

Marie Curie

# Marie Curie Nursing and Domiciliary Care Service, Eastern Region

## Inspection report

Unit 9  
Mobbs Miller House, Ardington Road  
Northampton  
Northamptonshire  
NN1 5LP  
  
Tel: 08450738592

Date of inspection visit:  
19 November 2019  
20 November 2019

Date of publication:  
20 December 2019

## Ratings

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 ●

# Summary of findings

## Overall summary

### About the service

Marie Curie provides personal and nursing care and support to people who have chosen to receive their end of life care at home in the eastern region of England. At the time of our inspection there were 60 people receiving care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of using this service and what we found

People were supported by well-trained responsive staff that cared for people with compassion, kindness and professionalism. Staff received training on medicines and people received their prescribed medicines safely.

Staff had been safely recruited and were supported by managers who understood their roles and responsibilities. Staff understood safeguarding procedures and would raise any concerns when required.

People and relatives told us, they felt safe with the staff and that staff turned up on time. People and relatives used words such as kind, caring, discreet and supportive when describing staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Care plans and risk assessments contained information regarding people's choices and preferences. Staff ensured all information was kept up to date and relevant. People were involved in how they wanted their support completed.

Staff worked closely with other healthcare professionals to ensure people received the care they required in a timely manner.

The registered manager met the legal obligations. They worked with people and relatives to facilitate good quality care for people. The service had a positive ethos and an open culture.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good (published 23 May 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was Well led.

Details are in our well led findings below.

# Marie Curie Nursing and Domiciliary Care Service, Eastern Region

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of one inspector and a specialist nurse advisor who specialises in end of life care.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 19 November 2019 and ended on 26 November 2019. We visited the office location on 19 November and made calls to people, relatives and staff on 26 November 2019.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgments in this report.

#### We used all this information to plan our inspection

#### During the inspection

We spoke with two people who used the service and two relatives about their experience of the care provided. We saw feedback from seven relatives in relation to the service their loved one received.

We spoke with nine members of staff including, the registered manager, Human resources lead, nurses, clinical nurse managers and health care assistants.

We reviewed a range of records. This included four people's care records. We looked at staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes in place to protect people from harm. Staff understood safeguarding and how to report any concerns.
- People and relatives told us they felt safe with staff providing care.

Assessing risk, safety monitoring and management

- The service worked as a team with other health professionals such as GP's, District Nurses and Hospice's. The District Nurses completed risk assessments and care plans to reduce potential risks.
- Staff received people's risk assessments and care plans before they provided care, however if these weren't in place, the provider would complete risk assessments.
- Staff provided feedback to the relevant health professionals if there were any changes in people's needs and their risk assessments were updated as required.

Staffing and recruitment

- People were protected against the employment of unsuitable staff. The provider followed safe recruitment procedures. Records confirmed that Disclosure and Barring Service (DBS) checks were completed and references obtained from previous employers. These are checks to make sure that potential employees are suitable to be working in care.
- People and relatives told us staff turned up on time and were responsive to people's needs.

Using medicines safely

- Medicines were managed safely, and were administered as prescribed. Medicine administration record's (MAR) were signed accurately to indicate medicine had been administered.
- Staff responsible for administering people's medicines received appropriate training, which was updated when required and knew what action to take if they made an error.

Preventing and controlling infection

- The provider ensured people were protected by the prevention and control of infection.
- Staff confirmed they had undertaken infection control training, to ensure they kept people safe from the risk of infection.
- Staff had access to personal protective equipment (PPE) such as gloves and aprons, to enable them to reduce the risks of cross infection. These were readily available in all areas of the home.
- People told us that staff always used PPE appropriately.

### Learning lessons when things go wrong

- Staff knew how to report accidents and incidents. The registered manager reviewed all accident reports to identify any themes, or trends to reduce the risk of repeat accidents.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to support being offered.
- People's assessments considered their physical and mental well-being, level of independence, social circumstances, their preferences and communication needs.
- People and their relatives confirmed they were involved in assessments and the planning of care required. One relative told us, "We helped write the plan of care to make sure staff knew everything they needed to."

