care consultant, and associate specialists in palliative medicine, a registrar, a family therapist and administrative staff.

The SPCNs provide expert clinical advice and support for patients with complex palliative care needs and their families and carers. The SPCNs work in partnership with GPs, integrated health teams, other community services

and providers. The SPCN role includes assessment and care planning for patients with complex palliative care needs, providing information on disease process, treatment and medication. In addition, they advise on local and national services, symptom control and psychological support for the patient and/or their carer.

The team provides a service for approximately 90 GP practices across Hertfordshire. A snapshot audit carried out in March 2015 identified approximately 529 patients known to be in the last year of life at any one time in Hertfordshire Community Trust.

The service aims to improve a person's quality of life through physical, spiritual, social and psychological support of the patient and those close to them. Much of their work involves seeing patients who need specialist intervention in a nurse led clinic, or visiting patients in their normal place of residence, offering them, and their families, practical and emotional support.

The service had no inpatient facility, however, worked closely with local hospices.

Our inspection team

Our inspection team was led by:

Team Leader: Kim Handel, Inspection Manager, Care Quality Commission.

The team included a CQC inspector and a specialist palliative care nurse

Why we carried out this inspection

We carried out an unannounced inspection focusing on effective and well led, the areas that were rated as requires improvement at the previous inspection 17- 20 February 2015.

How we carried out this inspection

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

- Is it safe?
- Is it effective?
- Is it caring?

Summary of findings

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

Before visiting, we reviewed a range of information we hold about the core service. We carried out an unannounced visit on 18 and 19 April 2016. We visited two locations: Gregans House and Howard Court.

During the visit, we spoke with a range of staff who worked within the service, such as specialist palliative care clinical nurses, doctors and service managers.

What people who use the provider say

We did not speak with patients as part of this inspection.

Areas for improvement

Action the provider MUST or SHOULD take to improve

Action the provider SHOULD take to improve

- The trust should review and embed the end of life care policy in the service.
- The trust should embed the individualised care plan for the dying person in the service.
- The trust should ensure staff collect information from all patients about their wishes for their preferred place of care, preferred place of death and the percentage of patients who died in their preferred place of care and use this information to improve the service.
- The trust should undertake audits to monitor compliance with the management of pain relief and the use of opioids in palliative care.

Hertfordshire Community NHS Trust

End of life care

Detailed findings from this inspection

Are services safe?

By safe, we mean that people are protected from abuse

Summary

At the inspection in February 2015, safe had been rated as good. We did not inspect all elements of this key question on this inspection. However, we have noted information provided by staff when we spoke with them during our focussed inspection in April 2016, but did not rate the service for safety.

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- Staff demonstrated an understanding of safeguarding and understood the types of abuse that patients might experience. 71% of the SPCT were compliant with safeguarding vulnerable adults training, which was below the trust's target of 90%.
- Protocols on prescribing palliative medicines and the use of anticipatory medicines at the end of life were in place, which were in line with national guidance.
- Patient records and do not attempt cardio-pulmonary resuscitation (DNACPR) forms were completed consistently and in accordance with trust policy.
- Procedures were in place for staff to manage infection prevention and control precautions.

- Patients had access to equipment or aids they required. Community staff were able to arrange delivery of the equipment for patients who were returning home for their end of life care.

Detailed findings:

Safety performance

- Specialist palliative clinical nurses (SPCNs) were based within the community teams. SPCNs and community nurses delivered end of life care across a number of teams. Historically it was not always possible to distinguish when safety information, such as incident reporting related to patients receiving end of life care. The service was aware of this and had worked to resolve this issue. We saw evidence that since February 2016, changes had been made to the electronic reporting system (the system to collect and report incidents). The system prompted all community staff to notify their line manager and the service manager for palliative and end of life care of any incidents that related to patients receiving end of life care. This ensured the service manager for palliative and end of life care reviewed any incident notifications, raised by the community nurses.

Incident reporting, learning and improvement

Are services safe?

