Marie Curie

Marie Curie Nursing and Domiciliary Care Service, Central Region

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

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

Summary of findings

Overall summary

This inspection took place on 20 and 21 February 2018. Due to the sensitivity of the care provided by the service, the provider was given 3 working days' notice of our visit. This was so people who used the service could be told of our visit and asked if they would be happy to speak with us.

Marie Curie Nursing and Domiciliary Care Service, Central Regional (MCNS Central) is a registered provider of palliative and end of life care services to adults with terminal illnesses across the Central Region. The service supports people in their own homes. The geographical area includes Lincolnshire, Leicestershire, Staffordshire, Stoke, Derbyshire, Birmingham, Solihull, Warwickshire, Walsall and Dudley. At the time of our inspection there were 300+ people receiving a service.

This service is a domiciliary nursing and care agency. It provides personal and nursing care to people living in their own houses and flats in the community. It provides a service to adults. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating.

People were referred to the service by healthcare professionals, the main referral source were District Nurses. Clinical Commissioning Groups (CCGs) commission the service. Staff worked as an integrated team with other health professionals such as District Nurses and GPs. A majority of the care was provided by nurses and healthcare assistants overnight to people in their own homes.

A registered manager was in post. 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.

Family members were overwhelmingly complimentary about the service. Praising staff for the compassion and kindness shown to their relative and to themselves. Family members had confidence in the knowledge and skills of staff, and the positive impact this had on their relatives care. Family members spoke of the collaborative approach of the staff and other health care professionals and the positive impact it had on their relatives care. Family members told us the service provided was tailored to their relation's individual needs and that they had complete confidence in the staff, whom they trusted and felt safe with.

Commissioners of the service and health care professionals who worked alongside staff were consistent in their praise of the service provided by MCNS – Central. Comments referred to the satisfaction of those using the service. They referred to the collaborative working approach that led to the provision of a high quality service to those at the end of their lives and their families. Commissioners made reference to the service in its determination to continually improve services through collaboration and by identifying new ways of working to improve.

Staff demonstrated a commitment in the implementation of the provider's values and mission in the delivery of end of life care. Staff's knowledge and understanding of the service was keenly demonstrated through their enthusiasm to engage with us talking about the service and their role and areas of responsibility. Staff were passionate about the service they provided and sought to provide a person centred approach to people's end of life care and in the support of family members.

People were treated with kindness and their individuality respected. Staff promoted people's dignity and all interactions between staff, those using the service and family members were positive to ensure the best outcome for people.

Staff worked collectively with people using the service and their relative to ensure they were central to any decisions about end of life care and treatment. Staff provided end of life care, to ensure people had a dignified and pain free death as well as providing support to family members during and after their relative's death.

The organisation structure of the service meant there was strong, clear and visible leadership. All staff had specific areas of responsibility and worked consistent with the provider's value and mission to deliver high quality end of life care. There were robust systems to measure the quality of the service, and opportunities were provided for those using the service and their family members to comment upon and influence the development of the service. The service worked in conjunction with other organisations to improve end of life care for people and had been accredited externally for its work.

Staff worked as part of an integrated team with other health professionals such as District Nurses and GPs. Most of the care provided for people was overnight care in their own homes. District Nurses in the main developed care plans, detailing the care and treatment people needed. Staff from MCNS Central followed these care plans, which included any potential risks and how these were to managed.

Staff knew how to keep people safe, and how to report any concerns or incidents. The registered manager was proactive in learning from incidents and events, and had brought about changes to practices. There were enough staff to keep people safe and the proactive approach of the provider in promoting staff safety along with local agreements with external organisations meant staff were available to meet people's needs.

Staff from MCNS Central had clearly defined protocols and systems for the management and administration of medicine, which included coordinated working with health care professionals. This ensured people's symptoms and pain were managed safely and effectively.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrict way possible; the policies and systems in the service supported this practice and staff worked collaboratively with family members to ensure the people's care and treatment was in their best interests.

People's needs were met as there were sufficient staff who had the necessary skills and knowledge to meet their needs. The provider, registered manager and staff had a strong commitment to training and personal development, through on-going training, support, reflective practice, supervision and appraisal. Staff's developmental plans were reflective of the provider's values and mission to provide high quality care for people at the end of their life.

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.

Family members were consistent in telling us that their relative was safe.

People were safeguarded from abuse as robust systems and processes were in place, which were understood and adhered too by all staff. A robust system of staff recruitment was in place to ensure people were supported by suitable staff.

There was a proactive approach to the promotion of people's and staff safety, which had a positive impact on people using the service, as they could be confident that staff were available when they needed them..

People received their medicines as they had been prescribed as safe systems were in place for the management of medicines.

Is the service effective?

Good

The service was effective.

Family members expressed complete confidence in staff's ability, experience and knowledge to provide good quality care.

Marie Curie had a central point of contact where referrals for care and support were submitted by health care professionals.

People were supported by staff that had the skills and knowledge to meet their needs. Staff received regular training and on-going support to ensure they had up to date information to undertake their roles and responsibilities.

