



In partnership with



Sub-contract

Community Care Service  
Extra Help Team

End of Life Rapid Response Service  
Northamptonshire

Quality Account  
2016– 2017

Nene & Corby Clinical Commissioning Group

Service registered with Care Quality Commission



**Certificate number:** 1-219945519  
**Certificate Date:** 22/03/2011  
**Provider ID:** 1-141793771  
**Manager ID:** 1-183884690

**Registered Manager:**  
Miss Susan Elaine Brazell

**Registered Address:**  
Age UK Northamptonshire  
31 Billing Road  
Northampton  
NN1 5DQ

**Regulated Activity:** Personal Care

Statement from Age UK Service Manager

*“We have only one chance to get this right”*

[Sharon Foley CEO of the Irish Hospice Foundation]

We continue to strive to ensure that everything that we do within End of Life Care is of the highest possible quality.

We know that we do not have a second chance to get things right for our patients and their families, and want to help to leave behind positive memories at the end of life.

In order that the care delivered is of high quality, extensive training is provided to each member of the team. Additional regular supervision takes place, and the culture of the team is to promote continuous improvement.

- Each patient is treated by the staff team as an individual with individual and specific needs
- Each member of staff is committed to training and enhancing their own knowledge and skills
- Each member of staff has regular supervision, and opportunities to reflect on personal practice
- Each member of staff recognises the value of the team of which they are a part, and works with colleagues to provide quality patient care.
- The carers are a team who work together and support one another, thus further improving patient care
- Each patient receives holistic care not just from the Age UK Extra Help Team, but also from their District Nurses, Primicare, Hospice at Home and family carers, always working together to provide quality patient care and experience

Susan Brazell  
Service Manager  
Age UK Northamptonshire

**Team Purpose** (Extract from Patient notes booklet)

Our goal is to provide a high quality Home Care service to patients and carers at a critical time in their lives, working in consultation with other care providers to deliver practical support as required.

We work alongside Primicare Rapid Response Service and in collaboration with your District Nurse. There is no charge made to you for this service.

**Our principal aim is to be responsive to your needs, which we recognise may change rapidly or on a frequent basis.**

Carers may undertake a variety of the tasks listed below:

1. To respond sensitively and appropriately to the needs of patients and their carers
2. To maintain the safety and comfort of the person receiving care
3. Our primary role is to undertake personal care tasks as required
4. Care tasks which may be considered to be specialist. Staff are trained to undertake such tasks and may include:
  - Catheter care - changing bags, monitoring output
  - Ileostomy and colostomy care - changing bags
  - Assistance with eye or ear drops and medication
  - Changing Sterile dressings
5. In addition to personal care we are occasionally able undertake domestic care tasks to support you and your carers.
6. To undertake tasks to support the patient's carer.
7. Care Workers will not undertake tasks that require the skills and expertise of clinical professionals. Such tasks include:
  - Toe and nail *cutting* (Age UK has a separate toe nail cutting service. For information on this or other similar services please telephone 0845 677 2220)
  - Ear syringing
  - Removal or replacing catheters
  - Bladder washouts
  - Injections - involving assembling syringes, administering intravenously controlled drugs
  - Filling of oxygen cylinders
  - Lifting from the floor unaided
  - Tracheotomy care - changing tubes – oral suctioning
  - Assisting with artificial feeding

In order to provide continuity of care the carers will use this folder to document your care each time they visit. A basic computer record is also held in our office. It may be necessary for us to share the information we hold with other care providers involved in the delivery of your care.