- An incident reporting policy was in place. It provided guidance for staff on how to report incidents. Staff we spoke with understood their responsibilities to raise concerns, record and report safety incidents and near misses, using the electronic reporting system. This was an improvement from the last inspection where we saw in practice not all staff fully understood this process
- We saw evidence of learning from events and incidents, which were discussed at the monthly team meeting. Staff we spoke with told us they found out about learning from incidents at team meetings and received direct feedback relating to incidents. We saw evidence the service used information to improve the service it provided. This was an improvement from the last inspection where staff told us they did not always get feedback from incident reports.
- Staff were aware of the Duty of Candour regulation (to be honest and open) ensuring patients always received a timely apology when there had been a defined notifiable safety incident. A ward sister we spoke with was able to give an example of where the duty was applied.

Safeguarding

- Arrangements were in place to safeguard adults and children from abuse. Clear safeguarding policies were available for staff. Staff told us they understood their responsibilities and adhered to safeguarding policies and procedures. This was an improvement from the last inspection where we saw in practice staff did not fully understand the safeguarding policy.
- The trust's target for all safeguarding training was 90%. 93% of the specialist palliative care team (SPCT) were compliant with safeguarding children training level one and two. The SCPT were not required to be trained to safeguarding children at level three.
- 71% of the SPCT were compliant with safeguarding vulnerable adults, which was below the trust's target of 90%. This was worse than the last inspection where we saw training all met trust target.

Medicines

- The service's protocol document for prescribing palliative medication and for use of anticipatory medication at the end of life was in line with national guidance. Anticipatory medication refers to medication

prescribed in anticipation of managing symptoms, such as pain and nausea, which are common near the end of a patient's life so that these medicines can be given if required without unnecessary delay.

- We saw that the specialist palliative care nurses worked closely with GPs and district nurses to support the prescription of anticipatory medicines.
- The medicines for patients who received palliative care were available from designated pharmacies. These medications were accessible out of hours.

Environment and equipment

- We did not gather evidence for this element during the inspection.

Quality of records

- We did not gather evidence for this element during the inspection.

Cleanliness, infection control and hygiene

- We did not gather evidence for this element during the inspection.

Mandatory training

- Systems were in place to ensure that staff had training to enable them to carry out their roles effectively.
- During the previous inspection in February 2015, it was found staff working in the SPCT and end of life service, had missed the trust's target of 90% of staff completing their mandatory training, with the exception of Mental Capacity Act training. We examined the training records for the SPCNs and found overall mandatory training compliance was at 88%, which was slightly below the trust target of 90%.

Assessing and responding to patient risk

- We did not gather evidence for this element during the inspection.

Staffing levels and caseload

- The SPCT covered four areas in Hertfordshire. Each of the four areas had a locality manager and was covered by a clinical quality lead for specialist palliative care. There was a system in place to ensure there were enough staff for people to receive safe care and treatment at all times. The SPCT had identified staffing levels on the service risk register. The service was under establishment by 2.6 staff at the time of inspection. To

Are services safe?

manage the risk until the service was fully established, the service had implemented a standard operating procedure (SOP) which had been implemented following concerns raised during the previous inspection in February 2015. The SOP prioritised staff tasks to make effective use of the resources available to ensure there was adequate cover. The duty SPCT staff member would review staffing, skill mix and caseloads daily and use the guidance tool to allocate work. We

saw at the last inspection there was a high staff turnover and some nurses had a high caseload. The SOP had been introduced since the last inspection to manage the risks associated.

- We saw from the staff allocation lists that from May 2016, the SPCT would be at full establishment. This was an improvement in the staffing establishment from when the service was inspected in February 2015.

Managing anticipated risks

- We did not gather evidence for this element during the inspection.

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 inspected effectiveness to follow up on areas of concern that had been identified during our comprehensive inspection in February 2015. We saw progress had been made which had led to improvements, however there were some areas where progress was continuing and there was further work to do. Therefore we judged that the service still required improvement for effectiveness because:

