Marie Curie

Marie Curie Nursing and Domiciliary Care Service, North East Region

Inspection report

Marie Curie Hospice
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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?	Good ●
Is the service responsive?	Outstanding ☆
Is the service well-led?	Outstanding ☆

Summary of findings

Overall summary

About the service
Marie Curie Nursing and Domiciliary Care Service, North East Region (MCNE) is a registered provider of palliative and end of life care services to adults with terminal illnesses across the North East. The service supports people in their own homes.

At the time of our inspection there were over 200 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. The majority of the care was provided by nurses and healthcare assistants overnight to people in their own homes.

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

People and their relatives consistently used a range of superlatives to describe the service. It was run exceptionally well. The culture, ethos and impact of the service was understood by all staff and delivered passionately and with pride in the work they did.

Staff demonstrated a commitment to the provider's values and mission in the delivery of end of life care. They were supported to show autonomy, creativity and compassion by a leadership team with an excellent range of skills and experiences.

Partnership working was key to the service's ongoing success and its ability to influence the outcomes for people not only using the service, but across the North East in other care settings. They were seen as leaders in their field and contributed extensively to the sharing and development of best practice.

The service had clear and visible leadership. Staff had specific areas of responsibility. They regularly shared learning and maintained excellent working relationships with healthcare professionals and academics.

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.

Staff's knowledge and understanding of people's needs at the end of their lives was exceptional. Feedback from relatives and external professionals was consistently outstanding about how staff put people at ease

and supported them.

The Rapid Response team were able to provide a unique service to local healthcare professionals who needed to refer people when their needs changed quickly.

Staff were well supported to perform this emotive and challenging role by a leadership team that genuinely cared about the wellbeing of its staff.

Concerns and complaints were meaningfully and rigorously analysed, with lessons learned and service-wide improvements rolled out where identified. The culture was one of continuous learning and creativity, with person-centred care at the heart of all developments.

Staff got to know people well in the overnight stays and formed strong bonds with people. 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.

People's individualities, varying levels of independence and equality characteristics were respected and upheld.

Family members consistently described staff in terms that likened them to friends and family members. Staff successfully reduced people's anxieties through their calm approach and range of training.

People's needs were met as there were sufficient staff who had the necessary skills and knowledge to meet their needs. There was a range of mandatory and additional training in place to fully equip staff to perform their roles. There were creative and inclusive approaches to training and an evident focus by the provider on supporting staff to pursue areas of professional interest.

Commissioners of the service and health care professionals who worked alongside staff were consistent in their praise of the service provided by MCNE.

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. There were proactive approaches with external organisations to ensure staff could safely meet people's needs.

There were clearly defined protocols and systems for the management and administration of medicine.

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

Staff worked sensitively and collaboratively with family members to ensure people's care and treatment was in their best interests.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was good (published 27 April 2017)

Why we inspected
This was a planned inspection based on the previous rating.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe. Details are in our safe finding below.	**Good**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was exceptionally responsive. Details are in our responsive findings below.	**Outstanding** ☆
Is the service well-led? The service was exceptionally well-led. Details are in our well-led findings below.	**Outstanding** ☆

Marie Curie Nursing and Domiciliary Care Service, North East Region

Detailed findings

Background to this inspection

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

Inspection team
The inspection was carried out by one inspector and two 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.

Service and service type
This service is a provider of palliative and end of life care services to adults with terminal illnesses across the North East. The service supports people in their own homes.

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

Notice of inspection
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.

Inspection activity started on 1 October 2019 and ended on 3 October 2019. We visited the office location on

2 October 2019.

What we did before the inspection
We reviewed all the information we held about the service, including changes, events or incidents that the provider is legally obliged to send us within the required timescales. We contacted professionals in local authority commissioning teams, clinical commissioning groups and safeguarding teams. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with one person using the service and 10 relatives over the telephone. We spoke with five members of staff: the registered manager, three clinical nurse managers and the practice development facilitator.

We looked at four people's care plans, risk assessments and medicines records. We reviewed staff training and recruitment documentation, quality assurance systems, a selection of the service's policies and procedures, business plans and lessons learned documentation.

After the inspection
We spoke with a further three external health and social care professionals and four members of staff over the telephone.

