A quality framework for district nursing

Nine characteristics of good-quality care in district nursing, taken from interviews with patients, carers and staff.

Read more at www.kingsfund.org.uk/districtnursing
Nine characteristics of good-quality care in district nursing

- Caring for the whole person
- Continuity of care
- Personal manner of staff
- Scheduling and reliability of appointments
- Being available between appointments
- Valuing and involving carers and family members
- Nurses acting as co-ordinators and advocates
- Clinical competence and expertise
- Patient education and support for self-management
Caring for the whole person

What does this involve?

- Taking a holistic, person-centred approach to care rather than a task-focused approach
- Seeing the person, not the need
- Considering the person’s other health conditions, social issues and wider circumstances, not just a particular condition
Quality of care improves because....

People receiving care and their carers:
- feel supported
- benefit from the social interaction of visits.

Staff can:
- understand and address the root cause of a problem
- identify undiagnosed health problems, including acute illness
- adapt care to an individual’s needs.

“Just being there and chatting with the patients, because while you’re doing that you’re also doing an assessment of them, and there can be things that crop up while you’re chatting.”

District nurse team leader

“They just seem to go that little bit further to help, I mean, just being asked ‘are you feeling okay?’”

Male patient, 60s
Continuity of care

What does this involve?
- The same nurse, or the same few nurses (who communicate information effectively) seeing each individual receiving care
Quality of care improves because...

Staff can:

- monitor progress to detect improvements in the patient’s condition
- take a ‘whole person’ approach to care
- build relationships and trust with patients.

People receiving care:

- do not have to repeat information
- have confidence in the abilities of a known and trusted nurse.

"You get a reassurance...They say it’s getting better, so you feel better. Whereas a complete stranger can’t say what it’s like, if it’s getting better, because they’ve never seen it before so they can’t compare it with anything."

Male patient, 60s

"If you’ve known the person when they’re well, you build up that rapport and that relationship with the patient and the family. Then when they begin to decline you’ve got more of a feeling for what they need, and then you know what they’re going to need and you can - to a certain extent - anticipate it."

Community nurse
3 Personal manner of staff

What does this involve?

- Caring and compassionate attitudes
- Polite and respectful attitudes
- Not appearing to rush
- Effective communication and building trust
- Staff appearing to be professional and confident
Personal manner of staff

Quality of care improves because...

People receiving care:
- feel at ease and more confident in the care.

"He seemed to care. And his professional manner of course... there was that thought, not just like ‘I'll do my job and go’."  

Female carer, 60s

"[Good care is] communication more than anything. Discuss what you’re doing, step by step: ‘I’m here now, my name is, I’m going to take this bandage off now, I’m going to clean, now I’m going to put on a new bandage’. And tell him everything you’re doing, so that he’s not so fretful. Communication and bedside manner."  

Female carer, 50s
4 Scheduling and reliability of appointments

**What does this involve?**

- Advance warning of appointment timing
- Reliable/predictable timing
- Information and updates when scheduling is disrupted
Scheduling and reliability of appointments

Quality of care improves because...

People receiving care can:

- plan and maintain routines
- plan hospital appointments or other care visits
- maintain social networks and contact.

“[If they come late] by the time you get up it’s almost time to go back to bed again, the day’s gone.”

Male patient, 60s

“I’ve got a friend who comes up to see me and I go down to see her, but we can’t do it on the days the nurse is coming. It’s every other day and it’s tying the whole day up. I don’t seem to have any days.”

Female patient, 80s
5 Being available between appointments

What does this involve?

- Services being available to be contacted between visits for information, advice or support or in case of emergency
Being available between appointments

**Quality of care improves because...**

**People receiving care and carers:**

- can contact the service in the event of a deterioration, a sudden worsening of a problem or other issue, and receive helpful intervention and support
- get the information and advice they need to manage between nurse visits
- are reassured and experience less anxiety.

One individual described the comfort she takes from being:

"always able to ring them up if something [isn’t] right."

**Female patient, 60s**

We heard a number of examples from patients and carers of times when the nursing service had supported them in a moment of crisis, and had either made an unscheduled visit or supported them to access other emergency medical care.
6 Valuing and involving carers and family members

What does this involve?

- Offering practical support to carers in their role
- Involving carers in care planning and decisions
- Valuing and recognising carers’ contributions and expertise
- Addressing carers’ own needs and personal wellbeing
Valuing and involving carers and family members

Quality of care improves because...

**Carers:**

- feel supported and reassured and more confident in their caring role
- feel valued and recognised
- may be able to assist staff with treatment
- can support staff to better understand the individual’s preferences and needs.

**People receiving care:**

- have improved patient experience and outcomes.

“[If they tell me what to do when there’s a problem then] when it happens I’m not going to panic - I feel like I know what I should be doing, rather than thinking I can’t leave it like that, I’m going to have to make my own mind up, and I might do something stupid.”

Female carer, 50s

“If we are struggling with a patient, I will turn to the family most of the time and say ‘encourage him to do that.’ They tend to listen to them, they try to implement it for us.”

Support staff

[The Kings Fund]
7 Nurses acting as co-ordinators and advocates

What does this involve?

- Supporting patients and carers in contact with multiple services
- Advocating on the patient or carer’s behalf
Nurses acting as co-ordinators and advocates

Quality of care improves because...

Staff can:

- alert other professionals to problems and ensure appropriate intervention
- identify the need for other services and support people to access them.

“...They’re so on the ball. I’ve got an ulcer on my heel - they told the podiatry people and now they see me every month. She arranged the ambulance to pick me up for my appointments.”

Female patient, 80s

“...You pick up so much about what they want and what they need, and can liaise with others, and bring services into the home”

Community nurse
Clinical competence and expertise

What does this involve?

- Knowledge, experience and expertise
- Clinical skills and advanced technical skills
- Skills in assessment and care co-ordination
Clinical competence and expertise

Quality of care improves because...

People receiving care and their carers:

- have increased confidence in the care they are receiving.

Staff can:

- complete procedures to a high standard without causing harm or avoidable discomfort.

"I think [the good thing] was, she used to change your catheter and you used to have a lot of faith in her that it would be alright"

Male carer, 70s
Patient education and support for self-management

What does this involve?

- Supporting and educating patients to self-manage
- Involving people in decisions about their own care
Patient education and support for self-management

Quality of care improves because...

People receiving care can:

- manage their own health and care needs as far as possible, which promotes independence.

"Community [nursing] is about empowering them, so educating them about what they should do in terms of their own health."

Support staff

"[We should be] giving patients empowered choices, yet helping them understand their health needs and how to access [care] appropriately... so they can get a better understanding and it’s done more in partnership."

Professional development lead
Who values and recognises these characteristics?

**Highest priority for people receiving care, carers and staff:**
- Caring for the whole person
- Continuity of care
- Personal manner of staff

**High priority for people receiving care and carers, recognised by staff:**
- Scheduling and reliability of appointments
- Being available between appointments

**Important to people receiving care, carers and staff:**
- Valuing and involving carers and family members
- Nurses acting as co-ordinators and advocates
- Clinical competence and expertise

**Important to staff:**
- Patient education and support for self-management
More detail on this quality framework is available in our report, *Understanding quality in district nursing services*

Download it from [www.kingsfund.org.uk/districtnursing](http://www.kingsfund.org.uk/districtnursing)

We hope this framework and these slides will be a useful resource for you – please feel free to use them in your work, in documents and presentations.