- New care planning processes were being developed by the service following the discontinuation of the Liverpool Care Pathway but had not yet been fully implemented. There was not an appropriate person centred end of life care planning process fully in place. Care plans were in place for individual patients to reflect their choices and wishes but they were no specific end of life care plans. In April 2016, we saw whilst the service had a replacement for the Liverpool Care Pathway (LCP) since December 2015, called the Individualised Care Plan for the Dying Person, the SPCNs and the community teams were not consistently using it at the time of the inspection. The SPCT told us the re-launch of the document had been postponed due to a delay in acceptance by GPs and issues with information technology.
- At the last inspection, we saw a specific end of life care policy was not in place for staff to follow at the time of our inspection. In April 2016, we saw the trust did have an end of life care policy. Staff we spoke with were aware of the end of life policy and where to find it.
- At the last inspection, we saw the service did not have robust auditing systems to monitor the service, for example objective monitoring of pain, to ensure that evidence based practice was implemented and regularly reviewed. During the April 2016 inspection, we saw the SPCT team did not undertake any audits to monitor compliance with the management of pain relief or with National Institute for Health and Care Excellence (NICE) Guidance on the use of opioids in palliative care.
- At the last inspection, we saw the trust monitored the choice of patients preferred place of care so that they could aim to meet their wishes. This information was

used so that the trust could monitor how often patients achieved their wishes. In October 2015, the service reported staff had recorded in patient records the patients' preferred place of death in 51% of cases.

- At the last inspection, we saw staff were trained appropriately with an induction on recruitment. Further training in communication and specialist courses were available if staff wished to attend. However, we saw that supervision and staff support was not always effective. This was because clinical supervision was provided by hospice clinicians on an informal basis, and the trust had no formal system in place to support managers in their clinical practice. During the April 2016 inspection, we saw the service had implemented a system to enable staff to attend clinical supervision. Staff told us and records we saw confirmed staff attended regular supervision.
- Whilst the service did not participate in any national accreditation such as Gold Standard Framework (GSF) it used similar principles to support good end of life care.

However, we also found:

- Policies and procedures were accessible and based on national guidance.
- Patient's pain, nutrition and hydration were appropriately managed.
- The SPCT used an effective multi-disciplinary approach to care and treatment.
- The service provided seven-day face-to-face cover with out of hours cover provided by palliative care consultants based at the local hospice.
- Where patients were identified by staff as lacking the mental capacity to be involved in DNACPR decisions, family members were consulted and decisions taken in patients' best interest.

Detailed findings:

Evidence based care and treatment

- The service had taken action in response to the national 2013 review of the Liverpool Care Pathway (LCP); however, the actions had not been implemented completely and in a timely manner. Since the last

Are services effective?

inspection, the service had devised a replacement for the LCP; it was called the individualised care plan for the dying person (ICPDP). The specialist palliative care team (SPCT) told us the re-launch of the document had been postponed due to a delay in acceptance by GPs. In addition, there had been some information technology problems.

- Since the last inspection, the SPCT had provided education sessions about individualised care planning for the dying person across the trust. Some staff we spoke with were aware of the document. Staff said they had received training on the new end of life policy and care pathway, which was planned to be implemented. They were positive about the new policy and process to be used.
- The ICPDP aimed to provide guidance for healthcare professionals supporting care in the last hours or days of life. The ICPDP was evidence based and in line with the five priorities of care document.
- Since the last inspection, the trust had introduced a policy for advance care planning which was in line with national guidance. Advance care planning is a process of discussion between an individual and their care provider. It might include the patient's concerns, what is important to them, their understanding of their illness, their preferences for types of treatment and where they wish to be cared for.
- The service used relevant and current evidence-based guidance, standards, best practice and legislation in the development of services, care and treatment.
- Patients had their needs assessed, their care goals identified and their care planned and delivered in line with evidence-based, guidance, standards and best practice. Care planning documentation identified the patient's needs and their plan of care. It ensured care was safe and effective for patients who used the service.
- A holistic needs assessment was in place which meant discrimination, including on grounds of age or disability, gender, race, religion or belief and sexual orientation was avoided when making care and treatment decisions.
- The Leadership Alliance published The 5 Priorities of Care for the Dying Person in June 2014. The five priorities were to recognise, communicate, involve, support, plan and do. Since the last inspection, the trust had ensured an end of life policy was in place. The trust board had ratified the policy in March 2016 which set

out the aims and objectives of the team. Staff we spoke with were aware of the end of life policy and where to find it. It was underpinned by the principles of The 5 Priorities of Care for the Dying Person.