Staff worked collaboratively and alongside other health care professionals and organisations, those using the service and family member; to deliver effective care, meeting people's needs and delivered in their best interests.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Family members told us that staff treated their relative with exceptional kindness, care, dignity and respect at all times. Staff were highly pro-active in their approach to care. They demonstrated compassion in every aspect of their work to make people feel cared for and supported.

Staff were both committed and passionate in the providing high quality care, and conveyed kindness, compassion and commitment when speaking of the service they provided.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Staff demonstrated their commitment to provide high quality end of life care, reflective of people's wishes and needs, in order that their death was both dignified and pain free.

Family members were consistent in their overwhelming praise of staff and the services ability to meet their relative's needs and that of themselves in a timely manner, which had a positive impact on their well-being.

A complaint policy and procedure was in place. Concerns were investigated and the outcome was shared and used to develop the service.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

The provider's value and mission to provide high quality end of life care was embedded into all aspects of the service.

The organisational structure provided staff with strong leadership and support. The registered manager and staff were committed to the development of the service and the sharing of good practice to promote the quality of life for people in end of life care.

The provider, registered manager and staff had across the organisation systems and processes to involve people who use the service, their family members, staff and external agencies.

Commissioners of the service and partner agencies praised highly the quality of the care provided and the services approach to collaborative working.

Marie Curie Nursing and Domiciliary Care Service, Central 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 checked 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.

We gave the registered manager 3 working days' notice due to the type of service it provides. To enable the registered manager to contact people who use the service and family members and advise them of our inspection and ask if they would be happy for us to talk with them.

The inspection site visit activity started on 20 February 2018 and ended on 21 February 2019.

The inspection was carried out by two inspectors and three Experts by Experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 26 commissioners by e-mail requesting feedback about the service.

We did not visit people in their own homes as they were receiving end of life care. We liaised with the registered manager as to the most appropriate way to seek the views of people using the service. We spoke with 29 family members of people who were using or had used the service by telephone on 21 and 22

February 2018.

We spoke with 17 staff who had different roles and responsibilities either in person or by telephone across the geographical area on the 20 and 21 February 2018. Staff included the registered manager, health care assistants, senior registered nurses, registered nurses and clinical nurse managers.

We looked at information held and recorded about people's care on the computer system. We looked at the recruitment files of three members of staff. We also looked at a range of policies and procedures and records related to the monitoring of the service, which included complaints and quality assurance audits.

Good

Is the service safe?

Our findings

Comments from family members were consistently positive. They shared with us their views as to whether they felt their relative was safe and why, and what it meant to them. A family member of one person told us, "The staff are great and I believe that he is entirely safe with them. He feels safe too just knowing that they are there for him. They are attentive to him and their notes are very thorough. Their presence gives us a break and peace of mind that he is being cared for while we rest." Another said, "Very safe. They do night sitting for her, I was sleeping on the settee next to her and waking at the slightest thing. Having them here has given me safe peace of mind now."

External stakeholders, which included Clinical Commissioning Groups {CCG's) shared their views as to how the provider and staff safeguarded people from potential abuse. One CCG shared aspects of the audit they had carried out, which evidence that the provider and staff were meeting their expectations They commented. 'Assurance visits demonstrated staff had an understanding on how to recognise abuse and how to escalate and record their concerns. Staff was aware on the process to be followed to comply with the safeguarding multi-agency policies and procedures.

The provider had effective safeguarding systems, policies and procedures in place, which were understood by staff. Staff were aware of their responsibilities for protecting people against the risk of avoidable harm and abuse and were confident as to what action they would take. Staff told us. "Any concerns I would raise with safeguarding staff if out of hours" And. "Any concerns would be raised with my manager and they will take action to safeguard the person involved."

Staff from Marie Curie Nursing and Domiciliary Care Service, Central Regional (MCNS Central) worked as part of an integrated team with other health professionals such as District Nurses (DN's), Hospice at Home teams, Hospices 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. In the case of the Rapid Response Service, information about a person may not be available to MCNS Central staff prior to their visit; potential risks were considered and mitigated as staff worked in teams, with clear protocols in place. (The Rapid Response Service (RRS) is an out of hour's service for people who are registered with a GP in Lincolnshire, proving support to people and their family)

The provider had a proactive approach in promoting staff safety and welfare, which in turn had a positive impact on the service it provided, by ensuring people received care and support when it was needed. There was a monitoring system in place whereby staff logged in when they arrived and left the person's home. An alert would be received by a manager should the staff member not log on as expected, so action could be taken to assure themselves of the staff members safety. The Rapid Response Service, which operated in Lincolnshire, had additional protocols in place to promote staff safety, which included checking the road worthiness of vehicles and ensuring the required equipment was in the vehicle. A member of staff spoke of the promotion of their safety. "We use agreed routes and make sure that all of the 'pool' cars are well looked after. They are checked by staff when they start at 3pm each day, things like screen wash, de-icer and fuel are checked. Each month [name of car dealership] checks the cars. We fit winter tyres each year to increase

safety." Staff also spoke of the contract they had with a company who would drive staff in four wheeled drive vehicles during inclement weather.

