Marie Curie

Marie Curie Nursing and Domiciliary Care Service, Eastern Region

Inspection report

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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

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 over 400 people receiving care. This announced inspection took place on 20 April 2017.

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.

The registered manager provided clear guidance and leadership to a highly skilled and motivated team.

People who were receiving care and their relatives felt safe. People were supported by staff that knew how to recognise when people were at risk of harm and knew what action they should take to keep people safe.

People's needs were continually assessed, and their care needs met and were updated as their needs changed.

There were enough staff to provide planned care and also care required at short notice when families were in crisis. People received care from staff that were safely recruited, skilled and experienced in providing end of life care.

People received their medicines safely as all staff had received training and their competencies had been assessed.

People's needs were met by staff that had the required knowledge and skills to support them appropriately. Staff received on-going training to develop and update their skills and staff were supported to carry out their roles through regular supervision.

Staff gained people's consent before they entered their homes and provided care. Staff respected people's choices about how they wanted to live their lives, including people's preferred names, gender identity and gender of care staff. People were supported to receive their care at home in accordance with their wishes.

People were treated with respect. People received care from compassionate staff that took time to build quality relationships that impacted positively to the way relatives coped with people's end of life care and subsequent bereavement.

Staff demonstrated their commitment to providing high quality care and the service's values at staff meetings and training; where staff strived to improve their practice through reflective learning and discussion.

The service worked in successful collaboration with other healthcare professionals to provide an integrated healthcare team where people received a seamless service for their end of life care.

People received information on how to make a complaint and the service used the feedback to improve the service. The registered manager had implemented systems to improve communication. The provider continued to develop the service through quality monitoring.

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.

Staff understood their roles and responsibilities to safeguard people.

Risk assessments were in place and updated as people's needs changed.

There were enough skilled and knowledgeable staff to meet people's needs.

Safe recruitment practices were in place.

People received their prescribed medicines safely.

Is the service effective?

Good

The service was effective.

People received care from staff that had received training and support to carry out their roles.

People were actively involved in decisions about their care and support needs. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA).

People were cared for by an integrated healthcare team that worked well together to provide care that met people's healthcare needs.

Is the service caring?

Good

The service was caring.

People's privacy and dignity were maintained.

People receiving care and their relatives experienced positive caring relationships with staff.

Staff had a good understanding of people's needs and preferences.

People views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

Is the service responsive?

Good

This service was responsive.

People had been involved in the planning of their care which was person centred and care plans were updated as people's needs changed.

There was a complaints system in place that ensured that any complaints were responded to appropriately.

Is the service well-led?

Good

This service was well-led.

There was a registered manager who provided guidance and leadership to all staff.

Staff followed the values of the service to provide high quality care.

There were systems in place to monitor the quality and safety of the service

There were policies in place to guide staff to carry out their roles.

Marie Curie Nursing and Domiciliary Care Service, Eastern Region

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 20 April 2017. The inspection was announced and was undertaken by one inspector. We gave 24 hours' notice of the inspection.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law. We contacted nine commissioners of care for feedback about the service. Before we carried out our inspection we received 38 responses to a survey we sent to staff.

During this inspection we were unable to speak directly with people that used the service because they were receiving care at the end of their lives. We gathered feedback from 26 relatives of people receiving care and spoke with another three relatives. In total we spoke with 10 members of staff, including two nurses, a nurse manager, three senior care staff, the practice development nurse, two administrators and the registered manager. We looked at seven records in relation to staff recruitment and training, as well as records related to the quality monitoring of the service.

Good

Is the service safe?

Our findings

People felt safe. Relatives told us that their dying relatives were treated well by staff and felt safe when they were around. One relative provided feedback, they said "It made such a difference to all of us and my husband; he finally relaxed enough to go to sleep while they [staff] were there; mainly because he felt safe and secure with their presence." Another relative said "Indeed the Marie Curie respite was invaluable. I was anxious that I would not be able to leave [my relative] and sleep but immediately I felt safe, I had such faith in the Marie Curie nurses that I did sleep very deeply which enabled me to face the day." Another relative said "[name of staff] was a pleasure to have; my husband was in safe hands."

