Primecare

End of Life Rapid Response Service Northamptonshire
Quality Account
2014- 2015
NHS Nene Clinical Commissioning Group
Corby Clinical Commissioning Group
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Statement from the Primecare Director of Urgent Care

Welcome to our Quality Account for Primecare End of Life Rapid Response Services Northamptonshire. I would like to congratulate everyone for their achievements throughout the year. The team have demonstrated sustained quality standards and year on year an average of a increase in the number of patients receiving our services and in patient activity.

In addition Primecare are evidencing improvements in our national and local initiatives whilst continuing to provide outstanding care to our patients. We also continue to provide high quality cost-effective care helping patients and helping commissioners by providing added value where we can.
Our quality strategy is a primary focus for us, as we seek to implement quality improvement initiatives that enhance the safety, experience and outcomes for all our patients. In addition to embedding new quality initiatives throughout the business, we also seek to embed a culture of continuous quality improvement. We will work closely with all our staff to make addressing such issues a priority for us in 2015.

Our statement of intent is to prepare and publish a Quality Account on a quarterly basis which will allow the public and our patients to benchmark our improvements and interrogate our quality standards.

Tony Stuchfield
Acting Director of Urgent Care
Primecare
Statement from the Clinical Contract Manager

End of life care has to be of the highest possible quality and I believe in getting it right.

I would like to congratulate Northamptonshire End of Life Rapid Response Service staff for a great number of things. They are dedicated to patients and their families. They are flexible and have a can do attitude. Customer feedback reflects that they care for patients with respect and dignity. They are immensely skilled and knowledgeable they work very hard and have a continuing focus on improving and evolving the service.

The service continues to provide outstanding care to patients whilst maintaining Key Performance Indicators. The quality of the care we provide is the primary focus for us. We seek to implement quality improvement initiatives that enhance the safety, experience and outcomes for all our patients. We have developed a culture of continuous quality improvement, transparency and openness that enables us to respond to feedback and change our way of practice.

I work closely with my team, patients and their families, commissioners, local partners and stakeholders to make the quality of care we provide for people at the end of their lives the most important priority.

Rebecca Warren
Clinical Contract Manager
**Our Service**

Primecare End of Life Services are contracted by NHS Nene and Corby Clinical Commissioning Group to provide dedicated support to people who are nearing the end of their lives and wish to die at home or in their own care home. Our service operates alongside existing NHS care providers i.e. Acute Hospitals District Nurses, GP’s, Marie Curie and Macmillan and is an integral part of the Northants End of Life Pathway.

**Care Coordination Centre**

The Primecare Northants End of Life coordination centre is based in Birmingham. They register patients who have a terminal illness are thought to be in the last eight weeks of life and who have expressed a wish to be cared for at home. Patients are registered with the care coordination centre either by our hospital discharge link nurses, GP, District Nurse or other Health Care Professional. Once a patient is registered a District Nurse, GP, patient, a patients family or carer can contact the co-ordination centre at any time between 08:00 and 01:00. The call regarding that patient can then be passed immediately by the centre to the Primecare Rapid Response nursing team. Out of these hours the referral is passed to Northampton’s out of hour’s medical service.

**The Rapid Response Team**

**Clinical Contact Manager**
Rebecca Warren

**Advanced Nurse Practitioners Community Team**
Jackie Jukes
Francesca Bell
Brian Packer
Kay Edwards
Sandra Coombes
Julie Major
Sharon Peile

**Health Care Assistants Community Team**
Ellen Church
Gaynor Jones
Tracey Curtis
Gwen Moore

**Discharge Link Nurses at Our Northamptonshire Acute Hospitals**
Anne Snell Advanced Nurse Practitioner Northampton General Hospital
Lucy Jackman Link Health Care Assistant Northampton General Hospital
June Nicholl Link Health Care Assistant Northampton General Hospital
Natalie Bacon Advanced Nurse Practitioner Kettering General Hospital
Christopher Alexander Advanced Nurse Practitioner Kettering General Hospital
Age UK Extra Help Team

Working in partnership with Primecare Age UK are subcontracted provide 550 hours of dedicated End OF Life domiciliary care per week to patients who are registered with the Primecare Care Coordination Service. Age UK are submitting there own quality account for 2014-2015.
About the Quality Account

Why are we producing a quality account?
The End of Life Rapid Response Service is keen to share information about the quality of its services and our plans to improve even further with our service users. All health service providers are required to produce an annual quality account from April 2011. The requirement was set out in the “next stage review” in 2008.

What are the required elements of a Quality account?
The requirements for the report have been set out by The National Health Service Regulations. These form the template for our Quality Account.

The Key requirements are:
- A statement from Our Operations Director
- Priorities for improvement – these are our commitments as an organisation to continually improve quality
- Review of quality performance – this demonstrates how we have performed to date.

What is Quality and how do we measure this?
Quality is a measurable standard tool to judge the level of service provided to patients receiving our services their families and carers. Evidence to support good quality service are being met must be demonstrated. Key Performance Indicators specific to each service activity must be identified and compliance to these met.

Patient and Stakeholder feedback and complaints must be used to determine standards are complied to. Being involved with the local End of Life Care providers, District Nurses and GP’s ensures local involvement with key organisations to openly work together.

Branch Audit
As a consequence of the introduction of the CQC as Regulator of standards in Primary care Primecare has adopted the key domains relating to service quality, namely safety, effectiveness and patient outcome experience as a framework for demonstrating the quality of its service delivery. Annual internal branch audit is carried out focusing on these key domains.

Monthly Accountability Meetings
The data for our service quality standards is taken each month from our clinical service provider data base. From this data an internal monthly dashboard is produced. This is evidence based and audited by the Safety and Quality Team to ensure that it is robust and can be both internally and externally interrogated. The clinical contract manager attends accountability reviews monthly.
Quality Initiatives

1. Thematic Review of Cards and Letters Received By Primecare End of Life Services

April 2014 to March 2015

Background

Gaining feedback from service users and their family’s/carers regarding the quality of the services provided by Primecare has proven to be difficult. We have requested feedback in a number of ways including leaving share cards with patients at the time of our visits and the response has been low.