A quality assurance team based in Marie Curie head office, reviewed guidance as it was published, for example publications by NICE and monitored safety alerts, any information was shared with regional teams to incorporate into practice. The provider had signed the 'Sign Up to Safety Campaign which is an initiative set up by NHS England to promote patient safety. An action plan to promote patient safety was developed, which included raising staff awareness of the Duty of Candour, the use of staff reflective practice and working collaboratively with other agencies, all with the purpose of promoting safety.

Marie Curie has a central co-ordination centre, which is used by MCNS Central along with other regional services. Staff at the co-ordination centre managed requests for the services of Marie Curie staff, with the exception of the Rapid Response Service, which people using the service or family members contacted directly. MCNS Central had dedicated staff who worked in conjunction with staff at the co-ordination centre to ensure there were sufficient staff deployed to meet people's needs safely. There were systems in place to provide care at short notice, or when families were in crisis.

People were safeguarded against the risk of being cared for by unsuitable staff through the provider's recruitment procedures. Recruitment files we looked at contained evidence that the necessary employment checks had been completed before staff started to work at the service. These included application forms with a full history of employment, identification documents and a check with the Disclosure and Barring Service (DBS). The DBS carry out criminal record and barring checks on prospective staff who intend to work in care and support services to help employers to make safer recruitment decisions. For nurses, a check of their Nursing and Midwifery Council registration was carried out. All staff who delivered care had a further DBS check carried out every three years.

Family members had confidence in how their relative's medicine was managed, where staff were involved. They told us. "I measure out her medication for them to give if she needs it." "We discuss his medication every night and morning so that we all know when doses of paracetamol can be given if he is in pain." "They don't give him any medications but there are anticipatory medications (medicines that are commonly required to control symptoms and provide pain relief in the last days of life) in the house should they ever be needed." "If she needs oxygen or Oramorph (pain relieving medicine) then they can give it her." "There are medications in the house ready if there are any changes."

The provider had a medicines policy. The policy referenced the National Institute for Health and Care Excellence (NICE) of good practice. Marie Curie staff worked closely with district nurses to ensure people had the medicines they needed prescribed and that they were available in the person's home. Marie Curie Nurses administered people's prescribed medicine, which were kept in their own home for the purpose of symptom relief and pain management. The role of the health care assistant in medicine management was to provide assistance to the person or family member in its administration. A health care assistant told us. "We have to wake the family now if someone wants two paracetamols in the night." At present health care assistants cannot administer medicine without the involvement of the person using the service or their family member.

The registered manager and health care assistants spoke of a programme of further training, supported by CCG's (Clinical Commissioning Groups) to have greater involvement in medicine administration, to benefit those using the service in pain relief and symptom management. A health care assistant told us. "We have to get a district nurse out if it we needed medicines administered….It will be so good to be able to administer medicines…..I'm doing my training now…it will be good to be able to give the pain relief quicker if it is

needed."

Marie Curie nurses spoke of the positive relationships developed with district nurses (DN) to ensure information about people's medicine was shared. "Any medicines we give are recorded and the DN's notes checked. We always check the stock sheets before administering anything to make sure that all medicines are accounted for. We always write up any medicines in the notes as well and would call the DN's to leave a message too." And, "Most important is the use of the DN records and care plans, keeping the DN's informed is vital as some hospital services are usually shut out of hours."

Staff spoke of how they prevented and controlled infection. Staff told us they wear personal protective equipment, such as gloves, aprons and used hand gel. The provider had a policy and procedure in place for staff to follow. People's individual needs and circumstances were known to local district nursing teams and any relevant information was shared. The provider had a lead nurse for infection control whose role was to share good practice, and review and develop policies and procedures.

We found a proactive approach when errors or incidents occurred, which included supporting staff by the adoption of a 'no blame culture'. This enabled staff to be confident in reporting any incidents, in the full knowledge that they would be supported. Managerial staff told us how both nurses and health care assistants, reflect on their practice. This included when things did or did not go well. Reflective practice was used to develop people individually and as a team, and team meetings were used to discuss reflective practices, to drive improvement.

Staff spoke of incidents which had occurred and the lessons learnt and how information was shared to benefit those using the service. A staff member told us. "The management always investigate and share. I had an incident where someone was not answering the door – fortunately I didn't leave as the man had had a fall. It was investigated and Marie Curie changed their policy. So now we have to get confirmation that the person is now at home or we will ensure that we gain entry to ensure people are safe. It is a part of how we safeguard our patients."

Good

Is the service effective?

Our findings

Staff from Marie Curie Nursing and Domiciliary Care Service, Central Regional (MCNS Central) provided respite care and support for family members and carers of people receiving end of life care. Staff worked as part of an integrated team with other health professionals. Referrals to MCNS Central for planned care were made by health care professionals, such as District Nurses (DN's) to the Marie Curie Referral Centre.