People were supported by staff that knew how to recognise when people were at risk of harm and knew what action they should take to keep people safe. Staff demonstrated how they could identify signs of abuse and they understood their responsibility to report any concerns or allegations in a timely way. One member of staff told us, "If I have any concerns, I report them to my manager straight away. I know it will be dealt with." We saw that the clinical nurse managers and the registered manager had taken timely action to report and investigate any allegations of abuse or issues of concern.

The service worked as an integrated team with other health professionals such as District Nurses, Hospice at Home teams and GPs. The healthcare professionals provided detailed risk assessments and care plans to mitigate these risks. Staff received the risk assessments and care plans before they provided care and followed the instructions provided. One nurse told us "I get all the relevant information I need about people's care via email. When I have given the care I update the information." Staff provided feedback to the health professionals of any changes in people's needs and these were updated. People's needs were assessed and their care needs were updated as their needs changed.

There were enough staff to provide people's commissioned care. Each area of the country had specific commissioning contracts, which varied greatly between each local authority and clinical commissioning group. Staff provided their availability and they were deployed to people as referrals were received. Clinical Nurse managers provided oversight of the allocation of staff to ensure that staff had the right skills to meet people's needs. The service had a Healthcare Assistant code of conduct which stipulated that care staff were always under the direction and supervision of a registered practitioner; we saw that the nurse managers provided this oversight.

There were systems in place to provide care at short notice, or when families were in crisis. Where staff had provided care at short notice the service had received good feedback, for example, one district nurse said "She [Marie Curie nurse] surprised me with her positive attitude to doing extra for her patient." We saw examples where people required care for a short time whilst families came to terms with the changes in people's health or when family circumstances meant that they could not provide overnight care. One relative told us "I have to go into hospital at the end of the month, they have arranged to stay with my wife, it is a big weight off my mind." A health professional told us "One patient was deteriorating quickly, their family was close to breaking, we asked if Marie Curie Nurses could go in sooner than planned, and they did."

People received care from staff that were skilled and experienced in providing end of life care. Everyone who provided feedback and the relatives we spoke with told us that all staff were professional. One relative provided feedback, they said "During the final days of our father's life we were fortunate to benefit from six consecutive nights of care from the fantastic team in Oxfordshire. Each and every different member of this care team was truly both professional and compassionate in their approach to the care for our father, and indeed to the rest of the family." Where possible, people received care from same staff to ensure continuity of care. One member of staff told us "Because care is for end of life we may only meet that person once. However, this area has a small team and I feel every effort is made to have local carers, and in complex cases a consistent team."

People could be assured that appropriate recruitment practices were in place; checks had been made to establish that staff were of a suitable character to provide people with care and support. Records showed that staff had the appropriate checks and references in place. These included written references and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

People received their medicines as prescribed. Marie Curie staff recorded when they administered people's medicines on the integrated team's medicine administration records (MAR) that were used by all the health professionals involved in each person's care. Marie Curie Nurses assessed people's needs and provided prescribed oral and injectable medicines to relieve symptoms that may appear at the end of life, such as pain. Marie Curie care staff had access to out of hours GP services and the local end of life care teams to request assessment and assistance from them where injectable medicines were required. All staff had received training and their competencies had been assessed in the use of syringe drivers which were used to provide people with an on-going and continuous supply of medicines via a cannula under their skin. People received their medicines safely.

Good

Is the service effective?

Our findings

People's needs were met by staff that had the required knowledge and skills to support them appropriately.

New staff had an induction which prepared them to gain the competencies they needed to provide end of life care in people's homes. Training was provided in many ways, including face to face and E-learning. One member of staff told us "The training is very robust and intensive." Another member of staff told us "I attended an induction day; it was creative and thought provoking." Staff competencies were tested and embedded into practice; staff used reflection to evaluate the training they received; for example staff wrote reflective accounts about the exploration of bereavement.