If you have any questions regarding the service please speak to your carer or contact the team via the Care Coordination Centre on 0330 123 1014

The Extra Help Team is registered with and regulated by the Care Quality Commission

If you have a complaint or comment regarding the service you can:

- Contact us via the Care Coordination Centre on 0330 123 1014
- Write to the team - Age UK Extra Help Team, 31 Billing Road, Northampton, NN1 5DQ

## The Staff Team

**Service Manager** Susan Brazell

**Team Manager** Gabrielle White

**Office Support** Susan Coats

**Carers** 29 salaried and 3 casual staff

## Staff Retention and Turnover - 2016 - 2017

### Leavers

Joanne  
Lesley

### Starters

Ruth  
Penny

## Length of Service

	5+ years	4+ years	3+ years	2+ years	1+ years	Under a year
1	Elaine	Marianne	Amy	Heather	Sianne	Ruth
2	Susan	Michelle	Katie	Julie	Sharon HS	Penny
3	Bill	Nick	Kerri	Neil	Lisa	
4	Josphat		Janet	Ruth	Angela	
5	Kay				Isabella	
6	Annette					
7	Amanda					
8	Shirley					
9	Judith					
10	Sharon R					
11	Jill					
12	Jackie					
13	Linda					
14	Shelly					
	Gabrielle	Team Manager				
	Su	Service Manager				

The above table illustrates the fact that staff remain with the team, and that turnover is low. This helps to further enhance the quality of service provision.

*N.B. Service commencement 06.12.2010, 6 staff have been with the team since its inception*

## Inspection

The team was inspected by the Care Quality Commission in March 2016, the report being received in April.

**Overall rating for this service Good**

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

*There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.*

*People had care plans that were personalised to their individual needs and wishes. Records contained detailed information to assist care workers to provide care and support in an individualised manner that respected each person's individual requirements and promoted treating people with dignity.*

*Relatives told us that they felt their relative was cared for safely in their own home. Staff understood the need to protect people from harm and abuse and knew what action they should take if they had any concerns. Staff understood their role in caring for people with limited or no capacity under the Mental Capacity Act 2005.*

*Staffing levels ensured that people received the support they required safely and at the times they needed. The recruitment practice protected people from being cared for by staff that were unsuitable to work in their home.*

*People received care from staff that were kind, caring and compassionate. Staff had the skills and knowledge to provide end of life care and were supported by a management team which was receptive to ideas and committed to providing a high standard of care. The registered manager was approachable and had systems in place to monitor the quality of the service provided. Staff and people were confident that issues would be addressed and that any concerns they had would be listened to.*

## Staff Training and Development

Staff are supported in their work, and feel valued.

Training, supervision and appraisals all contribute to quality service provision

## Team Meetings

Team meetings are held quarterly, all staff are expected to attend.  
Every team meeting contains a training session:

April 2016	Hospice at Home, roles and responsibilities
July 2016	Macmillan Palliative Care Clinical Nurse Specialist Breathlessness
October 2016	The Circle of Life
January 2017	Life Limiting Illnesses

Other training undertaken during the year – number of staff completing

Manual Handling Refresher – 31 staff – annual requirement  
Manual Handling Foundation – 3 staff  
Hoist training – 15 staff – 2 yearly requirement  
Shift within Hospice – 3 staff  
First Aid – 17 staff – 3 yearly requirement  
Bowel Management – 16 staff  
New to Age UK – 1 member of staff  
Safeguarding – 19 staff – 2 yearly requirement  
Medication Awareness – 7 staff (all staff now trained)  
Moral & Ethical Dilemmas – 5 staff  
Dignity in Care – 9 staff

## Care Certificate

Staff new to the service and new to care are required to complete the Care Certificate.  
During the year 2016/17 the Team Manager supported three staff successfully through this learning.

## New Starters

In order to ensure all staff are able to meet the stringent requirements of both Age UK and the Extra Help Team all new starters are subject to a six month probation period.  
During this time the Team Manager meets with the member of staff on a monthly basis, and a schedule of training is completed.