- Whilst the service did not participate in any national accreditation such as Gold Standard Framework (GSF) it used similar principles to support good end of life care. HCT clinical educators are part of the joint education programme with other local providers within the East of England and the Network Specialist Palliative Care Group delivering an education programme in relation to end of life care underpinned by NICE guidance and the Department of Health End of Life Strategy. Therefore, whilst staff told us there were no plans to introduce the GSF programme, similar training was being delivered through the local training programme.
- End of life care services followed guidance by the National Institute for Health and Care Excellence (NICE) Quality Standards for End of Life Care, 2011, updated in 2013. For example, standards were being met with the provision of a specialist palliative care team who provided seven day working, within 9am and 5pm and could be contacted in person or by telephone out of hours.
- Staff had access to the trust's policies and procedures via the intranet, for example safeguarding and guidance for the use of anticipatory medication. We saw these were based on national guidance.

Pain relief

- Pain scores were included in the initial assessment in the patients' homes. Pain levels and response to analgesia (pain relieving medicine) was reviewed at each visit and recorded.
- The service had a guidance document for prescribing palliative medicines and guidance for the use of anticipatory medication. The community SPCNs and community nurses referred to the adult palliative care 'just in case' guidelines, produced in July 2014. The guidelines provided guidance on medication prescription and symptom control. They reflected national guidance such as NICE CG140 'Opioids in Palliative Care' (May 2012).
- At the inspection in February 2015, we saw pain management audits were not part of the audits carried out by staff. During the inspection in April 2016, we saw

Are services effective?

the SPCT team did not undertake any audits to monitor how well they complied with the management of pain relief or with NICE Guidance on the 'use of opioids in palliative care.'

- Where appropriate, patients had appropriate syringe drivers which delivered measured doses of drugs as prescribed. Community nurses were trained by the SPCT in the use of the syringe driver and pain management. An on call consultant in palliative medicine was available out of hours to provide symptom control advice via the telephone, to professionals such as GPs in community.

Nutrition and hydration

- Patients' nutrition and hydration needs were assessed. The service used the Malnutrition Universal Screening Tool to identify patients at risk of malnutrition. It included management guidelines to be used to develop a care plan. The tool was used in line with recommendations from the British Dietetic Association and Royal College of Nursing. This was an improvement from the last inspection where we saw there was no formal structure or risk assessment in place to assess, review or audit the nutrition and hydration needs of patients.
- Fluid balance and nutritional intake charts were held and completed. Staff we spoke with demonstrated an understanding of General Medical Council guidance on supporting patients' nutrition and hydration during end of life care.

Patient outcomes

- It was identified at our previous inspection that information was not being collected about outcomes of patients' care and treatment. The service had a plan to carry out routine measurement of clinical outcomes for patients and carers using the Outcome Assessment and Complexity Collaborative resource pack. This scheme seeks to implement a set of outcome measures into routine palliative care services to improve care for patients and families. The service had submitted a project draft and work was due to start in May 2016.
- Although the service already collected patient reported outcome measures in its annual audit, it had a plan to collate routine clinical outcomes.

Competent staff

- Staff had skills, knowledge and experience to do their job. SPCT told us that they felt competent to provide end of life care for patients.
- Arrangements were in place for supporting and managing staff. Staff told us and we saw records that demonstrated that the SPCNs had received clinical supervision and an annual appraisal. This was an improvement since the last inspection where staff told us that they did not always receive clinical supervision and the team were below the trust target for staff having had an annual appraisal.
- Staff had appropriate training to meet their learning needs, they told us they were encouraged and given opportunities to develop. Staff were able to attend relevant internal and external training such as the nurse prescribers' course and advanced communication. Learning and development needs were identified during staff members' appraisals.
- The SPCT provided palliative care training and education to all clinical staff within the trust. Courses provided included an overview of palliative care, an explanation of the holistic needs assessment, spirituality and principles of communication skills and having difficult conversations. The course also covered advance care planning, recognising the dying, use of the individualised care plan for the dying and a section on support for the staff member.
- Since the last inspection, a successful Macmillan business case had resulted in the recruitment of four end of life care clinical educator posts. The clinical educators' specific remit was to support and educate staff to ensure the best care for patients and their relatives. The staff had come in to post in March 2016. They were in the process of carrying out educational needs analysis for clinical adult services. The SPCT staff we spoke with had received bereavement training and training in advance care planning.