Staff also received on-going training to develop and update their skills. One member of staff told us "The training is excellent; I feel everything possible is done to enable us to deliver first class care to the clients." The practice development nurse told us "I am very proud of the clinical skills assessment training, it is scenario based. We have a manikin with oxygen, syringe driver and medicines. Staff are involved in the scenario, to make it as real as we can." All staff told us that the training they received was excellent and any changes or updates regarding training were easily accessible. Nursing staff were supported to maintain their registration and revalidation. Some care staff had acquired their Health and Social Care level 3 diplomas, which included the End of Life Care certificate, and other staff were supported to undertake this.

Staff were supported to carry out their roles through regular supervision that provided them with opportunities to discuss their training needs and to be updated with key policies and procedures. Staff told us they had individual and group supervision and felt supported to carry out their roles. One member of staff told us "I receive emotional support through clinical supervision." Another member of staff told us "We have peer group supervisions; we discuss cases where we have learnt something and share these experiences in our learning sets; we use reflection to improve our practice."

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.

The manager and staff were aware of their responsibilities under the MCA code of practice. The registered manager told us "It is important that we ensure that the patient is in agreement with care and we respect their right to refuse." Staff made contact with people receiving care or their relatives an hour before they provided care to introduce themselves and gained people's consent before they entered their homes. We saw records that demonstrated that staff understood their responsibilities, for example, one care staff had written "We talked about his decisions of where to have care. He still appears to have capacity for decisions and still wishes to remain at home as his preferred place for end of life care."

People were assessed for their ability to eat and drink safely, where able, people were helped to eat and

drink whatever they wished. Where people could not eat and drink safely due to their deteriorating health, staff liaised closely with the GP and district nurse to ensure that there was a plan of care that reflected the risks such as choking, and that relatives understood the risks. Staff provided regular mouth care to ensure that people's mouths remained comfortable when they were not eating and drinking.

People received care from staff that worked closely with the integrated health team; the GP, district nurses, the Hospice at Home team and the community end of life care teams. Relatives were confident that staff would refer people to health professionals when needed. One relative told us "they were very supportive, they called the GP and sent me home to sleep, they dealt with all of it, I appreciate them." Staff had information about each person's health team and had access to out of hours' services for assistance overnight; information was shared with all the services including the ambulance service. Staff worked with all the teams to help facilitate people's wishes to receive care and die where they chose, at home, in a hospice or in hospital. One health professional told us "The management of Marie Curie have worked in the greatest spirit of collaboration to embed these services and make them work."

Good

Is the service caring?

Our findings

All the relatives of people who had, or were receiving care from the Marie Curie staff, described the care they received as outstanding. Relatives told us that the nurses "Showed compassion and much humour." One relative told us "We only had one visit, but the care and support was fantastic." Another relative had written to the service, they said "Without them [Marie Curie Nurses], the stress we were already under would have become too much to bare. Their professional help and support brought great comfort to us all."

Relatives told us the presence of Marie Curie Nurses in their homes at night gave them the confidence to keep their dying relative at home. One relative told us that the Marie Curie staff provided "Remarkable care and help, I could not have coped on my own." Another relative had written they could not have coped "If it wasn't for the Marie Curie HCA staying overnight. All the lovely ladies were fantastic. They not only cared for my husband, they genuinely cared for all the family including the dog! I cannot praise them enough."

People were treated with respect. One relative told us "They are just wonderful. The Marie Curie Nurses have a good relationship with my husband, he can't speak now, but the nurses always acknowledge him and ensure he is involved; they treat him with dignity and respect. They are very supportive of me. I'm so pleased they come." Relatives told us how important the service was and how the Marie Curie staff made a difference. "If I won the lottery this weekend, I wouldn't feel happier than I did when I saw the nurse walk in."

Relatives described how the Marie Curie staff allowed them to rest at night, providing them strength to cope in the daytime. One relative told us "The Marie Curie Nurses were out of this world. The support they gave my father and I was outstanding. I was able to sleep easy when they were here and could put full trust in them." Another relative told us "Marie Curie Nurses allowed us a much needed rest by caring overnight and keeping mum company, they gave us the support we needed during such a dark time."