We regularly receive cards and letters from the family’s/carers of service users following a service user’s death. From November 2015 we have sent a card of condolence to the families of patients to whom we have provided a service. We are asking for feedback regarding the service in this card. We have utilised both these forms of feedback cards to obtain qualitative analysis from the comments and responses contained therein.

Overall feedback

The overall feedback evidenced a confidence in the service, high quality of care, gratitude for the service, and a strong theme that people and their families felt well supported and that this enabled them to fulfill a family members wishes to die in their own home. An example that encapsulates the overall feedback is as follows.

"We could not have managed looking after Mum without you. We had lots of good and bad care experiences throughout Mums illness from various departments but I can honestly say that you were the best and every single member of staff that we spoke to were fantastic, so caring and helpful. You made the last few months of my mums life so much easier for her and us."
Themes

1. Providing Excellent Care

Feedback evidenced that people felt the service provided high quality care. Comments included feedback that directly mentioned kindness, professionalism, empathy, caring, dignity and respect and the staff being a credit to the organisation. For example

“I cannot thank you enough for the professional way that you cared for my Husband. Brian loved everyone of the team. I have to say I have never known such a lovely team of the most caring people”

“You were all marvellous especially your male nurse Brian who treated him with kindness and dignity during his last weeks”

“I just wanted you to know how much we appreciated the help received from Kay. She was very professional and very good at dealing with Frank”. 

“Everyone who was involved in his care was cheerful, professional and very sincere in the care they gave”

“To Brian Julie and Sandra we appreciated your upbeat spirit and the warmth, kindness and compassion he received. It was great support to us all at a very difficult time”

“But then an Angel arrived namely Kay she was calm kind understanding and helpful”
2. Praise and Gratitude for the Service We Provide

Feedback evidenced praise and gratitude for the service in general this included comments such as

“*The support that was given meant that he had the best possible quality of life that could be achieved. Words do scant justice to the gratitude we feel towards the support given to Dad*”

“*Your staff were a credit to your organisation and I am very grateful for all you did*”

“I have nothing but praise for everyone who was involved in his care”

To Gwen, Tracey, Ellen, Gaynor Thank you for all you done to make Luke’s time at home as special as possible.

“He died peacefully at home, with me at his side. Once again – Thank you so much and please give my love to all the staff on your team, I will never forget them”

3. Confidence in the Service to Support a Person to Remain At Home

Feedback evidenced that people received the support they required to enable them to have the confidence to care for a person dying at home. The following comments reflect the above:

“*Perfect help when you are caring for a Husband 24/7. It was a difficult time for me and it was a great comfort to have that responsibility taken out of my hands*”

“I would like to thank you for all the help you gave me during my father’s illness and subsequent death. You were always there during the evening that seemed to be the time when my father was the most agitated and I wanted your help”

“I cannot put into words how I felt but I do know that without your help I could not have done for my husband what he wanted and that was to be at home”

“The support that the team were able to offer in order for him to be at home during his final three weeks is a gift that we cannot put a price on and a kindness that we can never forget”
4. Support Provided for the Whole Family

Feedback evidenced that people felt that the person dying and their whole family was supported.

"The support given to dad and the family was amazing, it meant that Dad could be at home and we could spend quality time with him."

"As a family myself and my boys are so grateful for all the care you gave to Brian"

"My brother and I would like to thank all from Primecare who looked after our father. We are saddened by his passing but it was made easier by the carers and nurses we had looking after him.

"The care and attention he had (as I did too) was second to none, not only from your team but from Age UK too"

"You were all brilliant; we could not have done it without you all especially as it was a distressing time for us, her daughters"

"They made life a lot easier for us knowing that she was being looked after. I wish to thank you on behalf of all the family for the excellent service provided"

"To Kay Sandra and Julie- As a family we cannot thank you enough for the care and support you provided for us all during the last few days of my Nans life"
5. Excellent Hospital Discharge

Feedback evidenced that people felt that discharge from hospital was well facilitated. Comments also reflected the relief the dying person and their family experienced when they arrived home from hospital.

"The speed you got everything set up for us to leave Northampton Hospital. Our father wanted to be home and you helped make that possible.

"He was so happy that night when he came through the doors into his home”

"We just wanted to express our family’s gratitude for the package that you and your team put into place to support our Dad.

"Having his own house he was desperate to spend his final days at home, and what you put into place made this happen”

"My sisters and I would like to send you and your team a BIG THANKYOU for looking after our mum for the two days that you got her back home from hospital your kindness, patience and running smoothness of Primecare was brilliant”

6. Responsiveness

Feedback evidenced that people felt the service was responsive to need. This included rapid responses to calls and efficient appropriate support and decision making for example

"I had occasion to call on your service as Frank had fallen and although I got him up into a chair I then could not move him. Kay was here within 20 minutes, she got him into bed and made him comfortable. She returned again later that morning to see to Frank. She contacted Cransley Hospice and managed to get him a bed there”

"We always felt safe in the knowledge that we could call on you. It was such a relief to know that you were at the other end of the phone”

"Even if someone was running late you rang and let us know. Could not fault you. Keep up the good work”
In Summary
Primecare acknowledges that the feedback received from thank you cards and letters is 100% positive and therefore has not provided qualitative data that enables us to identify areas of improvement from themes. The way in which we have identified areas of improvement is from complaints.

Identified areas of improving the way in which we gain feedback
We will continue to gain feedback from service users families by sending condolence cards with a request for feedback. The increase in the numbers of patient referrals, the number of people receiving services and the number of people dying in their preferred place of choice evidences that we engage successfully with partner providers. We are aware that the feedback we gain from partner providers is extremely useful. We have not carried out a survey during the period 2014-2015 and this is planned for August 2015.
2. Complaints

The national End of Life Care Programme has identified that a high number of complaints come from the families of patients receiving End of Life Care. During the last 12 months we have only received 1 complaint which is as follows.

