The new inspection process for End of Life Care

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Our purpose and role

Our purpose

We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve

Our role

We monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and we publish what we find, including performance ratings to help people choose care

We will be a strong, independent, expert inspectorate that is always on the side of people who use services

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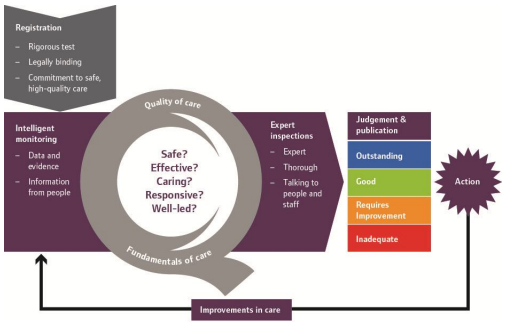
Our new approach



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Our key questions

Our focus is on five key questions that ask whether a provider is:

- **Safe?** – people are protected from abuse and avoidable harm
- **Effective?** – people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence
- **Caring?** – staff involve and treat people with compassion, kindness, dignity and respect.
- **Responsive?** – services are organised so that they meet people's needs
- **Well-led?** – the leadership, management and governance of the organisation assure the delivery of high-quality care, supports learning and innovation, and promotes an open and fair culture.

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Rating four point scale

Judgement & publication	High level characteristics of each rating level
Outstanding	Innovative, creative, constantly striving to improve, open and transparent
Good	Consistent level of service people have a right to expect, robust arrangements in place for when things do go wrong
Requires Improvement	May have elements of good practice but inconsistent, potential or actual risk, inconsistent responses when things go wrong
Inadequate	Significant harm has or is likely to occur, shortfalls in practice, ineffective or no action taken to put things right or improve

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Challenges and opportunities in regulation of End of Life Care?

- Francis report – highlighted the need for culture change
- Review of the Liverpool Care Pathway – recommendations for CQC
- Evidence of poor quality EOLC, especially in hospitals

- Mike Richards as our first Chief Inspector of Hospitals included EOLC in all hospital inspections
- CQC Board agreed to prioritise a thematic review of Inequalities in EOLC
- CQC membership of the Leadership Alliance for the Care of Dying People
- EOLC included in our inspection approaches across sectors
- Five Priorities for Care of the Dying Person included in our inspections

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What about CQC's inspection of End of Life Care?

Common elements in our inspection of End of Life Care across sectors:

- Care of people who are likely to be in the last 12 months of life.
- Non-specialist care as well as specialist palliative care, and holistic care and support.
- Care during the last 12 months of life, care in the last days and hours of life, care after death and bereavement support.
- Definition of Good reflects the 16 quality statements in NICE Quality Standard 13 and the five Priorities for Care of the Dying Person.

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So what does this mean for inspection of End of Life Care…

…in hospitals and community services?

- A core service we look at on every inspection.
- Wherever people receive care, not just in palliative care services.
- Whoever delivers care, not just specialist staff.
- Includes non-clinical areas - chaplaincy service, bereavement office, mortuary.
- Separate rating for the quality of the End of Life Care service.

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So what does this mean for inspection of End of Life Care…

…in hospices?

- From January 2015.
- Tailored approach for hospices and hospice at home services.
- The team: CQC inspector(s), a clinician or professional, an expert by experience, a pharmacist inspector.

- The size of the team will reflect the size of the service.
- An overall rating for the service, and ratings for each of the five key questions.

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So what does this mean for inspection of End of Life Care…

…in care homes?

- "Is the service caring?"
- "How are people supported at the end of their life to have a comfortable, dignified and pain free death?"
- And throughout our approach, do people receive personalised care that is responsive to their needs?
- No separate rating for quality of End of Life Care.

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Cambridgeshire Community Services NHS Trust: how did we inspect?