External stakeholders provided feedback as to the assessment process. Comments included. 'The process of referral is detailed and precise on the initial assessment to give adequate details to the Marie Curie Nurse.' And 'The staff in the referral centre are always very professional , polite and helpful with all aspects of the re-m referral and will inform us of any changes in condition often before we are aware of this. This in itself is invaluable to keep accurate documentation. They are very responsive the ever changing needs of the end of life patients' Staff at the centre then allocated the referral to the appropriate team, dependent upon the geographical location of the person. Due to the large geographical area covered by MCNS - Central, local referral arrangements could be different, but were known by health care professionals to ensure an effective referral system was in place.

The skills and knowledge of staff were commended by family members. "I have full confidence that they are skilled and knowledgeable." "They are extremely professional and caring." And, "They are all skilled and very interested in their role." "They are a great help and support and a real source of advice too." "They are all very professional and knowledgeable about all her needs and condition and knowing how to check the syringe driver (administers medicine over a period of time) she has which is important."

Staff commended the induction and on-going training and spoke of the training they received. "There's lots of training. Local hospices have lots of training events and we go along to these. The training we need is very niche, but we can always get the training we need." "We are supported and encouraged to do training all the time. I needed to learn about dementia, so I did the course." The member of staff went onto tell us how the training was linked to their personal and professional developmental plans. Other comments included. "We can all access the training on line and through our 'tablets' (hand held devices).

Nurses and Health Care Assistants had codes of conduct. Health Care Assistants worked under the direction and supervision of a registered practitioner. 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. Nurses and Health Care Assistants had training in end of life care at Degree and Diploma level.

Staff had access to on-going mentorship, support, and supervision. Staff had clinical supervisions in groups, providing an opportunity for staff to discuss practices, and share good practice. A member of staff said that in additional to group clinical supervisions, one-to-one supervisions also took place. "It's an opportunity to discuss and reflect which is really valuable. We are not alone at work; there is always someone there for me." And, "We're well supported with a team meeting. There is also clinical supervision without management, which is a valuable alternative to a full team meeting." There were processes in place to support nurses with

the revalidation process to maintain their Nursing and Midwifery Council (NMC) registration.

Family members spoke of the service of MCNS Central and how staff worked with other health care professionals. "The nurses have been brilliant we had an occasions where [person's name] was having a seizure….the nurse cared all night for them and dealt with the situation, following the District Nurse's care plan making sure he was comfortable and safe throughout the time. They then called the DN giving a full handover." "They interlink very well with other agencies. I have even had to call the Rapid Response team twice because of her syringe (syringe driver, which administers medicine over a period of time). They worked very well with the DN." "Two nights a week I have the NHS through a care company and Marie Curie cover the other nights. They liaise well together so that his care is continuous." "We have been supported through the palliative care team and as it has got closer to end of life we had Marie Curie staff come in. I have noticed from the beginning how they have compassion. They work with me and the DN."

Staff worked collaboratively across the organisation, working together to provide people with the care they needed, staff told us how this was achieved between staff based within an office and those who delivered the care. "The referrals the office (office based staff) give us are the details we need." "We have great links with the local Multi-Disciplinary Team (group of health and social care professionals) and join them, local hospice's and MacMillan and share information with them as well as DN's. There are regular meetings to discuss joint working."

Due to the needs of people and the service being provided overnight, staff involvement in meeting people's hydration and dietary needs was limited. However, support was provided when requested. A family member told us. "They tell me everything and keep me informed even the little things, such as what drinks and snacks he has had. They have his best interests at heart. They are polite and always ask consent." "He tells them when he is thirsty….in the middle of the night he asks for ice cream and fudge and they get it for him." Marie Curie staff follow the care plans that were written by DN's as to people's nutrition and hydration needs.

People's care was delivered with their consent and in their best interests as told to us by family members. "They always talk to me and won't do anything without talking to me first. There is no doubt in my mind that they act on best interests for us." "They always check what is required and if it is ok to do something or get him something if he asks for it, at night. Definitely in my best interests as I wasn't sleeping at all, he is still mentally alert and feels comfortable with them and knowing I can get a good sleep. Like I say it has also visibly relaxed him more them being here."

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. Whey 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. Marie Curie staff follow guidance as to people's capacity to make decisions, by following the assessments completed by DN's and through liaising with the person using the service and their family member when providing care and support.

Staff were knowledgeable about the MCA and worked with people to encourage them in making decisions about their care and treatment. A member of staff told us. "I always talk things through with the patient and explain what I am about to do."

External stakeholders, which included CCG's, whose views we had sought shared their views as to how the provider and staff considered the MCA. One CCG shared aspects of the audit they had carried out, which

evidence that the provider and staff were meeting their expectation. Comments included. 'Staff explained consent to treatment and actions they would take if there was reasonable doubt about a person's capacity to consent.'

The provider's policies and procedures took account of legislation and guidance, and an Equality Impact Assessment (EIA) was included. This is a process designed to ensure that a policy does not discriminate against any protected group, people using the service and staff.

Outstanding ☆

Is the service caring?