Good

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management
- Staff were well trained and knowledgeable in identifying and acting on risks.
- Initial care planning and risk assessment information was provided by the referring organisation. Marie Curie staff checked this and ensured it was accurate. There were comprehensive and well understood processes in place should staff identify additional risks.

Staffing and recruitment
- The provider continued to ensure there were a range of checks in place to ensure prospective staff were suitable and safe for the role.
- Staffing levels were appropriate to the needs of people who used the service. Care visits were managed locally and there had been a reduction in staff travelling time, reducing the risk of delay.

Using medicines safely
- The registered manager and staff demonstrated a sound knowledge of good practice in relation to medicines administration. Up to date training, competence assessment and attendance at external learning events were in place.
- Medicines were administered safely and well audited.

Systems and processes to safeguard people from the risk of abuse
- People trusted staff who cared for them. Relatives consistently told us the introduction of each staff member and their conduct gave them high levels of reassurance. One said, "He feels comfortable with them and he is quite familiar with them and not anxious anymore."
- Staff had received appropriate safeguarding training. There was a Freedom to Speak Up (whistleblowing) policy in place encouraging staff to raise concerns openly.
- Relatives agreed that staff always stayed for the agreed duration and that they were always punctual.

Preventing and controlling infection
- Regular observations of staff took place to ensure they had appropriate gloves and aprons with them, and that they used them as required.

Learning lessons when things go wrong
- There was a culture of analysing any incidents or concerns to identify where there was scope for improvement.

Good

Is the service effective?

Our findings

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

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

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked extremely well with external health and social care professionals, ensuring staff had access to up to date details regarding people's needs. Feedback from healthcare professionals included, "We have a lot of confidence in them. They feel like part of the wider team and that's how we work together."
- The registered manager told us the long-term plan was for staff to have access to the same content district nurses accessed electronically. Until then, they were dependent on taking referral information over the telephone and via email.

Staff support: induction, training, skills and experience

- Staff received a range of ongoing refresher training to ensure they were well equipped to meet people's needs. There was a practice development facilitator in place who was passionate about ensuring all training courses had regard to person-centred care. Training also had regard to the need to promote good staff wellbeing, for instance mindfulness and resilience training was in place.
- Staff told us, "We prefer face to face and they're planning more of that. It's really comprehensive and you get to specialise and develop in your own area." The service had a range of 'link' nurses in place, or champions, who specialised in a particular area. They were supported to maintain their learning in a particular topic and then share that information at team meetings and by updating information folders for all staff to access.
- Regular staff supervisions, appraisals and meetings took place. Staff were well supported to discuss the professional or emotional impact of their role. This included a 24/7 helpline, on-call managerial support and specific debrief meetings to reflect on the emotive impact of the role.
- Staff were issued individual tablets so they could email any pertinent information or handover information at the end of their shift. The provider was planning to replace this system with a web-based approach for incident reporting, which would make it simpler for staff to complete and easier to audit.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff demonstrated a good knowledge of people's food and drink preferences. Whilst the majority of calls involved an overnight stay and therefore little need to prepare food, staff were appropriately trained and helped people with this wherever needed.
- Staff were aware of recent good practice guidance in relation to oral care and were able to talk about how they helped people to feel comfortable. The provider planned to produce their own specific guidance document for staff through their regional nursing forum.

Supporting people to live healthier lives, access healthcare services and support

● Staff ensured people had prompt access to district nursing support and GPs when needs changed. They liaised closely with local healthcare professionals and families.

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

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

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

We checked whether the service was working within the principles of the MCA.
● Consent and capacity considerations were clear in care planning documentation. The registered manager and staff demonstrated a sound understanding of the principles of the MCA and the best interest decision-making process, should they need to have regard to this in future.

Good

Is the service caring?

Our findings

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

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

Respecting and promoting people's privacy, dignity and independence

- People's relatives gave consistent positive feedback about the tact, sensitivity and compassion of staff. They said, "They are prepared to do anything that he wants to make him feel comfortable in the night. They make things so much easier for all of us. Right from the beginning when they come in, they make you so comfortable. It's almost like a cushion they put underneath you."
- Relatives confirmed staff always had regard to people's dignity. For instance, considering their privacy when helping with personal care, and gaining an understanding of how people wanted to feel cared for. One relative said, "The first thing the Marie Curie nurse did was establish what (person) liked to be called by and then spoke to her all the time about what she was doing and how she was going to do it. She was calm, serene and reassuring." Another said, "There were times when they stayed over their scheduled time, so that they could talk things through with him, to reassure him. They were marvellous."
- All staff we spoke with felt the culture was a caring one and that they had a range of support mechanisms in place. For instance, there was a 24/7 phoneline for staff, on call management at all times and experienced staff who could share their experiences. The provider ensured staff who were completing extremely emotive work were appropriately supported.