A member of the team, following performing last offices very kindly offered to call the funeral directors on the family’s behalf (as it would be a distressing phone call for the family to make) and ask that funeral directors arrive to collect the body at a specified time. The family said that the caring approach and the information given was just what they needed so soon after their father’s passing.

Due to a number of reasons the patient’s details did not get to the funeral directors the member of staff did not have time to update the family due to call volume. The family then had to contact the funeral directors themselves.

Route cause analysis of this complaint identified areas of improvement:

**When offering to make any phone call on the behalf of a family member:**

That the phone call is made in a timely way and the family are updated with the outcome as soon as the phone call has been made.

**Apologising:** The importance of giving immediate and sincere apology when a patient or a family member is voicing concerns or complaints.

**Changes to practice in regard to contacting Funeral Directors.** When a family requests for a phone call to be made to a funeral director on their behalf that this is done whilst in the patient’s home so that everyone knows that the funeral director has been contacted and the expected time of their arrival.
3. Increasing Activity

Current Status
1259 Patients have been registered with the service between April 2014 and March 2015. Whilst this is a 8.2% increase in patient registration from the previous year it is important that our services are made available to all patients in the community whose preferred place end of life care of care is at home or their own care home. The activity of our service is dependant on patients being referred by our community partners. Promoting the service with local stakeholders, networking and developing improved relationships and partnership working has affected a year on year increase in the amount of patients receiving rapid response services and dying in their preferred place of care.

Rapid Response Community Nursing Team
The Rapid Response Community Nursing Service has provided 5568 visits to patients in the last 12 months. This is an 8.6 increase in patient activity.

Out of hospital deaths
We consistently reach our Key Performance Indicator of supporting 500 patients per year to die in their own home or care home as preferred place of care with 836 patients known to have died out of hospital in the last 12 months. This is a 39% increase in the number of people who Primecare have supported to die out of hospital from the previous year.

Identified areas of improvement

Priority: Equality of Access to Services For Patients Through Increased Referral

- Quarterly meetings with community leads and acute hospitals leads to ensure continuing durable partnerships, good working relationships and maintain effective communication with all stake holders
- Continuing robust communication and marketing strategy
- Quarterly evaluation/ review of each element of the service in order to increase efficiency
- Implementing robust strategies in order to increase referral rates and our services ability to respond to increased patient need.
- Evidencing a proven high quality, skilled, flexible can do workforce/service
- Providing robust data to our commissioners in order to support and influence changes to service delivery mode
- To continue to support and scrutinise our sub contracted service
- To continue to promote the service with local stakeholder's
- To continue to develop relationships with stakeholders explaining the whole service and the principles of partnership working.
- Focus on communicating with community providers and care home staff in order to ensure a full understanding of the EOL service and the benefits associated with the resource for all patients registered in the County.
4. Acute Hospital Link Nurses – Further reduction of Hospital Deaths

Current Status

Over the last 12 months 659 patients were referred to our Primary Care Link nurses at the Northampton and Kettering General Hospitals 76% of those referred died in their preferred place of care with 6% dying in hospital as preferred place of care and 69% being discharged from hospital and dying as they wished either at home, their own care home or a hospice.

Partnership Working

Our discharge nurses work on a daily basis with closely with key hospital departments this includes:
- Palliative care teams
- Hospital discharge teams health and social care
- Bed managers
- Transport teams
- Continuing Health Care

Discharges Following Referral

266 patients were discharged home as preferred place of care
162 patients were discharged to a care home as preferred place of care
25 patients were discharged to a hospice as preferred place of care

Hospital Deaths

45 patients died in hospital as preferred place of care
91 patients died in hospital following a rapid decline in their condition
10 patients died in hospital awaiting a care package or a nursing home placement

Identified areas of improvement

Unfortunately 24% of Patients referred died in hospital due to rapid deterioration prior to discharge. It is important that we try to support the acute hospitals to affect a decrease in the numbers of patients who die in hospital when their preferred place of care is at home.

Priority: To see a decrease in the number of “in patient” deaths due to late referral as ward staff sometimes find it difficult to identify when a patient is entering the last phase of life.

- Discharge Link Nurse to dedicate time to working with wards and departments discharge teams and hospital EOL facilitators supporting staff to identify patients in a timelier manner.
• Monthly meetings with acute hospitals EOL leads to ensure continuing durable partnerships, good working relationships and maintain effective communication

• Involvement in teaching with medical staff regarding identification of people who entering the last phase of life

• Regular reporting to acute hospitals of numbers of patients who are referred to late to arrange safe and appropriate discharge home

5. Partnership working in the phasing out of the Liverpool Care Pathway for the Dying Patient (LCP)

The Joint statement by the Leadership Alliance for the Care of Dying People - Phasing out of the Liverpool Care Pathway 2014 outlined that the approach to the care of dying people should focuses on what that care should be like, as defined by the five priority areas, rather than the delivery of particular protocols or processes. The statement stipulated that Liverpool Care Pathway for the Dying Patient (LCP) must be phased out by 14 July 2014 and that there would not be a ‘national tool’ to replace the LCP.”

The Leadership Alliance stated that service providers and commissioners would be expected to create and support the systems and learning and development opportunities that enable the 5 priority areas. Primecare had continuous involvement with the Northamptonshire multi sector approach in developing local guidelines.

Considerations for the care of a person who it is thought may die within the next few days or hours have now replaced the LCP within Northamptonshire.

These guidelines are based on the five priorities for the care of the dying person, developed by the Leadership Alliance for the Care of Dying People in the document, ‘One chance to get it right – Improving peoples experience of care in the last few days and hours of life’ (LACDP, 2014). The aim is to support decision making, planning and delivery of compassionate high quality, individualised care for people who it is thought may die within the next few days or hours.

All decisions must be a team approach involving the person, and their family*/ those identified as important to the person. Any indications of improvement or change in the person’s condition must be noted and appropriate actions taken. If the person is no longer thought to be dying, the plan of care must be reviewed.