Multi-disciplinary working and coordinated care pathways

- The SPCNs were based with the community teams. The SPCNs worked alongside district nurses and community care teams and shared delivery of end of life care. This meant that the buildings and facilities were shared with other services that were based there. The staff told us it had improved the communication between the teams.

Are services effective?

- The SPCNs, district nurses, and other members of the multidisciplinary team had regular meetings working with other specialists to support good quality end of life care across clinical specialties they discussed their patients, their level of need and any risks.
- Necessary staff, including those in different teams and services, were involved in assessing, planning and delivering patient's care and treatment. The SPCT had developed strong bonds with, the hospice and other local hospitals. This helped with communication about patients' needs when arranging transfers.
- We confirmed with staff and from review of meeting minutes that staff met regularly within their locality team, with the other SPCNs and with the local hospice network. Staff who attended these meetings learnt the latest evidenced based practice and news relating to end of life care and shared it with the multidisciplinary team to improve practice.
- Staff we spoke with told us they shared information effectively within the multidisciplinary team. Doctors visited patients with the SPCN if a patient had complex symptoms and required extra support.
- The SPCT liaised with the patient's GP to share information about changes to care, treatment and to support patients to die where they wanted to. We saw the SPCN worked closely with the district nursing teams, which allowed good communication.

Referral, transfer, discharge and transition

- Staff worked together to assess and plan ongoing care and treatment in a timely way when people were due to move between teams or services, including referral, discharge and transition. SPCNs told us they worked very closely with the district nursing teams, GPs and the hospice teams, which allowed good communication and ensured they provided a seamless service for patients.
- The trust was unable to provide information on response time from referral to appointment time as the SPCT had recently introduced a new method for recording the urgency of a referral at the point of clinical triage. This was not in place during our inspection in February 2015. We were told the new system would enabled the routine monitoring of response times in relation to clinical urgency. The trust told us the service was working closely with the performance and

information team, to test and validate the recording and reporting. This would then make it possible to produce reliable performance reports on waiting times between referral and first contact.

Access to information

- Staff had access to information needed to deliver effective care and treatment such as care and risk assessments, care plans, case notes and test results. Information was available on an electronic storage system.
- Patient records were held on an electronic system. The SPCT told us that some GPs did not use the same the electronic system. There was a risk that information sharing with these GPs would be compromised; for example, SPCT was not able to communicate recent changes to a patient's care and treatment. Staff told us that to mitigate against this risk, all staff were aware of the GP practices that did not have access to the electronic system and would update the GP practice either in person or make a phone call to the practice to update them of any changes.
- SPCT accessed the electronic records system such as care plans remotely, via a secure laptop, which was password protected. The SPCT were able to access information about patients in order to carry out their roles effectively. This meant that staff facilitated a smooth pathway for people to move between the services they used. Staff we spoke with were aware of the importance of not using the system in public. Personal information about patients who used the service was protected.
- Staff had access to electronic information, such as policies, national guidance, newsletters and minutes of meetings.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act (MCA) 2005.
- There was clear information about the MCA guidance on the intranet, which was called Hertfordshire policy on mental capacity.
- Staff told us they received training on consent and MCA. We examined the training records for the SPCT and found compliance for the SPCT for Mental Capacity Act

Are services effective?

training was at 86%, which was below the trust target of 90%. At the previous inspection in February 2015, training compliance for the SPCT staff, met the trust target of 90% for Mental Capacity Act training.

- When patients did not have mental capacity to consent to care and treatment, staff were aware of what actions to take.
- Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) forms were completed accurately. We looked at four DNACPR forms, three at Queen Victoria Memorial Hospital and one at Midway unit, Langley House. All were in date and completed in full. There was evidence

either the patient had consented or mental capacity assessments had been completed in the decision making process. Where there was a MCA in place relatives had been informed and contributed to the decision making process. This meant that staff completed DNACPR forms in accordance with trust policy.

- We saw information concerning capacity documented in progress notes. This meant that staff who obtained consent of patients had followed the principles and codes of conduct associated with the Mental Capacity Act 2005.

Are services caring?

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

Summary

At the inspection in February 2015, caring had been rated as good. We did not inspect all elements of this key question on this inspection. However, we have noted information provided by staff when we spoke with them during our focussed inspection in April 2016.