This will include:

- Allocation of mentor
- Completion of Age UK induction paperwork
- Explanation of office procedures
- Handbook - Thorough explanation of Handbook
- Handbook - Signature to agree compliance with Handbook
- Mandatory training to be completed within first six months
- Time spent shadowing other carers
- Time spent with Primecare Advanced Nurse Practitioner on shift
- Time with Primecare Link Nurse

## Supervision

Supervision is carried out regularly, against minimum requirements

- Staff who work 30 hours+ to receive 4 monthly supervision
- Staff who work up to 29 hours to receive 6 monthly supervision
- Casual staff receive 6 monthly supervision
- All staff have the opportunity to ask for further supervision and support in the interim between scheduled supervision sessions

A matrix is maintained by the Team Manager to ensure that supervision is accommodated into the work schedule of staff

## Appraisal

All staff receive an annual appraisal

This further helps to build quality into the team

Staff are encouraged to complete a pre-appraisal form as part of the process

Completed paperwork is read and signed by the Service Manager

Copies are retained by the individual, the Extra Help Team, and Human Resources

## Staff Investment

All of these investments in staff development and training serve to enhance the high quality of patient care provided by the team.

## Quality Audit

Infection Control and Presentation audits are undertaken quarterly at team meetings.

Peer audit is the evaluation tool utilised



<b>Your Name:</b>					
<b>Member of staff:</b>					
<b>Date of double up call:</b>					
<b>INFECTION CONTROL</b>					
Hands are washed in an appropriate manner <b>before</b> attending to a patient even when gloves will be (including handling of food)					
Hands are washed in an appropriate manner <b>after</b> attending to a patient even when gloves have been worn (including handling of food)					
The staff member is bare below the elbows with either short or rolled up sleeves.					
Cardigans or fleeces are removed before providing care					
No hand or wrist jewellery is worn except for wedding rings					
Fingernails are short clean and free of nail polish					
Hair of more than shoulder length tied back					
Hands are washed before applying soap					
Hands are washed for 10 – 15 seconds using the six step technique					
When applying alcohol preparation hands are rubbed together for 10 – 15 second using the six step technique until the solution dries					
Gloves and aprons are used for providing patient care					
Gloves and aprons are disposed of appropriately					

<b>PRESENTATION</b>					
Appropriate uniform is worn					
Appropriate footwear is worn					
Staff introduce themselves and interact with patients and carers appropriately					
Staff are presentable					
Name / ID badges are worn and are in date					
Jewellery is worn in line with the infection control policy					
Staff are on time					

Results from individually completed forms are entered onto a spreadsheet, with formulas embedded within it that will calculate compliance as a %

The results for 2016 – 17 audits are listed below:

	PRESENTATION	INFECTION CONTROL
April	99%	100%
July	100%	99%
October	100%	100%
January	100%	100%

**Key**

- Excellent 90%>
- Good 80%>
- Acceptable 75-79%
- Below standard <74%

An audit of patient notes is also undertaken by the Service Manager  
 Twelve sets of patient notes have been audited during the period April 2016 – March 2017

DOCUMENTATION
Each entry is dated
Each new page has name and date of birth of patient
Each Visit Start Time is documented
Each Visit Finish Time is documented
Each entry is signed
The name or designated identifier of the person making the entry is printed after their signature
Entries should not include abbreviations [see Record Keeping Policy for exceptions]
All entries are in black ink
All entries are legible
Clear Concise Summary Of Care Given During The Visit Is Evident
Clear Concise Summary Of Any Actions Taken During The Visit Is Evident
Consent Is Evident
The Time of Any Telephone Calls Made During Visit Was Documented
The Full Name of Any Contacts Made During Visit Was Documented

The results of these 12 audits undertaken in the period April 2016 – March 2017 are documented below:

Patient 1	98%
Patient 2	98%
Patient 3	98%
Patient 4	99%
Patient 5	98%
Patient 6	98%

Patient 7	100%
Patient 8	97%
Patient 9	99%
Patient 10	98%
Patient 11	98%
Patient 12	99%

The staff team are advised when documentation requirements are not met, and instructed to comply with the requirements in the specific areas where shortfall has occurred