Primecare End Of Life services have adopted these guidelines and our care planning (and the supporting documentation) are aligned to the five priorities for the care of the dying person (LACDP, 2014). Clinical audit had evidenced that these guidelines are being followed.
6. Internal effectiveness - To facilitate the effective and efficient running of the service

Description of issue and rationale for prioritising

To support us in achieving the priorities outlined above the service recognises the importance of having the internal infrastructure to support this. This will ensure we have the systems and processes we need to achieve high quality, accessible healthcare. All of our achievements to date have been delivered by dedicated front-line staff working together.

Aim/Goal

1. To develop all of our staff to help us deliver excellence in all services provided by us.
2. To support all staff to reach their potential
3. To deliver better, more accessible, more responsive care to patients and service users.
4. Provide staff with up to date resources

Current status

Our recruitment policy is robust with person specification identifying the required standard of experience knowledge and qualifications to carry out the role effectively. Staff undertake mandatory training which is outlined below in our quality overview. Policies and procedures are adhered too to ensure uniformed, safe continuity of care. The service actively encourages all staff to undertake training throughout their career and to date we have successfully supported our Advanced Nurse Practitioners to undertake modules of the palliative care degree course and to complete the non medical prescribers’ course. Retention rates across the service are high with 85% of staff remaining with the service since September 2010.

Health Care Assistant Training Programme

A key element of the End of Life Care Strategy, (DoH, 2008), is the development of the workforce. The strategy recognises that most health and social care workers have some role in the provision of end of life care. It also identifies ‘major deficiencies in the knowledge, skills, attitudes and behaviours of staff groups who come into frequent contact with people at the end of their lives,’ (DoH, 2008). A change in attitude and behaviour and the development of knowledge and skills in relation to end of life care is advocated across the workforce. For employers the focus is on ensuring that staff have the required skill and knowledge sets and that they are given the opportunity to access relevant training.
**Rationale, Aims and Objectives**

Our commitment is to supporting individualised, patient centred end of life service and we recognise the need for supporting and contributing towards the provision of a robust framework for the development of skills, knowledge and competence within the workforce. The skills and competencies should be at the level and standards described in the Department of Health End of Life Strategy, (2008). Primecare’s End of Life Care team, Northamptonshire, have researched and developed a range of core competencies for End of Life Care and we believe this helps to provide a practical tool for the assessment of skills and competencies of Health Care Assistants providing specialised end of life care to patients in their home.

The competencies in this document follow the guidelines supplied by the DH - ‘Core Competencies for End of Life Care: Training for Health and Social Care Staff’, (DH, 2009), these guidelines have been designed for use with all staff groups who deliver care to individuals at the end of life. It is expected that all HCA’s will work towards achieving these competencies. A Health Care Assistant is competent when she/he possesses the skills and abilities required for safe and effective practice without direct day to day supervision. For HCA’s to achieve competence, HCA’s and their line manager/mentor work together to identify objectives through discussion and the areas of development and actions for attaining goals are agreed in the HCA’s personal development plan (PDP).
Quality Overview

The team have regular reflection meetings. The purpose of the meetings is as follows:

- To identify events in individual cases that have been critical (beneficial or detrimental to the outcome) and to improve the quality of patient care from the lessons learnt
- To instigate a culture of openness, not individual blame or self criticism and reflective learning
- To enable team building and support stressful episodes.
- To enable identification of good practice
- To be a useful tool for team and individual continuous professional development, identifying group and individual learning needs

All clinical staffs’ practice is audited on a 6 monthly basis – this involves the reviewing of a percentage of consultations undertaken by each individual and checking them for appropriate treatment, recording of information and reviewing outcomes. Advanced nurse practitioners controlled drug administration practice is audited bi annually. Individuals are given feedback and learning points to action if indicated.

- All staff have three yearly DBS disclosure.
- All trained nurses have their NMC registration checked annually
- All Staff have a quarterly review
- All staff have an annual appraisal

Staff undergo mandatory training at start of employment and have mandatory updates this includes:

- Vulnerable adults
- Child protection
- Infection control
- B.L.S Training
- Moving and Handling
- Diversity and equality
- Data protection
- Dealing with verbal complaints
- Corporate induction
- Service Induction
- Mental Capacity Act
- Five Priority areas of the care of dying people (Formerly LCP Training)
- Chaperone
- Health and safety

Advanced Nurse Practitioners also have to undertake

- Verification Of Death Training
- Syringe Driver Training
- Non medical prescribers annual update
Identified areas of continuous improvement

- To regularly review all new Nice guidelines’, policies and procedures and standard operating procedures as a group to plan successful implementation within the service.
- To encourage “staff ownership” by reviewing operational processes and discussing comments / feedback.
- To encourage interaction between all staff and local stakeholders to identify areas for improvement.
- To ensure all staff are aware of training opportunities within the organisation.
- To continue with observation of clinical practice audit programme for 2015-2016
Care Quality Commission Inspection July 2013

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Nestor Primecare Services Limited t/a Primecare Primary Care - Northampton

31 Billing Road, Northampton, NN1 5DQ Tel: 01604611200
Date of Inspections: 28 July 2013
23 July 2013

We inspected the following standards as part of a routine inspection. This is what we found:

- Consent to care and treatment: Met this standard
- Care and welfare of people who use services: Action needed
- Requirements relating to workers: Met this standard
- Supporting workers: Met this standard
- Complaints: Met this standard
Care and welfare of people who use services

People should get safe and appropriate care that meets their needs and supports their rights

Action needed

Our judgement

The provider was not meeting this standard.

People did not receive an assessment that considered their individual needs.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the ‘Action’ section within this report.

Reasons for our judgement

People and relatives of people who used the service told us that they were happy with the care they had received. One person told us that the staff were “absolutely fantastic” and that they were “the most compassionate human beings on the earth”. A relative of a person who used the service told us that the staff had helped them to meet their family member’s wish to die at home and that staff had been “calm and compassionate” when delivering their care. A health professional who provided care to people who used services told us that the “carers are really good, and they know what they are doing”.