Detailed findings:

Compassionate care

- Staff we spoke with were committed to providing compassionate care. They spoke about the importance of speaking to patients politely and respecting their privacy and dignity.

- Staff told us about positive feedback they had received from patients and their relatives. Staff were proud of the individualised care they had provided to patients and the support they had provided to relatives.

Understanding and involvement of patients and those close to them

- We did not inspect this area on this inspection.

Emotional support

- We did not inspect this area on this inspection.

Are services responsive to people's needs?

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

Summary

We did not inspect this area on this inspection. At the previous inspection, responsive had been rated as good. We did not inspect all elements of this key question on this inspection. However, we have noted information we saw and provided by staff when we spoke with them during our focussed inspection in April 2016.

Detailed findings:

Planning and delivering services which meet people's needs

- The specialist palliative care team (SPCT) were in the process of using information about the needs of the local population to inform how they planned and delivered services. The SPCT had an audit plan to monitor the service. Results were discussed at local multi-disciplinary team meetings.
- Staff showed sensitivity and awareness to the different cultural, religious and spiritual preferences of patients they cared for. They were able to explain procedures for caring for patients with different religions and how they adapted the care accordingly.

Equality and diversity

- We did not inspect this area on this inspection.

Meeting the needs of people in vulnerable circumstances

- We did not inspect this area on this inspection.

Access to the right care at the right time

- We saw at this inspection and on the previous inspection, patients had timely access to initial assessment and urgent care from the SPCT. A telephone referral system was in place, where a 'duty nurse', a SPCN, carried out formal triaging throughout the day. The triage process was carried out using an operating

procedure, which provided guidance on priority. The staff member identified the level of need and allocated visits by the palliative care team where necessary. This meant assessments could be completed over the telephone and some advice was given immediately without the need for patients to be referred to another service. This minimised the time people had to wait for treatment or care. Priority was given to patients with urgent symptom control issues such as patients in pain.

- Since the last inspection, the service had introduced clinic appointments at health centres. These centres were local to the patient and were available for patients who were able to attend and preferred to meet with the SPCT away from their own home.
- All discharged patients could self-refer to the service if required.
- Face to face services were available to patients seven days a week, between 9am and 5pm. There was a 24 hour telephone advice service at weekends and bank holidays.
- We saw that in some cases, staff collected information about patients' wishes and the percentage of patients who died in their preferred place of care. In October 2015, the service reported staff had recorded in patient records the patients' preferred place of death in 51% of cases. 70% of patients with a known preferred place of death, died in their preferred place. The service told us they planned to use this information to improve. To do this they needed to increase the number of patients' decisions about their preferred place of death they recorded. The service had identified training for all community staff in communication skills to enable staff to have difficult conversations such as a discussion about the patient's preferred place of death.

Learning from complaints and concerns

- We did not inspect this area on this inspection.

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

Following the inspection in April 2016, we rated well led as still requiring improvement. We inspected the well led domain to follow up on areas of concern that had been identified during our comprehensive inspection in February 2015. We rated well led as requires improvement because:

- Whilst the service had a replacement for the Liverpool Care Pathway since December 2015, called the Individualised Care Plan for the Dying Person, the SPCNs and community teams were not consistently using it at the time of the inspection.
- The service was not effectively collating information about patient's preferred place of death. However, the service was aware of this and was working to improve practice.
- Whilst there was an end of life care policy for adults and children, it was not embedded across the trust. The trust board had ratified the policy in March 2016 and planned to launch the policy in May 2016. We found that the policy contained omissions and oversights.
- Whilst the service did not participate in any national accreditation such as Gold Standard Framework (GSF) it used similar principles to support good end of life care.
- Whilst the service had identified key changes to improve clinical practice these actions had not been initiated at the time of the inspection. For example, the service planned all patients identified as requiring end of life care would have a key worker identified.

However, we also found:

- During our inspection in February 2015, we found that there was some disengagement in the local leadership of the trust and the staff working in palliative care services. Staff felt that recent changes integrating into the community locations were imposed on them and had felt they were not fairly consulted with. This had led to some staff leaving, increasing the workload for the palliative care teams. In addition, there was not a clear written development strategy or vision statement for the service and no clear goals set for the service that staff

could describe to us. We found that this situation had improved during the inspection in April 2016 and that there was a long term strategy in place with clear objectives.