People's relatives described how the quality of the relationships they built with Marie Curie staff made a big difference to the way they coped with people's end of life care and subsequent bereavement. One relative told us "I was so grateful for their calm and caring approach. The Marie Curie nurse was amazing, so thankful that they were present on the night [relative] died." One relative had written to the service, they said "Thank you so much for your gentle kindness and care given to both [name] and me. You treated [name] with dignity and respect and that memory will stay with me always." One member of staff told us "It's a privilege being able to give people what they want, to die at home with support. We ensure that relatives get a good night's sleep, or respond to anything they need. We build relationships, it is very special."

Many relatives commented on the quality of the staff, one relative told us "The Marie Curie Nurse was a quality human being, whom we were privileged to have with my mother during her last hours." Another relative had written to the service, they said "The nurse was with my pap and my family when he passed away. The nurse was very passionate about her job and this showed greatly, we were glad the nurse was with us at this sad time." Healthcare professionals also told us "It's a pleasure for us to work with such a professional and caring group of people."

Staff stayed with people after their relatives had died to provide emotional and practical support. One relative told us of their experience, "One nurse in particular arrived on the second night moments after [name] died. She then stayed with us, well into the night, helping us through the practicalities and also being an emotional support."

Relatives told us that Marie Curie staff were compassionate. One relative told us "At the end, the sensitive response to my call at [name's] passing initiated unparalleled care from the two Marie Curie Nurses; they came in with much love and respect, dressed [name] and prepared him for the next step."

Relatives had the opportunity to care for their relatives after they had died, as Marie Curie Nurses helped people to provide the care if this was their wish. One nurse told us "Often relatives want to help with care after death, such as washing and dressing their loved one."

Some of the Marie Curie Nurses were qualified to verify a death. One nurse told us "It has advantages for the family as they do not have to have more people coming to the house. After someone has died we take time to talk about what happens next. Some people want to spend time alone with their relative; I help them to plan when to arrange for the funeral directors to allow them this time." Staff followed National Institute for Health and Care Excellence (NICE) guidelines when providing care after death.

Good

Is the service responsive?

Our findings

Marie Curie staff provided respite care and support for relatives and carers of people receiving end of life care and care for life limiting conditions. The service was available to all; one person stated "I always assumed [Marie Curie] only provided care for cancer patients, my husband was end of life with heart failure and did not expect this wonderful service to be available to us." Nearly all of the care was provided during a period of eight or nine hours a night by staff who followed plans of care created by each person's integrated healthcare team. Marie Curie staff received information about people's needs and plans of care before they provided care.

People received care from staff that followed the detailed care plans and provided updates to people's integrated healthcare teams. The Marie Curie Nurses liaised directly with district nurses or hospice at home teams where people's needs had changed and provided detailed information of people's current care needs. One member of staff told us "We work well as a team and with others within our community such as the district nurses and hospice." This was reflected in people's notes and care plans and in health professionals' feedback. One healthcare professional told us "Our two services work very well together to provide care and support to patients nearing the end of their lives and their families."

People received care that met their changing needs. For example staff had the knowledge and skills to provide care for people where people's health conditions were unpredictable; one relative explained "[nurse] was wonderful. It was a difficult night, my husband collapsed and I do not know what I would have done without her, she was a great help." Another relative said "No matter what the situation [staff] found when they walked through the door they stayed calm and just got on with it."

People had previously discussed where they wanted to receive their care with their integrated healthcare teams; their chosen place of care was recorded in their care plans. Marie Curie staff provided care and support to people and their relatives so that they could receive their care in their place of choice. All people receiving care had chosen to receive their care at home. One relative stated "I so appreciated that the Marie Curie intervention had enabled him to have a peaceful death in the place of his choice. Everyone couldn't have been kinder." People were supported to receive their care at home in accordance with their wishes. One member of staff told us "I feel privileged to being part of our patients' last wishes to die with dignity & respect at home." We saw that in January 2017 99% of people had received their care and died in their preferred place. 1% of people had been moved to other health settings such as a Hospice or hospital.