The provider has not participated in national or external audits

## Quality Initiatives 2016-2017

Early in the year, following comments from the staff group, the rota was evaluated and alterations made. This was to improve continuity of care and patient experience

- 11:00 – 15:30 round abolished (this was the least utilised round)
- Second 08:00 – 15:00 round created

Team Manager has commenced working alongside carers

- Opportunity to observe practice
- Extended opportunity for conversation and support

## Priorities for Quality Improvement 2017-2018

- Age UK England, having recognised the high quality work in end of life care being undertaken by Age UK Northamptonshire, have asked us to participate in a Personalised Integrated Care Pathfinder for patients who have been identified as potentially being in the last year of life
- Although a separate team from Extra Help, and with a different cohort of patients we believe that this piece of work provides opportunity to drive up the quality of patient experience of end of life care within the county
- As a charity we are excited to have been invited to be a part of this developmental work

## User Satisfaction

At the end of each month we continue to send a total of eight questionnaires to families (or in some cases patients) of those who have ceased to use the service

The text of the questionnaire with space for answers is documented below:

We are sending you this short questionnaire because you or someone that you care for has recently had support from the Age UK Northamptonshire Extra Help Team.

In order to help us monitor and improve the quality of our care we would value a few moments of your time to answer the questions below.

- The care provided was responsive to the needs of the person for whom it was provided
- The carers were sympathetic and understanding
- The care was provided with dignity and respect
- The carers arrived at the time agreed
- If the circumstances arose I would recommend this service to a friend
- Each of the above questions is marked as below:

Strongly Agree

Somewhat Agree

Somewhat Disagree

Strongly Disagree

Additionally a number of open questions are asked:

- Can you identify any support which you did not receive that you may have found beneficial?
- Can you comment on what might have happened had you not received support from the Extra Help Team?
- Do you have any comments as to how the service could be altered or improved?
- If you wish to discuss any of the points on this form further please give your name and contact details below

All of the returned forms are collated, and action taken as appropriate

The way the questionnaires are collated on a calendar year basis, and so consequently this report relates to questionnaires returned during 2016

96 questionnaires posted    65 questionnaires returned    67% return rate

The responses are recorded below:

- The care provided was responsive to the needs of the person for whom it was provided

Potential maximum score: 195	Actual score: 192	Percentage: 98.5%
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- The carers were sympathetic and understanding

Potential maximum score: 195	Actual score: 193	Percentage: 99%
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- The care was provided with dignity and respect

Potential maximum score: 195	Actual score: 193	Percentage: 99%
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- The carers arrived at the time agreed

Potential maximum score: 195	Actual score: 188	Percentage: 96.5%
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- If the circumstances arose I would recommend this service to a friend

Potential maximum score: 195	Actual score: 193	Percentage: 99%
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A small selection of the additional comments made on the feedback questionnaires are included here to give a flavour of the type of responses that are received

Can you identify any support which you did not receive that you may have found beneficial?

<b>Comment on questionnaire</b>	<b>Action / response</b>
It was hard to know how to get care started	Age UK can only commence care once the patient has been referred by a health care professional who knows them, usually a District Nurse.
Help a little sooner perhaps you don't realise you need it	As above, Age UK can only provide care once the patient is referred. We offer additional care if we feel a patient or carer would benefit.
I'm unsure as to whether Age UK provided any day-sits. I believe we were offered night-sits, for which we were extremely grateful, however, day sits would also have been very welcome.	The rota is structured in such a way that does not allow for sits during the day, as this is an inefficient use of time. If capacity allows downtime is utilised to offer daytime sits to carers.
Towards the end of the care it would have been nice to have all night care more than once/twice a week. In the very end, Lakelands Hospice provided 2 nights care for the last 2 days of my mother's life	The hours that we are commissioned to provide allow us little capacity to offer little more than two night sits per patient. If we have less than 6 or 7 patients requiring night sits we offer additional, and will discuss with the District Nurse the options of Marie Curie, Hospice at Home nights and Lakelands as well as the option of the DN applying for Continuing Healthcare funded nights
More overnight stays	

Do you have any comments as to how the service could be altered or improved?