We looked at four people’s treatment and care records. We found that when staff supported people with rapid response nursing they had assessed people’s immediate need for treatment. For example, we saw one person had breathing difficulties and found that staff had undertaken an assessment of the person’s breathing. We also found that the staff had put in place a plan of care for giving medication to help the person with their breathing. This meant that people received treatment to ensure their immediate health care needs were met.

We saw that some people received a package of care that was planned with the care staff. This meant that people had a regular visit from the staff to assist them with their personal care needs. The registered manager told us that they did not have a formal assessment tool. They told us that the staff undertook a daily assessment of people’s needs when they visited them. After the inspection visit the registered manager sent us a sample of eight daily records to show that people’s needs were assessed each day and we saw that staff were responsive to people’s daily care needs.

However, we found that there was no formal way of assessing people’s needs before they received their care. This meant that there was a risk that people might not receive care that met all their needs. For example, there was no structured assessment to consider each person’s need for moving and handling or for pressure care. The registered manager told us that they would put in place an assessment of need to make sure that people’s needs were formally assessed prior to their visits. This was to make sure that people
Identified areas of continuous improvement

**Actions Required**

During our inspection we explained that we were a Rapid Response Service and that the needs of our client group required an immediate response. It was acknowledged during the inspection that assessing patients prior to them receiving a service from the Rapid Response Team would lead to a delay in providing care and that any delay could put patients at risk. It was agreed that our current practice of assessing patients during a first visit was in their best interest.

The lack of a pre service delivery assessment using a formal tool/form was the issue highlighted during the inspection. There was no evidence in the report that indicated that patients had not been adequately assessed. The report gives examples of people’s needs being properly assessed as does our previous CQC Inspection Report Dec 2012.

The actions required in relation to ensure that people have safe and appropriate care were to devise and implement the use of a formal assessment tool to assess the needs of people receiving rapid scheduled care from the Rapid Response Health Care Assistants. These actions were completed and evidence sent to the CQC in September 2013.
Excerpts from report Care Quality Commission Report

<table>
<thead>
<tr>
<th>Supporting workers</th>
<th>Met this standard</th>
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<tr>
<td>Staff should be properly trained and supervised, and have the chance to develop and improve their skills</td>
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Our judgement

The provider was meeting this standard.
People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We went back to review the improvements that the provider had made following an inspection in December 2012. During this inspection visit we looked at staff training information and found that all staff had completed manual handling training and had a certificate to show that this had been undertaken. The registered manager told us that they planned to make sure that staff updated the manual handling training on a regular basis. Staff we spoke with also confirmed that they had recently completed the manual handling training. One member of staff told us that the training had included how to use moving and handling equipment and how they could support someone to move in a safe way. This was to make sure that people were cared for by staff that had undertaken appropriate training to ensure their safety and wellbeing.
Our judgement

The provider was meeting this standard.
There was an effective complaints system available.

Reasons for our judgement

People had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint. We looked at a copy of the provider’s complaints policy and procedure and saw that this outlined the requirement for complaints to be accepted, acknowledged and fully investigated. Staff also told us that they understood the providers complaints procedures and that they were able to provide people with support should they want to make a complaint about the service. One member of staff told us that “people’s complaints are always investigated and taken seriously”.

People and their relatives also told us that they would be happy to make a complaint to the service and confident that their complaint would be dealt with appropriately. However, they also told us that they did not have any complaints about the level of service received. One person told us “I could have approached any of them to make a complaint, they were considerate and efficient”.

We looked at a copy of two recent complaints. We saw that the registered manager had recorded information about the complaint and had assigned a member of staff to carry out the complaints investigation. We saw that the complaints had been fully investigated and that people had received a letter to inform them about the outcome of their complaint. We also found that an action plan had been put in place to address the concerns raised and improve the level of service people received. For example we saw that a communication system had been implemented to make sure people were informed about any delay they might experience when waiting for a rapid response nurse to attend. This meant that the provider had adequate systems in place to make sure that people’s complaints were handled and dealt with appropriately.
Our judgements for each standard inspected

<table>
<thead>
<tr>
<th>Consent to care and treatment</th>
<th>Met this standard</th>
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<tr>
<td>Before people are given any examination, care, treatment or support, they should be asked if they agree to it</td>
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Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. We looked at four people's care records. We found that staff recorded that people had given their consent for their daily personal care. We also saw that some people decided that they did not want to receive personal care and that the staff respected their wishes. People and relatives of people who used the service also told us that the staff always checked that they were happy to receive their treatment or care before they assisted people. One person told us that the staff "asked my permission" before they gave me my injection. This meant that people gave their consent for the care, treatment and support they received.

We also found that when people lacked capacity to make decisions staff involved people's families in decisions about their treatment and care. For example we saw one person was unable to consent to their care and that staff had discussed this with their family and were happy for the staff to go ahead. One member of staff told us that they always "respect the family's wishes" and that they explained to them why the care would be in the person's best interests. One relative of a person who used the service told us that their family member had made an advance decision to die at home. They told us that this decision was fully supported by prime care staff working at the hospital that the staff had done "everything possible" to make sure that their family members advance decision was respected and care was provided to make sure their wishes were carried out. This was to make sure that people at the end of life received care that was in their best interest and in accordance with their wishes.
What people told us and what we found

We spoke with one person and two relatives of people who had used the service. We also spoke with three staff, the registered manager and two health professionals who worked for another provider.