- In February 2015 we saw the “HCT Palliative and End of Life Care Network 2014-2016 high level work plan” for the trust from which was a development action plan but lacked detail about what tasks were and how they were going to be achieved. During the inspection in April 2016, we saw this had moved on and the service had a development strategy and delivery plan for end of life care for 2015 to 2018. SPCT staff we spoke with were aware of the strategy.
- We saw that staff gave people who used the service opportunities to feed back their experiences so that this could be collated externally and lessons learnt from the comments.
- The specialist palliative care team had a vision in place to deliver good quality services and care to patients.
- The trust had both an executive director and a non-executive director who provided representation for end of life care at board level.
- We saw evidence of end of life care services coverage in board meetings, and in other relevant meetings below board level.
- The local team managers and the service recognised staffing levels as a risk. There was a tool in place to prioritise staff tasks to make effective use of the resources available
- There was an up to date risk register in place.
- The specialist palliative care team had a vision in place to deliver good quality services and care to patients.

Detailed findings:

Service vision and strategy

- At the previous inspection, we found the trust did not have an effective written strategy or policy for end of life care. At the time of the April 2016 inspection, the service had an end of life care vision and strategy however it had not been launched. The strategy delivery plan outlined the development of the service between 2015 and 2018. The HCT Vision for End of Life Care was: “To be

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the leading community provider for personalised, accessible, well-coordinated, high quality end of life care for everyone in the last year of life, along with supporting their carers. Through planning with the patient and emphasis on informed choices, we will help them live the life they wish to the best of their ability. Our skilled and caring staff will collaborate with local organisations and communities to maximise patient wellbeing, independence, comfort and dignity in their preferred place of care.” In addition, the SPCT said they wanted to make end of life care everyone’s business.

- We saw a strategy delivery plan. The strategic implementation group (SIG) met monthly and reported back to the board on the progress of the end of life improvement plan.
- SPCT staff we spoke with could describe the strategy and vision to us and were aware of their role in achieving it.
- The service aimed to launch the strategy and vision to trust staff during, “Dying Matters Week,” in May 2016.
- There was an end of life care policy for adults and children. The trust board had ratified the policy in March 2016. We reviewed the policy and saw that the majority of content was comprised of definitions and statements which were not followed through into meaningful strategic direction or actions. The policy integrated both adults and children’s care into one document and did not provide adequate detail on child aspects; for example transition of children into adult services. There were a number of appendices, which were not referenced in the main body of the policy. In addition there was an imbalance on detail within some sections; in that important issues were not described in depth, whereas other relatively minor elements were.
- The director of operations was the executive lead for end of life care. We saw minutes of meetings where end of life care was discussed both at board level and with specialist staff at the end of life steering groups.

Governance, risk management and quality measurement

- The trust had developed a care-planning tool to replace the Liverpool Care Pathway called the individualised care plan for the dying person. Implementation had been delayed due to a delay in acceptance by GPs and

information technology problems. It was not being used across the trust at the time of inspection. The trust had planned to launch the document during, “Dying Matters Week” in May 2016.

- The service had undertaken audits of whether patients were dying in their preferred place of death. However, the service was aware that not all staff were collecting preferred place of death information, it was recorded in 51% of cases. Without all staff recording this information, the trust was unable to monitor whether all patients’ wishes had been met. Work was being done to improve the recording of information. Education sessions had taken place to improve staff awareness of the requirement to speak with patients about their preferred place of death and record this information in their care records.
- Whilst the service did not participate in any national accreditation such as Gold Standard Framework (GSF) it used similar principles to support good end of life care. HCT clinical educators are part of the joint education programme with other local providers within the East of England and the Network Specialist Palliative Care Group delivering an education programme in relation to end of life care underpinned by NICE guidance and the Department of Health End of Life Strategy. Therefore, whilst staff told us there were no plans to introduce the GSF programme, similar training was being delivered through the local training programme. The SPCN were line managed by a service manager for palliative and end of life care. The SPCN were based within locality teams so were supported day to day by the community nurse locality managers. Staff we spoke with were clear about their accountability structure.
- The audit plan 2016-2017 showed that audits of end of life care issues were planned. The audits identified opportunities to change clinical practice and to improve the quality of patient care.
- There was an up to date risk register in place. It had been reviewed and updated regularly We were assured and spoke with staff who were aware of how to identify risks and ensure controls were in place and reviewed, to reduce the impact of any risks. The risk register included actions to mitigate risks and were reflective of staff concerns for example staff told us, previously they had been concerned about staffing numbers not being sufficient for patients’ needs. This issue had been on the risk register and actions had been taken to address these concerns.