Staff support: induction, training, skills and experience

- Staff were well trained and supported within their roles. Staff told us, the training was excellent.
- All new staff completed an induction. This included shadow shifts and training to ensure they had the skills to support people at the end of their lives.
- Staff also received on-going training to develop and update their skills.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- People received care from staff that worked closely with the person's GP, district nurse, and the community healthcare teams.
- Relatives were confident that staff would refer people to health professionals when needed. One relative told us, "If there were any complications I know they would contact our GP or district nurse, we have full confidence in that."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The manager and staff were aware of their responsibilities regarding the MCA.
- People told us that staff always asked for consent. One relative said, "They [staff] don't do anything without consent from either myself or [relative]."
- Staff contacted people or their relatives an hour before they arrived to provide care, to introduce themselves and gain consent for them to attend.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives described staff as, compassionate, kind and caring.
- Staff built relationships with people and their relatives. One relative told us, "[staff name] has been so good to us all, they support the whole family, we couldn't do it without them."
- People received care from a consistent staff team. This ensured consistent care was provided to people. We saw feedback from a relative who wrote, 'As a family we did not feel that there could have been anyone better there the night he passed away. [staff name] was aware that his breathing was changing and awoke us, they were sitting with him when he passed. [Staff name] was an absolute brick and so kind and supportive'.

Supporting people to express their views and be involved in making decisions about their care

- The provider ensured people and their relatives were involved in all aspects and decisions regarding their care and support.
- One relative told us, "[Persons name] did not want staff in the room with them, but they needed staff support. The staff were absolutely brilliant and arranged for [person] to have a buzzer, so they could respond but didn't have to stay in the room."
- People's care notes were left within the home and any updates on people's care was communicated to those relevant to the person. People were able to see what staff had written about them.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff were "brilliant" at respecting people's privacy and dignity. One relative told us, "They gave us privacy when needed but were there in an instant when we needed them."
- We saw feedback such as, 'After [person] died, the way staff washed and cared for [person] was beautiful,' and 'Staff are discreet, professional and loving.'

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Systems and process supported staff to provide care and support at short notice. One relative told, "We were referred that morning and visited the same evening."
- When people wanted a specific gender of staff this was documented, and Marie Curie met this need.
- Care plans were generally completed by the district nurses; however, staff spoke to people and their relatives to ensure person-centred care was offered. Staff provided details of any changes in need to the relevant healthcare professionals.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager understood their responsibility to follow AIS and would ensure people received information in the way they preferred and required.
- The providers website could be accessed in different languages.

Improving care quality in response to complaints or concerns

- Complaints policy and procedures were in place, and people received a copy within their information pack at the start of the service.
- We saw records of any complaints received. All complaints made were fully responded to within the timescales specified within the providers policy. Action plans when required were completed and shared with staff to ensure improvements within the service.

End of life care and support

- People received care from staff that were skilled and experienced in providing end of life care.
- People and relatives were all extremely positive regarding the support offered to them. One relative told us, "They [staff] sit and talk to [person] and give [person] comfort." Feedback we saw stated, 'The help you gave not only helped the sick but also the family. The experience was made 100 times better because of you. I want to thank you from the bottom of my heart.'
- Staff ensured relatives were offered information on other relevant services and support within their local area.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Feedback received from people and relatives was positive and confirmed they were all happy with the service. Examples included 'Efficient and caring till the day [person] died,' and 'The support offered was far better than I thought, absolutely brilliant.'
- Staff told us that the company promoted person centred, responsive care. The registered manager looked at trends and patterns within the area and organised training accordingly for staff.
- People were protected against discrimination. There was a policy which covered equality and diversity, which staff understood and adhered to.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the requirements under the duty of candour. Staff kept in close contact with people using the service and their relatives and were proactive in meeting people's changing needs.
- Records showed the registered manager informed the Care Quality Commission (CQC) and other agencies of incidents that are notifiable.
- Staff received safeguarding and whistleblowing training and knew how to raise a safeguarding concern with the local authority and the Care Quality Commission (CQC).

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- We saw comprehensive audits were completed and any actions required were rectified within the specified time frames.
- Staff had spot checks completed to ensure all care was provided in line with company policies, procedures and principles.
- Staff understood their roles and responsibilities and were clear on the company's expectations of them.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff receive regular supervision and feedback from managers. Staff told us they felt very supported by their managers.
- Relatives were asked for feedback a few months after the service finished their support. All feedback we

saw was positive, praised the level of support offered and there were no improvements being suggested.

Continuous learning and improving care. Working in partnership with others

- Staff worked well with other healthcare professionals including district nurses, doctors and hospices. Marie Curie staff leave a copy of the care notes completed that day in the person's home, to ensure all information is available to anyone that may require it.
- Marie Curie share training and learning with other organisations.