<b>Comment on questionnaire</b>	<b>Action / response</b>
We did have rather a lot of different carers and although my husband was so poorly he didn't object. I did feel that regular ones would be easier! I would add that all the staff were excellent.	Carer continuity can be a challenge due to the staff rotas and rapidly changing geography of patients' location. The nature of the work means that it is not always appropriate to limit the number of carers visiting any one patient. We aim that all staff work to the same high standards such that a higher number of staff is not an issue for the patient and their family
Not enough info on what available	Staff carry with them lots of information on end of life issues. It is possible that this respondent is referring to the complexity of the plethora of services available
For the benefit of carers maybe their patients could be nearer to where they live so two cars are not used and they don't have to travel such long distances between jobs.	We have no control as to where the referred patients live, and respond to patient need in the most efficient way possible at the time.
Listen to the requirements of the person! Monitor staff after 1 <sup>st</sup> week to resolve any issues (1 phone call!)	Carers always listen to patient (see CQC report) Contact telephone number readily available. Managerial visits.
Overnight stays as illness progresses	Offered & available. See section above

Can you comment on what might have happened had you not received support from the Extra Help Team?

If it wasn't for your help my husband would have had to go in hospital. Thank you

Live on own – would not have managed even basic care at a time when patient was very unwell.

Removed anxiety at a very bad time.
I would have been alone. My wife would have died in pain with no help.
Without the support we would not have been able to fulfil my mums wish to die at home.
Would have struggled to cope with moving my husband and his pressure sores would have been worse
I would have carried on caring for my wife but with great difficulty
The help I received enabled me to spend quality time with my mother rather than just caring for her in this sad stressful time – myself and my siblings were able to say goodbye and be at her side to the end -!! Amazing people thank you!!
My husband would have to have stayed in hospital when he wanted to die at home. I would not have been able to physically or mentally cope at home without the help.
I could have ended up being ill myself
I would have struggled to manage my wife’s condition alone
Without the help given my wife’s last weeks would have been more horrible than ever
We would not have coped! Hospice would have been the only option – something we did not want in accordance with my late husband’s wishes.
I would have felt very ‘alone’!
I would have been totally lost

## Complaints

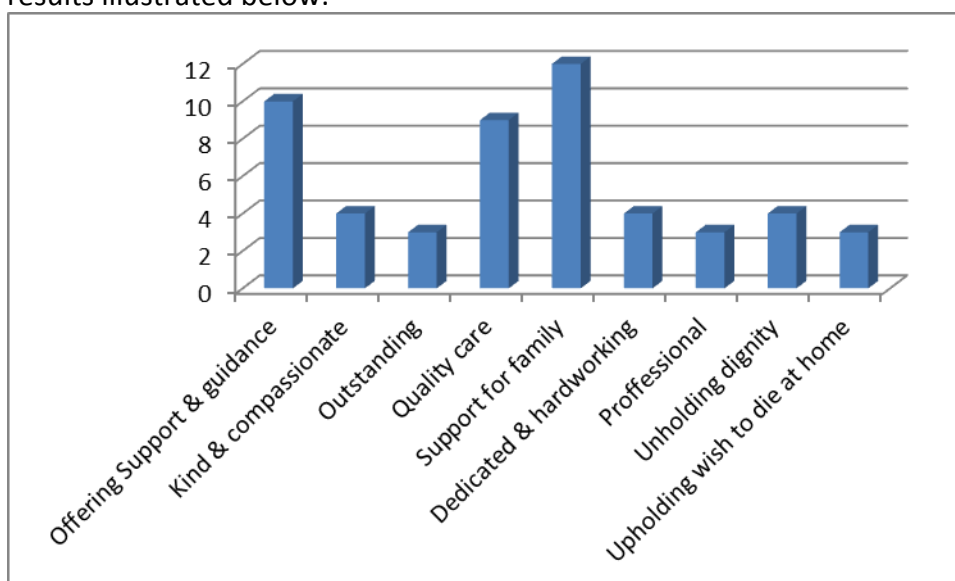
Other than the negative comments that were received via the feedback questionnaires no complaints have been received.

