

Marie Curie

Marie Curie Nursing and Domiciliary Care Service, London region

Inspection report

Camelford House
87-90 Albert Embankment
London
SE1 7TP

Tel: 08458300937

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11 May 2018

15 May 2018

29 May 2018

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This was an announced inspection that took place on 11, 15 and 29 May 2018.

This service is a domiciliary care agency. It provides personal, palliative and end of life care and support to people living in their own houses and flats. It is located in the Vauxhall area of south London.

This was the first inspection since the service was registered in July 2017.

There was a registered manager 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 and associated Regulations about how the service is run.

People's relatives said they were satisfied with the service provided and the way staff delivered the service.

The service kept up to date records that covered each aspect of the care and support provided for people, the support choices they had made and identified they were being met. They contained clearly recorded, fully completed, and regularly reviewed information that enabled staff to perform their duties well.

Staff were very aware of their responsibilities towards the people they supported, regarding the care they provided and of how people wished to be supported. The care and support was provided in a professional, friendly and kind manner and delivered by staff with appropriate skills.

Staff were aware that they must treat people equally and respect their diversity and human rights. This was reflected by what people's relatives told us about staff care practices and that they felt people were treated fairly and respectfully.

Staff received appropriate training, were suitably qualified and made themselves accessible to people. They told us the organisation was an excellent place to work; their work was very rewarding and they had access to good training and support.

The registered manager and staff encouraged people and their relatives to discuss health and other needs and passed on agreed information to community based health professionals, as required.

Staff protected people from nutrition and hydration associated risks by giving advice about healthy food options and balanced diets whilst still making sure people's likes, dislikes and preferences were met.

The service was aware of the Mental Capacity Act (MCA) and their responsibilities regarding it.

The registered manager was approachable, responsive, encouraged feedback from people and consistently

monitored and assessed the quality of the service provided.

The health care professionals that we contacted were happy with the support that the service provided for people.

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.

Relatives said people received a service that was safe. There were appropriate numbers of skilled staff that followed effective safeguarding, infection control and risk assessment procedures.

Lessons were learnt when things went wrong.

People's medicine was administered safely and records were up to date. Medicine was audited, safely stored and disposed of if no longer required.

Is the service effective?

Good 

The service was effective.

People received care and support from well trained and qualified staff. Their care plans monitored food and fluid intake and they were encouraged to eat healthily.

The service was aware of the Mental Capacity Act and its responsibilities regarding it.

The provider worked to challenge and prevent discrimination, both by engaging with the public and supporting people in ways that challenged existing stigma and discrimination.

Staff worked well together internally and across organisations.

Is the service caring?

Good 

The service was caring.

People's opinions, preferences and choices and those of their relatives were sought and acted upon and their privacy and dignity was respected and promoted by staff.

Staff provided support in a friendly, kind, caring and compassionate way. They were patient, attentive and gave encouragement when supporting people.

Is the service responsive?

Good 

The service was responsive.

The service re-acted appropriately to people's changing needs and reviewed care plans as required. Their care plans identified the individual support people needed and records confirmed that they received it.

People told us concerns raised with the agency were discussed and addressed as a matter of urgency.

Is the service well-led?

Good 

The service was well-led.

The management team was visible and supportive with an open, person-centred culture. Staff were proud of working for the provider, which had clear person-centred values that staff applied to their work.

The registered manager, management team and organisation enabled people to make decisions and supported staff to do so by encouraging an inclusive atmosphere.

There were robust systems to assess, monitor and improve the quality of the service people received. People and their relatives were involved in these processes and in the development of the service.

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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.

This was an announced inspection and took place on 11, 15 and 29 May 2018. 48 hours' notice of the inspection was given because the service is a domiciliary care agency and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also checked notifications made to us by the provider and information we held on our database about the service and provider.

The inspection was carried out by one inspector.

There were 24 people receiving a service and 131 staff. During the inspection, we spoke with six relatives' and thirty staff. We also spoke with the registered manager and management team during the office visit.

We looked at five people's care plans and ten staff files. We also checked records, policies and procedures and quality assurance systems.

Is the service safe?

Our findings

Relatives thought the service provided was safe with enough staff to meet people's needs when required. The staff appointment system reflected this with people's needs being met flexibly and safely. One relative said, "I can get some sleep safe in the knowledge that [person] is being cared for." Another relative told us, "They [staff] provide a safe service and needs are met."

Staff had knowledge of what abuse constituted and what action to take should they encounter abuse to people or themselves. The service had policies and procedures regarding abuse and harm and provided staff with training to protect people. The management team knew how to raise a safeguarding alert and when this was required. Previous safeguarding alerts were suitably reported, investigated and recorded. There was no current safeguarding activity.