- **The inspection visit**: 3 days announced, 1 day unannounced (10 days' later)
- **The team**: CQC inspector, EOLC specialist nurse, expert by experience
- **People we spoke to:** 4 patients, 9 family members, 25 staff members (nurses, HCAs, therapist, chaplains, porters, specialist palliative care team)
- **What we looked at:** observation of care (in hospital and in the community), 11 sets of patient records
- **What else:** a listening event open to members of the public

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Cambridgeshire Community Services NHS Trust: what did we find?

- **Good practice**:
  - Enthusiastic, compassionate, committed staff
  - Effective MDT working across EOLC services
  - Holistic integrated care pathways
  - Personalised care plans
  - Care reflecting NICE Quality Standard 13
  - Patients dying in preferred place of death
  - Training and understanding of dementia, and MCA
  - Supportive working relationships with specialist team
- **Rating: Good** overall; **Good** for safe, caring, effective, responsive; **Requires improvement** for well-led

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Cambridgeshire Community Services NHS Trust: what did we find?

- **Well-led**:
- The service was well-led at local level
- **But:**
  - No Trust policy on caring for patients at the end of life
  - No guidance or training for staff transporting deceased patients to the mortuary
  - No procedures for cleaning and infection control in the mortuary
  - Risks in the mortuary had not been monitored

The Trust took immediate action and closed the mortuary; an unannounced visit 10 days' later confirmed this.

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Royal Liverpool University Hospital: a good practice example

What makes the hospital stand out?

- 7 day palliative care service
- Best Care for the Dying guidance
- The work of the Palliative Care team
- Nurses trained in palliative care on the wards
- Partnership working
- Volunteers sit with patients who would otherwise be alone
- Fast track discharge in 4-6 hours
- Excellent bereavement service
- EOLC prioritised by leaders
- **EOLC seen as core business**

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Good hospice care: St Peter's Hospice

How did we inspect:

- 2 Inspectors and an Expert by Experience
- We spoke with 3 patients, 8 relatives, 7 senior managers and 7 other staff

What did people tell us?

"There's been a solution to everything I've been worried about"

"They recognise what is needed at that moment"

"They recognise the priorities in terms of what a family needs at a time of crisis"

"The doctor actually cares, actually listens to you"

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The Hayes, Sherborne: a GSF-accredited care home

- **We talked to:** 23 people who lived in the home; 5 family members; 15 staff; the Registered Manager; 4 visiting social care professionals; 1 end of life care specialist (by phone).
- **Are services safe?**
  - Staff understood the Mental Capacity Act;
  - Best interest decisions were made and recorded appropriately
- **Are services caring?**
  - **People who lived in the home** felt confident that their wishes would be followed. They said that when friends who lived in the home had died, things were the way that person had wanted them to be.
  - **Relatives** told us how grateful they were for the caring, personal end of life care their family member received.

"They have asked me where I want to be at the end. I want to be here. This is my home. I know they would look after me."

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The Hayes, Sherborne: a GSF-accredited care home

- **Are services effective?**
  - People and their families involved in planning;
  - Staff worked proactively with other professionals, including GPs;
  - Anticipatory prescribing for pain relief;
  - Clear records of decisions about resuscitation and medical treatment;
  - All staff trained in EOLC;
  - Staff respected people's decisions.
- **Are services responsive?**
  - People's wishes were discussed, recorded and reviewed;
  - Families told us that staff responded to their relative's needs – everything as they would have wished it to be;
  - Families felt supported.
- **Are services responsive?**
  - Manager involved in local coordination and improvement of EOLC.

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Thematic review: Inequalities in EOLC

Inequalities	Workstreams
• Geographical variation • Non-cancer diagnoses • Older people • Multiple co-morbidities • People with dementia • Other vulnerabilities	• CCG profiles based on data • Review EOLC commissioning in 43 CCGs • Understand barriers experienced by people • Include inequalities in EOLC inspections across sectors

- Involve people and ensure their voices are heard
- Work with partners to increase impact
- Shared ownership of recommendations

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Thank you!
Care Quality Commission
Thank you!
Any questions?
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