All of the negative comments have been responded to or acted upon as far as we are able

## Cards and Letters

In addition to the returned questionnaires the team receive a number of cards and thank you letters.

A thematic analysis of the cards received in the period April 2016 to March 2017 and the results illustrated below:



A small selection of comments from the cards is included as a testament to the quality care provided

“To all the carers who helped us keep M at home. We couldn’t have done it without you and will be eternally grateful for your care and support”

“Thank you all for looking after S, your help was much appreciated, I wish I had asked for it sooner. The help, care and kindness you gave us all was brilliant”

“Your workers did a fantastic job and will always be remembered with affection”

“Just a note to say a big thank you to each and every one of you for the wonderful care given not only to N during his last few weeks, but also to us as his family, we couldn’t have coped without you all. You truly were a wonderful team”

“It is with a smile that I am writing to thank you for your presence and support during R’s last days. You made this time bearable with **the** sweet and dignified way with which you looked after us. R appreciated your care after his initial bewilderment. I will miss your calls, the cups of coffee with you; the gentle way about our pain”

## Patient visits by Team Manager

As part of our continued interventions to improve quality and positive experience for patients and their families the Team Manager records in a structured format her visits to patients and their families.

## Working Together as a Team

As providers of personal care we see ourselves as being not an isolated unit, but as a vital part of a community care team committed to enabling a patient at the end of life to die in their own home, should this be their wish.

Age UK provide 550 hours of care each week, subcontracted by Primecare within the End of Life Rapid Response contract in Northamptonshire.

We value the support provided to us by Primecare, enhancing in a variety of ways the quality care that we are able to provide

- Advanced Nurse Practitioners who can be contacted to provide an immediate response when the Age UK carers need to call out a medical practitioner, to seek clarification or need to ask advice on behalf of the patient or their family
- Additionally Primecare Advance Nurse Practitioners provide a schedule of training to enhance the skills and quality of care provided by the Age UK care team
- The call centre is key in taking referrals, being a point of contact via which carers can contact the ANP on duty, and a resource for all of those involved in the patient's care

The District Nurses are the 'case holders' for patients in the community, yet Age UK carers are an essential part of the team supporting the District Nurse, providing care to enable the patient to stay at home.

- The District Nurse invariably uses the Age UK carer as their 'eyes and ears' in the day to day provision of patient care
- The Age UK carers communicate directly with the District Nurses via the surgery or the patient notes
- Age UK carers will undertake tasks if requested to do so, or report back to the District Nurse as required
- Many of the District Nurses value the professional judgement of the Age UK carers, valuing their knowledge and experience

An essential part of enabling a patient to remain at home in the last weeks of life is the care that they receive from their family members and sometimes friends. The Extra Help Team sees these individuals as an essential part of the care team.

- Time spent with relatives and carers is often as valuable as that spent with the patients themselves
- Relatives and carers are the ones who know the patient best, and can help us in providing quality care tailored to the patient's needs and preferences
- The carer will often be the one who has vowed to their loved one that they will enable them to die at home. They need the support of a team of professionals around them to help to make this possible.

## Accuracy

All information contained within this report is accurate

No statements from patient engagement groups and commissioners are available for inclusion.



## Striving to be The Best

In all that we do we endeavour to give of our best and to be the best.

**“We are what we repeatedly do. Excellence then, is not a single act, but a habit”**

**Aristotle**

Su Brazell  
Service Manager

April 2017