Our findings

Family members without exception spoke passionately about the approach of staff towards their relative and themselves, and spoke of the respect, understanding and compassion shown. Comments included, "The staff are so compassionate; they are just lovely, lovely people. I feel that they involve me too. They give us support when we need it and if she is distressed they know how to settler her." "I have found them to be very caring, but what is really nice is that they aren't just interested in my husband, they are interested in me too, and how I am feeling. They will help explain things to me, and check on my welfare." "They (staff) were so gentle and loving towards my relative. They sat in the same room as him and made sure they were there for him all night. He was always covered and well looked after. He was the sort of person that wouldn't always take to people….I watched [staff name] with him she was just so good at making him feel at ease. I can't praise them highly enough. They were all so loving towards him. His comfort was their priority." And, "They are great at supporting me too, for example. I was very late from work one evening and when I got in I found the kitchen was all clean and tidy. The member of staff had done this although it is not in their remit, she said, 'but you were late home and I had the time.' They are marvellous."

External stakeholders, which included CCG's, whose views we had sought shared their views as to the approach of staff to people using the service in relation to their compassion and kindness shown. Comments included. ' All the staff from Marie Curie are kind, caring, compassionate and competent. Always putting the patient at the centre of what they do and accounting for difference and expressed preference.' Staff are always friendly and helpful. And. 'The patient feedback that is reported through the contracting/quality route is excellent. Staff are highly thought of and receive positive feedback from the patients and their carers.

Staff were committed to ensuring people were treated with kindness and compassion. They spoke of their commitment to meet the diverse needs of people and how they worked with relatives to support people's communication needs. "We are 'patient led' when in the home. We'll always call the family and step aside when they are around. We'll be in the background and make the calls that need to be made – ready to be there when we are needed to support the family."

Staff's commitment to comment on the service they provide was evidenced when a member of staff who was unable to meet with us, chose to share their views and experiences by writing a letter to us. Their letter reflected the values and mission of the service. Their view as to their role in meeting people's needs, through compassion and kindness was reflected in their letter. They wrote. '…this isn't a job; I feel a job is something that's done on a daily basis to pay our bills. The role to me is a pleasure, to be welcomed into people's home and lives at their most vulnerable is an honour……I knock on the door, always with a welcoming smile, once the family open that door my face will leave an immediate impression……A family member once said to me that she would like me to wake her before I left. I made a cup of tea and knocked on the bedroom door, I took the tea in an explained that her husband was comfortable and sleeping, so I thought she might like a cup of tea….she broke down crying, and said "It's been years since I enjoyed a cup of tea in bed."…I walked out 10 feet tall, just a cup of tea can make so much difference to a person.'

Family members were overwhelmingly positive when they spoke to us about their involvement in their relatives care and its impact on their relative and them. Comments included, "The care they provide is very thorough. Everything is documented in the records so we all know what is going on." "They are very thorough with their documentation and they liaise closely with us and other services through notes. They ask me if I have any worries too and offer really valuable support to me."

Staff said a key aspect of involving family members was communication. Staff said. "Communication is so important – getting to know people and what matters to them so as never to offend them." And, "Family members are a great way of getting information; it makes them feel involved too."

We received overwhelmingly positive comments when we asked family members about staffs approach to privacy and dignity. Comments included, "They always show respect towards him, but also to me and to our home." "She [staff name] is very caring and dad really likes her. They enjoy a good chat together. She treats him with dignity." "When he goes to the toilet they (staff) wait outside by the door and support him back to bed ensuring he can't fall and making sure he has properly covered himself up."

A Clinical Nurse Manager shared with us a development tool, they had used with staff that focused on the language of diversity. It asked staff to question and explore their understanding of culture, ethnicity and race. To consider its impact on people in receipt of end of life care and their role as staff in providing support and care.

Staff provided some examples of the support and care they had provided to people from a range of diverse cultures and backgrounds, and how they promoted people's preferences and respected their values and beliefs. A member of staff said. "We work with people from many different cultures. My thoughts are my thoughts, I may not like their ways and choices, but it is not for me to judge. It is for me to care." And, "I spent a long time one night talking to someone who had a Pagan faith about their passing and belief. It was really interesting comparing it to my own Christian values. Our support is the last thing we can do for people, whatever their background, culture, or religion. We treat them all with utmost dignity."

Staff told us how they communicated with people and family members, and how they supported people in the promotion of their privacy and dignity. "I don't see patients, I see people. They have an identity; things that make them come alive when they talk to us. Looking at photos in the room, talking about them, sharing memories, seeing the person and hearing their stories."

Outstanding ☆

Is the service responsive?

Our findings

Family members told us how staff had initiated discussions as to their relatives expectations and wishes with regards to end of life care and that these discussions took place as and when required to reflect the changing needs of their relative. Comments included, "Yes we have discussed this and they are fully aware of my wishes." "Now that she is moving into the next stage I will be further discussing this with them in due course." "Marie Curie has given me a book about end of life and support places and I will sort this out with them nearer the time."

Staff spoke of their role in supporting people's family members. "We'll talk the family through the dying process, so they know what to expect – it makes it less frightening for them. We remind them of the stages as the patient goes through them. We give the family love and compassion, taking control when we need to and making tea when they need it."