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- Local team managers and the service recognised staffing levels as a risk. There was a tool in place to prioritise staff tasks to make effective use of the resources available to ensure there was adequate cover. The duty SPCT staff member reviewed staffing, skill mix and caseloads daily and used the guidance tool to allocate SPCT work.
- The trust held monthly mortality reviews. We saw from the minutes, lessons learned during mortality meetings were used to improve end of life care.

Leadership of the service

- Staff told us they were supported in their roles by the service. Staff within the palliative care team were very positive about their leadership and the support and encouragement the senior managers and consultants provided. Staff said they felt able to approach managers for advice and there was an open culture where issues and concerns could be discussed. Staff told us their managers were visible and approachable.
- Staff told us they felt valued by the patients, SPCT and by the community teams where they were based.
- The director of operations represented the service at board level.

Culture within this service

- SPCT told us there was a good team ethic within the SPCT team and the locality teams they were based in and they felt well supported and valued by colleagues and managers.
- Staff felt they were supported and there was an emphasis on promoting their wellbeing. Staff told us they had access to monthly group clinical supervision sessions or debriefing sessions. These sessions provided opportunities for staff to speak to the clinical psychologist or palliative care doctors about complex cases. Staff had the opportunity to attend individual clinical supervision sessions and told us that these were helpful to them.
- The managers of the palliative care teams told us that they felt they were listened to by their managers.
- Staff outside the SPCT said they had received training on the new end of life policy and care pathway, which was planned to be implemented. They were positive about the new policy and process to be used. Staff told us they could refer patients directly to the local hospice.

Patients could access the hospice's 24-hour advice line for end of line care support and advice. Staff could easily access McMillian and Marie Curie services to support patient and relatives needs in the community.

Public engagement

- People's views and experience about the service were gathered and the service used the information to identify improvements that could be made. We saw that staff sought feedback from patients' relatives using bereavement questionnaires. The service shared information from the last survey, which was completed in October 2015. Areas of good practice identified by relatives were the way SPCT respected the patient's dignity. The way patients' physical need for comfort were met and the SPCT's response to changing patient's care need. The service identified three key risks from the survey:
 - Slow response to changes in condition or symptoms.
 - Lack of information for and support given to carers resulting in increased risk of admission to hospital.
 - Difficulties in co-ordination of care.
- The service identified three key changes to improve clinical practice from the survey:
 - All patients at the end of life should have a named key worker who could facilitate communication and co-ordination.
 - Systemic monitoring of common symptoms with triggers for specialist review, which would assist with speed of response to and prevent escalation of symptoms.
 - Improvement in information giving specifically for carers.
- We saw these risks were identified as areas to address in the strategy. However, these had not been initiated at the time of inspection. For example, the service planned all patients identified as requiring end of life care would have a key worker identified. At the time of inspection, these actions were not in place.

Staff engagement

- Staff in the palliative care teams told us that they attended regular meetings where information from the service was shared and they had chance to feedback about the service. Staff told us they felt listened to by their managers.

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- The trust carried out staff surveys on staff satisfaction, the surveys were trust wide and did not specifically identify staff who worked within the end of life care service. We could not identify results for the SPCT.

Innovation, improvement and sustainability

- The SPCNs were based with the community nursing teams. They described this as an adult delivery approach. The principles for this approach were:
 - We will listen to patients, their families, children and carers and keep their needs central.
 - We ask staff to take responsibility, make decisions and behave consistently with our values.
- We will work positively in partnership with other organisations to maintain people's health and wellbeing.
- The trust had plans to run a dying matters event to coincide with the national "Dying Matters Week" in May 2016. The service planned to launch the end of life care strategy, policy and use of the individualised care plan for the dying person during this week.
- The SPCT ran clinics at local health centres in each locality for patients who preferred to meet with the SPCT outside their own home.