People and relatives of people who used the service told us that they received a good standard of care from the staff. One person told us that the staff were "absolutely fantastic" and that they were "the most compassionate human beings on the earth". A relative of a person who used the service told us that the staff helped them to meet their family member's wish to die at home and that the staff had been "calm and compassionate" when delivering their care.
Primecare Clinical Audit

The following domains/standards are measured against

<table>
<thead>
<tr>
<th>Advanced Nurse Practitioner Audit</th>
<th>Health Care Assistant Audit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audit Standard 1 :Referral &amp; History Taking</td>
<td>Presentation</td>
</tr>
<tr>
<td>Audit Standard 2: Assessment &amp; Care Planning</td>
<td>Documentation</td>
</tr>
<tr>
<td>Audit Standard 2a: Advanced Care Planning</td>
<td>Infection Control</td>
</tr>
<tr>
<td>Audit Standard 3: Diagnosis &amp; Treatment</td>
<td></td>
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<tr>
<td>Audit Standard 4: Symptom Management : Informed Decision Making and Empowerment</td>
<td></td>
</tr>
<tr>
<td>Audit Standard 4a: Accurate and appropriate recording and documentation of medicines</td>
<td></td>
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<tr>
<td>Audit Standard 5: Safety Netting</td>
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<tr>
<td>Audit Standard 6: Defensible Documentation</td>
<td></td>
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<tr>
<td>Audit Standard 7: IT / Protocols / Algorithms</td>
<td></td>
</tr>
<tr>
<td>Audit Standard 8: Infection Control</td>
<td></td>
</tr>
</tbody>
</table>

**Advanced Nurse Practitioner Audit**

Controlled Drug Stock and Stock Records
Patient Medicines Administration Chart
Administration Of Controlled Drugs
Adastra Documentation

In respect of discrepancies, losses or suspected misuse of CDs, was there documented evidence

Average clinician audit score over the past 12 months has been 96%
Identified areas of continuous improvement

Whilst Primecare have a robust clinical audit programme of case note audit the End of Life service moving forward continuing with an observation of clinical practice audit programme for 2015-2016

- Observation of clinical practice of each member of staff will take place annually and be audited to ensure continuous quality improvement

Primecare Quality Dashboard

The service is and will be internally performance monitored monthly on the dashboard indicators with evidence supplied to the Central Team. The End of Life (EOL) Service dashboard 2014-2015 results indicted below

<table>
<thead>
<tr>
<th>Descriptor</th>
<th>Green Target</th>
<th>Amber Target</th>
<th>Red Target</th>
<th>Description</th>
<th>Frequency</th>
<th>EOL</th>
</tr>
</thead>
<tbody>
<tr>
<td>S11</td>
<td>=100%</td>
<td>&gt;=95%</td>
<td>&lt;95%</td>
<td>Audit Scores</td>
<td>Monthly</td>
<td>100%</td>
</tr>
<tr>
<td>S12</td>
<td>&gt;=95%</td>
<td>&gt;=75%</td>
<td>&lt;75%</td>
<td>11 month review and yearly appraisals</td>
<td>Monthly</td>
<td>100%</td>
</tr>
<tr>
<td>E01</td>
<td>=100%</td>
<td>&gt;=95%</td>
<td>&lt;95%</td>
<td>Minimum requirements</td>
<td>Monthly</td>
<td>100%</td>
</tr>
<tr>
<td>E03</td>
<td>&gt;=95%</td>
<td>&gt;=75%</td>
<td>&lt;75%</td>
<td>Essential training</td>
<td>Monthly</td>
<td>94%</td>
</tr>
<tr>
<td>S01</td>
<td>=100%</td>
<td>&gt;=95%</td>
<td>&lt;95%</td>
<td>Rota fulfilment post service</td>
<td>Monthly</td>
<td>100%</td>
</tr>
<tr>
<td>S09</td>
<td>=100%</td>
<td>&lt;100%</td>
<td></td>
<td>Clinical risk management - all risks have actions with dates and dates are not breached.</td>
<td>Monthly</td>
<td>100%</td>
</tr>
<tr>
<td>E09</td>
<td>=100%</td>
<td>&gt;=95%</td>
<td>&lt;95%</td>
<td>Clinician Reviews Completed</td>
<td>Monthly</td>
<td>100%</td>
</tr>
<tr>
<td>E12</td>
<td>=100%</td>
<td>&lt;100%</td>
<td></td>
<td>An Audit has been completed before due date</td>
<td>Monthly</td>
<td>100%</td>
</tr>
<tr>
<td>P02</td>
<td>=100%</td>
<td>&lt;100%</td>
<td></td>
<td>ACIs closed within 45 calendar days</td>
<td>Monthly</td>
<td>100%</td>
</tr>
<tr>
<td>P03</td>
<td>=100%</td>
<td>&lt;100%</td>
<td></td>
<td>Complaints acknowledged within 3 working days</td>
<td>Monthly</td>
<td>100%</td>
</tr>
<tr>
<td>P06</td>
<td>=100%</td>
<td>&lt;100%</td>
<td></td>
<td>Complaints receive a considered response within 28 calendar days</td>
<td>Monthly</td>
<td>100%</td>
</tr>
<tr>
<td>P14</td>
<td>=100%</td>
<td>&gt;=95%</td>
<td>&lt;100%</td>
<td>Evidence of CQC Audit action plans updated monthly in line with urgency ratings</td>
<td>Monthly</td>
<td>95%</td>
</tr>
</tbody>
</table>

The data for our service quality standards is taken each month from our clinical service provider data base. From this data an internal monthly dashboard is produced. This is evidence based and audited by the Safety and Quality Team to ensure that it is robust and can be both internally and externally interrogated. The clinical contract manager attends accountability reviews monthly.
Definition of standards taken from clinical service provider data base

**Standard S11: E12**
All clinicians are audited and score over 75%

**Standard S12:**
Employed clinicians have yearly appraisal, and/or all contractors receive 11 month review

**Standard E01:**
100% of clinicians achieve our minimum requirements
Clinical Providers database minimum requirements:
Current Clinicians on database:
- NMC registration
- CRB
- Basic life support
- Safeguarding Adults and Children
- Infection Control
- Moving and Handling
- Data Protection

**Standard E03:**
Essential training is completed for all employed clinicians as per policy

**Standard S01:**
The rota for clinicians should be 100% filled post service. This is to identify any gaps that occur on the day of the service. The percentage is the number of hour’s gap over number of total hours.