Staff spoke of their role in providing support once a person had died, with consideration to people's dignity, and their spiritual and cultural needs. Staff said. "When they have passed, I always talk to them just like I would if they were alive – in every aspect of the care I give or thing I do." "I cared for someone who was Muslim. They had preferences for after they died, just like when they were alive, for example male staff not seeing their body. I helped the family prepare them after their death." The registered manager and a clinical nurse manager confirmed that in some instances they recruited staff with skills to meet people's spiritual and cultural needs.

A staff spoke of how they personalised and considered people's needs when a person had died, and how they supported family members. "Being there, but not being there – fading into the background and taking cues from the family, especially if there are lots of family members around. If there are only a couple of people with the patient, then more support can often be needed and we are there to give it." "I'll always draw the curtains and continue to communicate with the person after they have passed as though they were alive. I'll always stay with them until the funeral director has been if that is what the family want."

Supporting them is all we can do. We'll leave our bereavement booklets discreetly, or tell the family where we've left it for them." Staff, where required, liaised with funeral directors once the death had been verified, which in some instances meant contacting the call service so that a nurse could be sent to verify the death. A member of staff told us. "We ask the family who the funeral directors are and if they want us to contact them. Once the verification of death has been completed, we'll ask the family if they want us to wait for the funeral directors or to go."

Staff shared their experiences of how they supported people and the conversations they had that personalised people's care. A member of staff said. "There is one man who was a World War II veteran. When he is awake at night you can get him to tell you stories about his time in the war. He comes alive. For a while he forgets his pain – his situation, and he is very much alive."

The collaborative approach between staff and other key stakeholders, such as District Nurses' ensured

changes to people's needs were understood by all and responded to. When a person's condition deteriorated, care plans were reviewed. The focus of care was on supporting the person to have a dignified and pain free death with an emphasis on managing people's symptoms.

An external stakeholder wrote of a Marie Curie, Clinical Nursing Manager who worked in their geographical area. The Clinical Services Manager…… has initiated a new system last year called the optimisation process where all patients are reviewed on a daily basis to ensure the level of care is appropriate for that patient within the commissioned services available. '

The planned overnight services were delivered across a large geographical area and the provider worked with a number of different Clinical Commissioning Groups (CCGs). This meant the service provided was different across the counties, depending on what the CCG commissioned. Staff followed documentation in people's homes provided by the local key worker, usually the district nurses. The documentation included risk assessments, care plans, DNACPR (Do Not Attempt Cardio Pulmonary Resuscitation) forms and any other relevant information. If people's needs changed urgently during the night staff followed agreed local procedures. Staff followed National Institute for Health and Care Excellence (NICE) guidelines when providing care after death.

People's family members praised highly the service they received. "We have regular night sits and when we were referred they were very quick to respond and extremely helpful." And. "They are most supportive over all aspects and are always asking about my welfare and if I require any more help, I only need to ask them." "One of them even brings in newspaper cuttings about the cricket as they know he really loves his cricket. They all engage with him in some way. They treat him like the individual he is. They are amazing." Staff providing the planned service, telephoned the person or family member in the evening, to confirm with them their night visit, providing their name and the time they would arrive.

The Rapid Response Service (RRS) provides a service in the evening, overnight during the week and over a 24 hour period at weekends and bank holidays and is available to people who are registered with a GP in Lincolnshire. District nurses provide information about the RRS, who at the point of their involvement may not be receiving a service from Marie Curie. People can contact the service directly, where the person's concerns will be listened to and the appropriate action taken, which may include advice over the phone or a team, consisting of a Nurse and Health Care Assistant going to visit a person in their own home.

A majority of support provided by RRS was in symptom and pain relief. Family members praised highly the service they had received and spoke of what it had meant to them. Comments included, "They have responded in a first class manner especially when I needed to call out the Rapid Response team who were here very, very quick. They spoke to me and settled me down and gave me peace of mind." "I was concerned over her medication not working. They came out and changed the dosage and this made her more settled." "I was getting low on Diamorphine (medicine for pain relief). The District Nurses were having difficulty in contacting the doctor…luckily Marie Curie staff were here at the time and they did all the running around for me. They firstly phoned the chemist to check they had the medicine in stock, then went to the doctors and took the prescription to the chemist. They were all so nice about it, they could not do enough for me and I cannot praise them enough."

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.

Organisations that provide publicly-funded adult social care are legally required to follow the Accessible Information Standard (AIS) which says services should identify record, flag, share and meet information and communication support needs of people with a disability, impairment or sensory loss. Marie Curie had produced as organisation information in a range of accessible formats. For example, literature and booklets had been introduced in an easy read format that provided information on the care of someone who was dying, the emotional challenges and practical support and guidance. A member of staff told us how they had used these booklets to support a person with a learning disability whose parent was receiving end of life care in understanding what was happening. The organisation had recently launched a 'translation service' at its call centre, providing verbal information in a range of languages. The service works, by a three way conversation, which includes a translator.