People received care that met their preferences, for example people were referred to by their preferred names. Staff respected people's choices about how they wanted to live their lives, for example they acknowledged people's preferred gender identity. Where people preferred to be cared for by staff of a specific gender this had been arranged. People had a choice about how much information they wanted, for example some people knew their diagnosis but not their prognosis; staff respected their wishes and adhered to people's plans of care that stated how much people wanted to know or discuss about their care.

People were provided with a Marie Curie information booklet that gave practical advice about being cared

for at home and the changes that take place at end of life. The Marie Curie booklet also provided details of other support organisations and explained the roles of people providing care from their integrated care team.

People received information on how to make a complaint in a booklet which was provided at the beginning of care from Marie Curie. The booklet also provided detailed information about provide feedback to the service and what to do if they were unhappy about the way their complaint was dealt with. The registered manager told us that they were continuously striving to improve the service by looking at complaints and learning from people's experiences. Although there had not been many complaints, the registered manager had implemented extra training and reflective learning on communication in relation to the complaints they had received.

Good

Is the service well-led?

Our findings

People were cared for by an organisation that put the people they cared for at the heart of everything they do. One member of staff summed up what this meant to them, they told us "Marie Curie is an exceptional company to work for; the patients are always put first." The registered manger also told us "We are here for the patient. We only get one chance; we've got to get it right."

The registered manager provided clear guidance and leadership to a highly skilled and motivated team. All care was provided or overseen by registered nurses who had the experience and knowledge to provide high quality end of life care that met people's needs. One member of staff told us "I really enjoy working for Marie Curie, I feel the management are professional at all times, they show respect to both clients and staff alike, the training is excellent, I feel everything possible is done to enable us to deliver first class care to the clients that use the service."

The service worked in successful collaboration with other healthcare professionals to provide an integrated healthcare team where people received a seamless service for their end of life care. One spokesperson from a healthcare organisation told us "The management of Marie Curie have worked in the greatest spirit of collaboration to embed these services and make them work. Patients and families receive the care they need at the time they need it and it does not matter who arrives under the auspices of our community services, as their needs are met."

There were many examples of close partnership working that demonstrated that Marie Curie worked well with other organisations. One commissioner told us "Marie Curie is an excellent service, providing professional and caring staff to provide night care for individuals who are at the end of their life. As a commissioner, we have found them supportive, engaging, and willing to meet regularly to discuss cases and actively wanting to develop their service." Marie Curie worked closely with each commissioner to ensure that people could receive their services promptly when they needed them; this included collaborating with Hospices. One Hospice team told us "The service [Marie Curie] has been very responsive in adapting their referral methods to enable us to refer directly." Marie Curie staff told us "We think it is a fabulous service; it's enhanced by the role of our senior nurses, which allows us to meet patients sooner."

Staff demonstrated their commitment to providing high quality care and the service's values at staff meetings and training; where staff strived to improve their practice through reflective learning and discussion. One member of staff told us "We have team meetings every six weeks; we have a peer group for support and sharing good practice and learning." Staff had regular team meetings with their managers where they discussed incidents and discussed the learning from these. One member of staff told us "The manager and my colleagues go out of their way to help each other. I'm proud to be a part of the team."

The registered manager was actively exploring how they could improve the service by examining people's feedback. They told us "At the moment we get positive feedback or hear nothing. Some families request that certain staff are not sent back, but there is no reason given. We are exploring how we can establish what can be learnt from this."

The registered manager had implemented systems to improve communication. They had provided electronic pads that gave staff timely access to people's information by email and enabled staff to communicate effectively any changes in people's care needs with the integrated healthcare teams. The pads also provided staff with access to more information to enhance their knowledge, for example sharing of information on national dignity day.

The provider continued to develop the service through quality monitoring. Audits provided information about the quality of the care and the administration of the service, for example, recruitment data and the timings of home visits. Staff had access to policies that supported them in their role. One member of staff told us "I feel safe and well supported by our lone working system and 24 hour managerial support. I personally am proud to be a part of such a well led & caring company & wear my uniform with pride."