**Standard S09:**
Local risk registers compiled and reviewed monthly and there is evidence of review/action plans and mitigation of ongoing risk.

**Standard E09:**
Employed clinicians have a quarterly review of performance

**Standard PO2**
All ACIs closed within 45 calendar days

**Standard PO3:**
Complaints rate is being monitored and managed-ALL
Rate measured by x per 1,000
Measured by:
- Improved
- Level
- Reduced
**Standard P06:**
Complaints are acknowledged within 3 days and include an offer of local resolution. Final response to be sent within 20 working days with 100% compliance. This is an internal standard, however Primecare aspire to ensure that all complaints are resolved within the 20 working day period unless under exceptional circumstances which can be noted. 100% of closed complaints should have learning points.

**Standard P014:**
Evidence of CQC Audit action plans updated monthly in line with urgency ratings

**Identified areas of continuous improvement**

- Evidence of CQC Audit action plans updated monthly in line with urgency ratings – Primecare’s internal branch audit identified that there were a number of members of staff who did not have evidence of immunisations – This evidence is being collated and will be available in staff files.
- Essential Training - we had some difficulty sourcing local Basic Life Support Training – Northamptonshire Health Care Foundation Trust (NHFT) are now providing out training and updates. March 2015 all essential training completed
### Quality Reporting Indicators Dashboard Results Against Indicators 2014-2015

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</thead>
<tbody>
<tr>
<td>01.1 Call handlers: Percentage of staff audited</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
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<tr>
<td>01.2 Staff: Percentage of staff with CRB Clearance within three years</td>
<td>92%</td>
<td>100%</td>
<td>95%</td>
<td>95%</td>
<td>100%</td>
<td>100%</td>
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<td>100%</td>
</tr>
<tr>
<td>01.3 Number of complaints received that are acknowledged within 3 working days</td>
<td>100%</td>
<td>97%</td>
<td>100%</td>
<td>100%</td>
<td>90%</td>
<td>100%</td>
<td>100%</td>
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<td>100%</td>
<td>100%</td>
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<td>100%</td>
</tr>
<tr>
<td>01.4 Number of patients seen by community nurses</td>
<td>100%</td>
<td>100%</td>
<td>99%</td>
<td>99%</td>
<td>99%</td>
<td>100%</td>
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<td>100%</td>
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<tr>
<td>01.5 Percentage of complaints relating to care evidenced in Community nursing</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
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<tr>
<td>01.6 Number of patients who received training in use of the principles of End Of Life care</td>
<td>100%</td>
<td>100%</td>
<td>99%</td>
<td>99%</td>
<td>99%</td>
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<tr>
<td>01.7 Complaint Route Cause Analysis, Action Plans and final response submitted within 28 days</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
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<tr>
<td>01.8 Percentage of relevant NPSA, CAS, Medical Device Alerts closed within specified timescales</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
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<tr>
<td>01.9 Percentage of complaints resolved that are acknowledged within 3 working days</td>
<td>100%</td>
<td>100%</td>
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<td>100%</td>
<td>100%</td>
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<tr>
<td>01.10 Number of patients seen by Community nurses who are known to have died in their Preferred Place of care</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
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</tbody>
</table>

Results against quality indicators meet the requires standard in all areas but one across 2014-2015

**Identified areas of continuous improvement**

- **Quarter 4 Essential Training** - we had some difficulty sourcing local Basic Life Support Training – Northamptonshire Health Care Foundation Trust (NHFT) are now providing out training and updates. March 2015 all essential training completed
# Monthly Results against Key Performance Indicators