The registered manager said that staff were recruited using the Marie Curie website and there was a combination of directly employed and flexi bank nursing and carer staff. The staff recruitment procedure included providing an application form, job description and short-listing of prospective staff for interview. The interview included scenario based questions to identify people's skills, experience, knowledge and philosophy of care. The interviews were conducted by a clinical nurse manager and nursing service facilitator. References were taken up and work history and disclosure and barring service (DBS) security checks carried prior to staff being employed. There was a six month probationary period with regular reviews for contracted and flexible bank staff. All stages of the process were recorded.

The community nursing teams, usually led by district nurses, carried out risk assessments that protected people and the service staff providing care. This included situations where people may display behaviour that others could interpret as challenging and that may put themselves and staff at risk. There was also a lone working policy and procedure in place with staff expected to conceal their uniforms under clothing as they went to calls during the late evening. Risks assessments were monitored, reviewed and upgraded when people's needs and circumstances changed and where possible people and their relatives were encouraged to contribute to them. Staff said they shared information regarding risks to people with the office and other members of the team if they had shared calls. They were made familiar with the situations and medical prognosis of people they provided a service for and were able to identify situations where people may be at risk. This enabled them to take action to minimise the risk. The service kept records of any accidents and incidents. Staff had also received infection control training and relatives said their working practices reflected this.

Comprehensive accident and incident records were regularly monitored and learnt from.

The service had disciplinary procedures that were followed if required.

Staff safely administered or prompted people to take medicine and were trained and qualified to do so with annual refresher courses. They also had access to updated guidance. The service checked and monitored people's medicine and records.

The health care professionals we contacted had no concerns regarding the service providing a safe service for people.

Is the service effective?

Our findings

The service supported people and their relatives to make decisions about their end of life care and how they would like it to be delivered. Staff were fully conversant with their needs, had a patient and supportive approach and met their needs in a skilful manner. Staff told us that they regularly checked with people that the care and support was meeting their needs. This was also monitored as part of the service's quality assurance system. Staff were suitably trained to complete the tasks that were required. One relative told us, "I have to say, I find them [staff] very professional and caring." Another relative said, "They are so professional, but it's not just a job, they are personal to my dad and so kind."

Staff received a comprehensive package of induction and mandatory training that was regularly refreshed. The induction included key personnel and service overview, policies and procedures, personal safety, responsibilities and development. Depending on the nature of employment, the training was based on the 'Care Certificate Common Standards' or nursing qualifications. The Care Certificate is an identified set of 15 standards that health and social support workers adhere to in their daily working life. It is the minimum standards that should be covered as part of induction training of new support workers and was developed jointly by Skills for Care, Health Education England and Skills for Health. Monthly staff meetings, eight weekly supervision and annual appraisals provided opportunities for identifying group and individual training needs in addition to the informal day-to-day supervision and contact with the office and management team.

Person-specific needs training was also available through clinical assessment, in collaboration with local specialists for interventions such as enteral feeding and non-invasive respiratory support. More generalised specialist training was also provided such as dementia care.

The service provided staff with equality, diversity and human rights training that enabled them to treat everyone equally and fairly whilst recognising and respecting people's differences. This was confirmed by people's relatives. The service also had an equality and diversity policy that staff were aware of and understood.

People's care plans included their health, nutrition and diet requirements and people's food and drink intake were monitored by staff. They also advised and supported people to make appropriate healthy meal choices and said that if they had any concerns they raised and discussed them with the office, the person, their relatives and GP as appropriate. Records demonstrated that the service made referrals to and regularly liaised with relevant community health services including local authority and NHS commissioners, hospital discharge teams and district nurses.

We checked whether the service was working within the principles of the MCA and that applications must be made to the Court of Protection if appropriate. No applications had been made to the Court of Protection as this was not appropriate and the provider was not complying with any Court Order as there were none in place. Appropriate staff were aware of the Mental Capacity Act 2005 (MCA), 'Best Interests' decision-making process, when people were unable to make decisions themselves and staff had received appropriate

training. The registered manager was aware that they were required to identify if people were subject to any aspect of the MCA, for example requiring someone to act for them under the Court of Protection or Office of the Public Guardian.

The service worked closely with service commissioners and had contact with organisations that provided service specific guidance. Staff had the skills and knowledge to assess people to identify when they needed to involve other members of the multi-disciplinary teams. All staff were provided with the out of hours community nursing teams and GP telephone numbers should a person's condition deteriorate or change. Marie Curie also provided 24/7 access to clinical nurse management support.

The service had regular meetings and calls with community teams and staff who referred to the Marie Curie Nursing Service. For each area and service there was a responsible clinical nurse manager who managed the staff and service in that area. The clinical nurse managers had long established relationships with the local community in which they worked either in their role at Marie Curie or in a previous role.

The health care professionals we contacted had no concerns regarding the service providing an effective service for people.

Is the service caring?

Our findings

Relatives felt staff treated people with dignity and the upmost respect during a very traumatic part of their lives. They were listened to and their opinions valued. This was made possible by the training staff received regarding people's rights to dignity and respect and relatives said it was reflected in the caring, compassionate and respectful support that staff provided, that was delivered in a friendly, helpful and professional way.