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

- Relatives confirmed how well staff were able to form bonds with people, sometimes in a very short space of time. They attributed this to a combination of staff approach and the intimacy of having a staff member support a person for eight or nine hours overnight. One relative said, "They made a note of the small things and always remembered them – this made a difference."
- Whilst the service could not guarantee the same members of staff would visit the person on each call, people did confirm they knew the regular team of staff they could expect, and that they felt comfortable at all times.

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

- Relatives confirmed there was a consistent approach to their introduction to the service and how staff ensured they and their relatives were as fully involved in the care planning process as possible. One said, "We were part of that process, yes. We had all the help to work through it and more besides."
- The registered manager asked for feedback on an ongoing basis and ensured this was approached sensitively. Results were consistently extremely positive.

Outstanding ☆

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs. At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

End of life care and support

● The service specialised in end of life care and support and excelled in all aspects of this. They were calm, respectful, anticipatory and supportive. Feedback from people's relatives was, without exception, outstanding. Relatives said, "I wanted him to stay at home and not to go to a hospice. They were fantastic in supporting that and made it a lot easier for us." Others said, "I can't believe how much they did. It was truly amazing how they helped [person] prepare at the end. I can't thank them enough," and, "Afterwards, the nurse stayed with me as I wanted to sit with [person]. They didn't rush away and leave me and they were amazing and calm. I felt like they were looking after all of us there."

● There was a focus on recognising and supporting the role of people's relatives from an early stage. This ensured people were better supported during the day, when Marie Curie staff were not in attendance, and that the environment people had chosen was as welcoming, supportive and prepared as possible. One relative said, "I was moved by the amount of support in place and by the impact it had on all of our quality of life."

● Relatives consistently told us they had felt empowered and encouraged to play a part, along with their family member, in planning at these end stages of life. One said, "They took the time to get to know everything and they were so respectful and calm after that. It put us at ease and reduced [person's] anxieties."

● Where religious practices were important to people staff ensured they understood the importance of this and supported where they were able. For instance, one staff member helped a person play their preferred prayers through their internet-enabled speaker system.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● The service was uniquely placed in being able to respond quickly to people's choices regarding end of life when, for example, they left hospital. There was a 'Rapid Response' service, which was a 24hour on call service working closely with district nurses. External professionals told us, "It is an invaluable service for us and for people who need it – there are people who would otherwise have come to the end of their lives in hospital when they wanted to be comfortable at home. The service has enabled this."

● The provider's corporate strategy included ensuring a greater awareness of the importance of person-centred care. We found the registered manager had already embedded this as part of the culture at the service. One relative said, "For the brief period of time Marie Curie were involved, the nurse in question did everything to ensure (person) was comfortable, pain free and felt loved."

● Staff developed and maintained strong bonds with people they supported. People were predominantly in the latter stages of life limiting illnesses and access to social and cultural interests were sometimes limited.

Staff took a keen interest in understanding their likes, dislikes and pastimes and building rapport on this basis. One relative's feedback summed up the impact, "The help and support offered is the most wonderful experience at a very difficult, emotional time. Very special people come through the door as strangers and leave as friends." Another said, "We wouldn't have got through it without them."

● Processes were in place to ensure staff could gain the most person-centred information possible about people at an early stage and respond to their individual needs.

Improving care quality in response to complaints or concerns

● There was a well-established culture of analysing and acting on feedback and complaints. People's experience of the service improved as a result.

● For instance, the registered manager had analysed in detail a range of feedback in different formats. They identified that one intermittent theme was relatives' desire for more 'up front' conversations from staff at the outset. As a result the registered manager had rolled out additional training to support staff to broach difficult conversations. Staff gave extremely positive feedback about this training; relatives' feedback regarding staff communication improved.

● All relatives we spoke with confirmed they felt staff were highly skilled and sensitive in the way they broached difficult topics of conversation.

Meeting people's communication needs

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

● The provider's website included a range of guidance and advice in easy read formats. The registered manager confirmed they were able to produce literature in a range of formats and languages when needed.