## 2014-2015

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</thead>
<tbody>
<tr>
<td>Telephone response to patient/carer from End of Life Care Rapid Response Service made within 20 minutes of receipt of referral</td>
<td>&gt;95%</td>
<td>&gt;90%</td>
<td>&gt;90%</td>
<td>98%</td>
<td>97%</td>
<td>95%</td>
<td>95%</td>
<td>97%</td>
<td>97%</td>
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<td>95%</td>
<td>95%</td>
<td>95%</td>
<td>96%</td>
</tr>
<tr>
<td>Rapid Response Advanced Nurse Practitioner clinical (home) visit response undertaken within 60 minutes of time call received from the Coordination Centre</td>
<td>&gt;95%</td>
<td>&gt;90%</td>
<td>&gt;90%</td>
<td>95%</td>
<td>95%</td>
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<td>94%</td>
<td>94%</td>
<td>95%</td>
<td>95%</td>
</tr>
<tr>
<td>Rapid Response urgent low level (home) visit response undertaken within 60 minutes of time call received from the Coordination Centre</td>
<td>&gt;95%</td>
<td>&gt;90%</td>
<td>&gt;90%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
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<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Special Notes</td>
<td>&gt;90%</td>
<td>&gt;84%</td>
<td>&lt;84%</td>
<td>91%</td>
<td>90%</td>
<td>91%</td>
<td>90%</td>
<td>92%</td>
<td>91%</td>
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<td>92%</td>
<td>91%</td>
<td>90%</td>
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<td>90%</td>
</tr>
<tr>
<td>% of people who had a Nestor Primecare Rapid Response staff review or instigated care for, have an identified Special Patient Notes form documenting their place of care and death preferences, coded on Adastra/Systel</td>
<td>&gt;95%</td>
<td>&gt;90%</td>
<td>&lt;90%</td>
<td>100%</td>
<td>100%</td>
<td>94%</td>
<td>95%</td>
<td>92%</td>
<td>95%</td>
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<td>95%</td>
<td>96%</td>
<td>95%</td>
<td>94%</td>
<td>94%</td>
</tr>
<tr>
<td>Rapid Response Intervention - Co-Ordination of Care</td>
<td>&gt;95%</td>
<td>&gt;90%</td>
<td>&lt;90%</td>
<td>100%</td>
<td>100%</td>
<td>94%</td>
<td>93%</td>
<td>93%</td>
<td>93%</td>
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<td>93%</td>
<td>93%</td>
<td>93%</td>
<td>93%</td>
<td>93%</td>
</tr>
<tr>
<td>Preferred Place of Care/Death</td>
<td>&gt;95%</td>
<td>&gt;90%</td>
<td>&lt;90%</td>
<td>100%</td>
<td>100%</td>
<td>94%</td>
<td>93%</td>
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<td>94%</td>
</tr>
<tr>
<td>KPI Revised April 2012Yr 1 to 5 : 500 complex End of Life patients will have been supported by Primecare EOL services to die at home or in own care home or out of hospital without any hospital admissions per year</td>
<td>&gt; 41</td>
<td>&lt;36</td>
<td>&lt;18</td>
<td>69</td>
<td>65</td>
<td>67</td>
<td>71</td>
<td>81</td>
<td>50</td>
<td>78</td>
<td>59</td>
<td>48</td>
<td>102</td>
<td>64</td>
<td>82</td>
</tr>
<tr>
<td>Patient/Carer Experience</td>
<td>&gt; 5%</td>
<td>&gt; 10%</td>
<td>&lt;5%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
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</tr>
<tr>
<td>The number of hospital admissions instigated by the Rapid Response Team, will not exceed 5% of the total number of referrals received by the Rapid Response Team</td>
<td>&gt;90%</td>
<td>&gt;95%</td>
<td>&gt;95%</td>
<td>52%</td>
<td>54%</td>
<td>53%</td>
<td>51%</td>
<td>51%</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
<td>52%</td>
</tr>
<tr>
<td>Care Coordination Centre</td>
<td>&lt;5%</td>
<td>&lt;5%</td>
<td>&lt;5%</td>
<td>90%</td>
<td>95%</td>
<td>95%</td>
<td>95%</td>
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<td>95%</td>
<td>95%</td>
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<td>95%</td>
</tr>
<tr>
<td>Details of the rapid response interventions sent to the EOL Care Co-Ordination Centre within 12 hours to ensure continuity of care from Primary Care and primary care teams</td>
<td>&gt;95%</td>
<td>&gt;90%</td>
<td>&lt;90%</td>
<td>100%</td>
<td>100%</td>
<td>94%</td>
<td>93%</td>
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<td>93%</td>
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<td>93%</td>
</tr>
<tr>
<td>Telephony KPI'S</td>
<td>&gt;95%</td>
<td>&gt;90%</td>
<td>&lt;90%</td>
<td>57%</td>
<td>55%</td>
<td>57%</td>
<td>56%</td>
<td>56%</td>
<td>57%</td>
<td>66%</td>
<td>63%</td>
<td>63%</td>
<td>63%</td>
<td>63%</td>
<td>63%</td>
</tr>
<tr>
<td>CCC calls answered within KPI</td>
<td>&gt;95%</td>
<td>&gt;90%</td>
<td>&lt;90%</td>
<td>2%</td>
<td>1%</td>
<td>2%</td>
<td>2%</td>
<td>1%</td>
<td>1%</td>
<td>1.5%</td>
<td>1.4%</td>
<td>1.3%</td>
<td>1.2%</td>
<td>1.2%</td>
<td>1.1%</td>
</tr>
<tr>
<td>CCC Number of calls abandoned</td>
<td>&gt;5%</td>
<td>&gt;10%</td>
<td>&gt;10%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
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Monthly Results against Key Performance Indicators

During 2014-2015 the majority of our Key Performance indicators have been met evidencing the quality of service provided to our customers.

Identified areas of continuous improvement

The following Key Performance Indicators have not been constantly met during 2014-2015

1. Rapid Response clinical (home) visit response undertaken within 60 minutes of time call received from the Coordination Centre

This Key Performance Indicator was based an increase in contracted service staffing levels after six months following service commencement. In April 2011 it was decided by our commissioners not to go ahead with the increase in staffing to for the Rapid Response Community Nursing service, funding for this increase was withheld. The volume of activity and request for patient visits has increased by 50% since the start of our service in 2010

Whilst we endeavour to reach a patient within one hour of the request for a visit there are times when this is not possible due to volume of work at the time.

Identified areas of continuous improvement

Managing patient expectations

- We respond to a call from a patient or their relatives within 20 minutes to discuss the problems a patient is experiencing and to give an estimated time of arrival.
- Where we are unable to reach a patient within one hour we inform the caller and give an estimated time of arrival and give regular updates as to time of arrival.
- We liaise with partner providers throughout the county for e.g. district nurses and out of hour’s medical staff and where necessary will pass calls to other providers if we are unable to attend.

Staffing

- We have employed an additional Nurse Practitioner over and above the initial contracted specification for service staffing levels and where possible have two Advanced Nurse Practitioners on duty during the evening period.
2. Details of the rapid response interventions received by the EOL Care Coordination Centre are sent to the patient’s registered GP

**Identified areas of continuous improvement**

- Primecare set up systems with Northamptonshire GP surgeries enabling details of interventions to be sent electronically rather than by fax. Since October 2013 we have been meeting this KPI.
- Following consultation with General Practitioners we are no longer sending information relating to Health Care Assistant interventions as they did not require this information.
- Call volume increase has meant that on three occasions over the past 12 months we have not been able to meet this KPI as staff are unable to complete their electronic notes in time. However our staff document in the patients district nursing notes and our nurses contact a patient’s district nurse following visits via telephone to update them with crucial information.
In Conclusion

The following letter evidences how our services enable people to have the best possible death at home.

Thank you for the card and your lovely words. Yes indeed Earnest wanted to be at home and he was, even for 4 very short days. I was glad he was in his own home which he loved. The care and attention he had (as I did too) was second to none, not only from your team but from Age UK too.

Everyone who was involved in his care was cheerful, professional and very sincere in the care they gave. I have nothing but praise for everyone who was involved in his care.

He died peacefully at home, with me at his side. Once again – Thank you so much and please give my love to all the staff on your team, I will never forget them.