An external stakeholder shared their views as to staff's commitment to make information accessible to people, and how Marie Curie as an organisation shared good practice. They commented. 'More recently, we have accessed Marie Curie resources specifically Easy Read booklets for adults with Learning Disabilities and 'End of Life Care: a guide' which we give to all patients who are fast tracked home to die as we find this resource comprehensive and sensitive to patient's needs.'

A family member told us. "(Person's name) is losing the power to speak but they are so patient with him, they work hard to understand him. One of them has introduced me to the 'alphabet card' it has made such a difference. They are proactive at finding ways to communicate." Staff based at the centre where referrals were made sought information about people's communication needs, which was shared to enable staff to meet people's needs.

We spoke with the registered manager about the Equality Act 2010 and in particular how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. We spoke about the protected characteristics of disability, race, religion and sexual orientation. The registered manager had a thorough understanding of how they needed to act to ensure people were not discriminated against. Staff completed death and dying training which included information about spirituality and cultural beliefs. MCNS Central aimed to provide a service irrespective of people's equality and diversity needs. The service monitored people they provided care for in terms of ethnicity and demographics such as the communities people lived in. This meant they were able to show that people living in deprived areas were not prevented from accessing the service because of where they lived.

Family members confirmed they had been given information about raising complaints and concerns, however all told us they had had no cause to make a complaint. Comments included, "I don't have any complaints at all. I feel I am kept in the loop but would ring the office if I needed to." "I certainly have no complaints. Although if I did I am sure they would listen, understand and rectify whatever it was. I have found everyone I have dealt with very receptive."

Where people had raised concerns they told us these were dealt with proactively. "Not a complaint, just a few issues that may arise such as things that may make him scared. I tell them about it, they listen and thank me for telling them, and it is sorted out straightaway."

Complaints were managed effectively and used to improve the service for people. A complaints policy was in place and there were leaflets and information to inform people using the service and their families how to raise a concern or make a complaint if they wish to. The organisation had a duty of candour policy and staff were provided with training on this. This showed people were supported to raise any concerns about the service and their feedback was taken seriously and acted on.

A register of all complaints/concerns received was discussed at all levels across the organisation. Any learning points or recommended changes to practice were agreed and cascaded to the appropriate staff members for implementation and used to drive improvement. For example, an analysis of complaints had identified local and national reasons as to where the co-ordination of people's care was not consistently good. Marie Curie analysed the comments and identified a number of factors as both regional and local level. As a result a new database is being explored and local action plans put into effect. The registered manager informed us following the implementation of local plans the number of complaints had significantly fallen.

Concerns and complaints formed part of the quality assurance monitoring and were shared with the relevant CCG's (Clinical Commissioning Groups), to promote transparency and openness.

Outstanding ☆

Is the service well-led?

Our findings

The provider had a strongly defined vision and mission statement. Marie Curie's vision being 'A better life for people and their families living with a terminal illness and their mission is 'To help people and their families living with a terminal illness make the most of the time they have together by delivering expert care, emotional support, research and guidance'. We found the registered manager and all staff integrated these in to their everyday practices. This was evidenced within the comments we received from family members of those using the service, the feedback we received from commissioners and throughout discussions with staff.

The provider kept under review the day to day culture of the service, which included the monitoring of staff to ensure the vision and mission of Marie Curie was embedded into staff's every day practices. The registered manager and staff had organisational and individual goals and objectives, which were aligned to the visions and mission of the service, and were regularly reviewed. Staff views were sought about the service.

Staff achievements were acknowledged and celebrated by the provider. A clinical nurse manager had been awarded the 'People At Our Heart', in recognition of their work practices being reflective of the services visions and values. A health care assistant had been awarded 'The Marie Curie Peacocks Award' for going the 'extra mile' and included being the regional 'Digital Daffodil', providing colleagues support and advice with their tablets (hand held devices).

A clinical nurse manager told us. "Staff can be as involved as they want to be. The strategic plan is part of people's appraisals and they all take part in the staff survey and the 'pulse survey' which takes a snapshot of organisation weaknesses. Staff shared their views about staff consultation. "I have not gone to any of the major things that they hold to involve us; I get all the information I need from our local meetings and my supervisions. There has been lots of talking about changes." And, "I filled in the last survey, they do seem to listen. There are lot of opportunities to get our opinion heard, especially locally. The managers ask our advice and take up our suggestions."

A clinical nurse manager spoke as to how they shared information about changes and how they worked with staff to drive improvement. "I use my experience and create actions that make a good environment for staff to work in. I am supported by the organisation to develop my service the way that I want to and the way I know it needs to go. Staff individually can be as included in the bigger organisation as they like."

The registered manager evidenced a strong understanding and implementation of their responsibilities which was supported by the infrastructure of Marie Curie. We had positive feedback about the registered manager and management team, who staff said were always available for advice and support. Staff comments included, "The manager is really good – really supportive. It works really well. We have our on call team, and an out of hour's service we can call." "The manager is there when we need her, and our colleagues are, so we can be there for our patients and their families." Staff in addition had access to counselling services via the organisations' confidential welfare service.