● Staff demonstrated a strong knowledge of people's individual communication needs. One relative told us, "The nurses were really good at communicating with him and really knew him well. They used the prompts I had put together to help us all communicate with (named) and that was really good."

Outstanding ☆

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Working in partnership with others

- Palliative care provided by the service was exceptional. It was seen as a leader and played an important role in improving palliative care across the North East.
- The service were regarded as an expert in their field. They had provided additional training to care home staff and district nurses as part of their objective to improve people's experience of palliative care. Another initiative was embedding palliative care nurses in a hospital to ensure knowledge and skills in that environment were significantly increased. This had a widescale impact and ensured more people's needs at the end of their lives were better understood.
- The registered manager and other senior staff had worked closely with academics at a local university who had expressed interest in learning from the rapid response team. The practice development facilitator was also exploring with the university staff, the evaluation of the impact of the mindfulness training on palliative care staff which the service had rolled out. They also worked alongside academic colleagues as part of the Northern Palliative Care Academy.
- Other positive partner relationships included a training partnership arrangement with the Alzheimer's Society, close links with a number of hospices and regular attendance at Gold Standard Framework (GSF) meetings. GSF is a recognised best practice approach to supporting people at the end of their lives.
- The Rapid Response service offered additional support to care homes, namely the skills and experience required to verify a death. This meant they were able to reduce the waiting time, stress and anxieties of family members who wanted to begin the grieving process but would otherwise have had to wait for another healthcare professional to verify the death.

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

- The registered manager had over 20 years relevant experience and was passionate about the service. They had reflected on the strengths identified at the last inspection and those areas where further improvement could be made. There were demonstrable impacts on the people who used the service.
- Staff at all levels were empowered and encouraged to make improvements in the service. They worked collaboratively to achieve exceptional outcomes for people and to improve their ability to meet people's needs. This year nursing staff arranged their own conference as a means of sharing best practice and supporting each other. This led to a better understanding of respective parts of the organisation and a smoother service for people.
- Nursing staff were part of the internal northern registered nurse's forum. This met regularly to identify and act on best practice. For instance, they recently produced a staff handbook on record-keeping. This was

rolled out nationally and contributed to better record-keeping and in turn working relationships with external healthcare professionals.
● Morale was high and staff gave outstanding feedback about their love for the role and the support they received. One told us, "It's like no other role I've done. It's intimate and sometimes emotionally challenging but so rewarding…the support is second to none." We found external opinion similarly positive. One healthcare professional told us, "It's invaluable," and another, "They are the best at what they do."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● The registered manager and staff had built on their strong reputation and staff commitment. The culture was person-centred in relation to people using the service, but also to staff.
● Annual team celebration meetings recognised outstanding practice and staff contributions, whilst regular newsletters and fundraising events helped ensured the culture was a strong, unified one. Staff feedback was consistently exceptional.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● The service undertook regular surveys to gain feedback about the service. They reviewed this feedback and incorporated it into strategic and local planning.
● People's equality characteristics were sensitively supported by staff who treated them respectfully and fairly. The service was a Stonewall champion, meaning LGBTQ staff were equally supported and respected.
● The Practice Development Facilitator had made contact with local groups, such as a LGBTQ group for input on training. They had also arranged for a theatre company to stage a play themed on dementia which triggered conversation and learning about the topic. There was therefore an innovative and inclusive approach to how the service learned and developed.

Continuous learning and improving care
● There was clear evidence that the governance and analysis structures in place led to service improvements. Management roles were appropriately delegated and staff given the autonomy to suggest and drive solutions and improvements. Nurse's clinical knowledge was respected and built upon with a view to upskilling staff.
● The registered manager had successfully managed a transformation programme which saw the formation of an onsite hub team who coordinated service referrals and visit bookings. This had previously been done at a national centre. Staff told us, "It's a lot better now – they know the area so I never have to have a long drive after shift, which makes a big difference when you've had that intense eight or nine hours."
● The registered manager continued to trial ways to improve the range and type of feedback they could use to further improve the service. For instance, they were using anonymous electronic staff surveys at the time of inspection, rather than paper based. They hoped this would give more staff the opportunity to contribute.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
● The registered manager demonstrated a sound knowledge of the duty of candour; policies and procedures had regard to it.