Staff demonstrated confidence and understanding and were aware of the Duty of Candour and Whistleblowing. Staff told us. "Any concerns I can speak to [manager's name]. She is home based, but I speak to her often. I can also speak to the clinical nurse managers. I have access to my manager's calendar – so there is no hiding from me. But she will always pick up issues and act upon them." A member of staff said. "We learn from things that went well too and do a monthly report of things we are complimented or thanked for."

Family members consistently reported their satisfaction with the management and leadership of the service, both at a regional and local level, and spoke of its impact on them. Comments included, "The office [office staff] are very, very nice and we chat easily when we speak. Again, like their care staff they are very professional and caring. I can only praise them and I couldn't be more satisfied with them. They ask what is needed, do a wonderful job and I am totally delighted with the whole service." "Extremely well led and managed." "They telephone from time to time to check everything is ok. I don't know where I would be without them. There have been times when I have really struggled, and they have been there for me."

There was a strong organisational commitment and effective action towards ensuring there was equality and inclusion across the workforce. Following staff consultation, management structures had been reviewed with a focus on the development of local leadership teams The registered manager, was supported by five Clinical Nurse Manager's, who had responsibility for the management of identified geographical areas and who were further supported by Senior Nurses, registered nurses and health care assistants. The organisational and managerial approach facilitated the provider to engage with staff at all levels to share ideas and to discuss developments to continually improve the quality of the care they provided. The governance of the service was therefore fully effective and also overseen at a national level to assess the quality of the service.

The provider had an open and transparent approach to sharing information. Marie Curie produces a number of reports, which provide information in relation to its financial accounts, along with information as to the service it provides and plans for future development. People's experiences and views of the service were recorded, with all reports being available on the internet promoting public awareness and an open approach to the sharing of information, which included reports being produced in an easy read version. Marie Curie has a group referred to as 'Expert Voices Group', made up of family members of people who have used the service and work with the Executive Committee in the development of the service. One aspect of their work is to review new literature and policies and procedures, to ensure information is well receive by its intended audience, by looking at it from the perspective of those using the service.

People's views and that of their family members were sought as part of the provider's and registered manager's commitment to continually developing the service, regionally and locally. Patient carer feedback was sought by volunteer staff, and collated to develop the service both nationally, regionally and locally. For example to support people in Lincolnshire, staff of Marie Curie had altered the time of their shifts and worked in collaboration with a local hospice to better facilitate the sharing of information between staff of different services.

The registered manager had a thorough overview of the quality of the service. This was facilitated by high quality auditing of all areas of the service in order to identify where areas of improvement were required, enabling the service to continually develop and improve. The registered manager and members of the managerial team regularly met to review the service being provided. Managerial staff ensured a visible presence by meeting with staff and through regular contact by telephone and e-mail.

The registered manager had a good understanding of the requirements of their registration with the Care

Quality Commission. All necessary notifications had been made to the CQC and we saw that the duty of candour had been adhered to following any incidents. The registered manager was up to date with recent changes to the key lines of enquiry and staff had been made aware of these. Where necessary, the registered manager had undertaken investigations into incidents, accidents and complaints. And had used the findings to influence the care people received and share good practice. For example. A complaint was made by another provider that a Marie Curie staff member visiting a person had not re-positioned the patient 2 hourly as per the care plan. The Clinical Nurse Manager worked with the other provider using research based evidence to demonstrate that this was not in the person's best interest at this stage in their dying process. This changed the practice of the other providers and also a subsequent study session for the team gave them the confidence to question decisions made always ensuring patients is at the forefront.

The registered manager was keen to continuously learn and improve the support provided. The registered manager as part of their development kept up to date with development both locally and nationally. They attended meetings on a divisional and regional level, which meant they met with registered managers working across the organisation to enable them to keep up to date with best practice and share learning across the wider organisation.

The work of Marie Curie in collaboration with other organisations, involved in end of life care had been externally accredited and published in the British Medical Journal, for the development and implementation of the 'responsive need tool'. Its purpose being to enable clear, accurate and effective communication of people's needs across organisations that support, and co-ordinate services for people in end of life care.

External stakeholders, who included CCG's, whose views we had sought consistently and overwhelmingly were positive about Marie Curie and the service it provides. A written response we received from an NHS trust who worked in partnership with Marie Curie stated. 'Marie Curie is a great organisation to partner with and we are currently working on some innovative designs for care pathways to ensure timely response to changing need. All the staff who reach our patients are caring and compassionate and give timely handover so changing needs can be proactively managed. I am extremely privileged to work with [name of team]. All the team are extremely motivated, well respected and able to articulate vision and inspire practice; Staff demonstrate a "can do will do attitude" and are a delight to work with. Without their input, as a health and social care economy, our journey of collaborative re-design would not be as advanced as it is. The team has shown thorough commitment to and with its partners and really engaged in our local plans.'

A representative of a CCG wrote about a Clinical Nurse Manager, "Has a wealth of experience in this field and has made a huge impact on the efficiency and effectiveness of the service since she started a few years ago. She has strong leadership style and is very pro education for her staff and patients alike. She has influence at a strategic level and will support local initiatives with partner agencies to effect change.