The office team and staff were knowledgeable about the support that each individual person required. They were aware of people's needs and preferences that meant they were able to provide appropriate support and care.

Relatives said it was important to them and people that the service provided consistent care staff, when possible, who understood their needs and preferences. This demonstrated a person-centred approach to the care that was provided. Staff arrived on time, carried out their required duties and stayed the agreed time. They also recognised how vital their roles were in giving comfort to people. One relative told us, "They [staff] have been marvellous, out of this world." Another relative said, "I couldn't have coped without them."

The service had a confidentiality policy and procedure that staff said they understood, were made aware of and followed. Confidentiality, dignity and respect were included in induction and ongoing training.

Recently it was identified that in Tower Hamlets the care of people who were white British was quite high for an area where there was a high Bengali community. By the service sharing this data the community health services were currently reviewing that Bengali families were being given the opportunity to have Marie Curie care if required. Reviewing the ethnicity and gender of people in all the boroughs Marie Curie provided care was part of regular contract and service review meetings.

Marie Curie had also completed a piece of research into the LGBT community and access to palliative care in partnership with Kings College London and The University of Nottingham.

The health care professionals we contacted had no concerns regarding the service providing a caring service for people.

Is the service responsive?

Our findings

Relatives said that the service asked people for their views about the service provided and they were fully consulted and involved in the decision-making process before a service was provided. One relative said, "They [staff] are always on time and phone an hour before to let us know they are coming." Another relative told us, "This service has really helped us out."

Relatives told us people received personalised care that responded to their needs. If there was a problem with staff or the timing of the support provided, the service quickly resolved it. Staff recognised the importance of understanding people's views so that the support they provided could be focused on people's individual needs.

The service trained staff to recognise the need to gain consent, discuss preferences and ensure people had the right information to make informed choices. People's relatives confirmed that suitable information was provided; regarding the service offered that was easily understandable and helped them decide if they wanted to use it. The information outlined what they could expect from the service, the way the support would be provided and the service expectations of them. One relative said, "We got good information, they turn up on time and they change to meet our needs."

Each person had a care plan that was person focused and provided by the community nursing teams, for service staff to follow. People had their needs regularly reviewed and re-assessed with them and care plans changed to meet their needs. Any changes were recorded and updated in people's notes and a verbal handover given to the referrer. Updates were also added to 'Patient Connect', Marie Curie's clinical database and subsequently communicated to other members of the team due to care for the person. Personal information including race, religion, disability and beliefs were identified and this information enabled staff to understand people's needs, their preferences and choices and respect them. The information gave staff the means to provide the care and support needed.

One of the main aims of the Marie Curie Nursing Service was specifically focussed on providing end of life care and support to people to enable them to die at home, if this was their wish. Care was also prioritised for families that were reaching crisis point due to emotional distress and fatigue. Although the service was not commissioned to provide bereavement support, it recognised the importance of providing support to people imminently after someone's death and gave information about where they could contact specific bereavement support. It was also recognised that working in end of life care can have an impact on staff and they were able to contact a Clinical Nurse Manager 24/7 to discuss any urgent concerns.

At referral, commissioners identified people's preferred place of care and death and provided information on the resuscitation status and the person and their families' understanding of their prognosis. This information supported staff in facilitating conversations when providing care.

People told us they were aware of the complaints procedure and how to use it. The procedure was included in the information provided for them. There was a thorough system for logging, recording and investigating

complaints and compliments. Complaints made were acted upon and learnt from with care and support being adjusted accordingly. Staff were also aware of their duty to enable people to make complaints or raise concerns. There were monthly Clinical Governance meetings that reviewed trends relating to complaints and incidents. The findings were discussed at monthly staff team meetings. The organisation also made sure that compliments were cascaded down to staff from people and their relatives.

The health care professionals we contacted had no concerns regarding the service providing a responsive service for people.

Is the service well-led?

Our findings

Relatives were happy and comfortable speaking with the office based team as well as the registered manager and to raise any concerns with them as they were with staff providing direct care. They told us there was frequent contact with the office and that made the service more personal. One relative told us, "A great organisation with people at its heart." Another relative said, "Staff in the office always ring with alternative arrangements if they are needed."

The service had a clearly set out vision and values that staff were aware of and shared. These were explained during induction training and regularly revisited at staff meetings. The vision was to provide care and support based on compassionate care; connecting and empathising with people, supporting their wishes and signposting to information to ensure people could make informed choices. The agency worked hard to maintain a high profile that people in London and nationally could recognise. This included having a presence in tube stations where staff were available to explain to people the service that Marie Curie provided.

The service's culture was open and supportive with clear, honest and enabling leadership. This was also reflected in staff comments. One staff member said, "Accessible senior management without too many management levels from the front line." Another member of staff told us, "An incredibly rewarding job."

Staff had access to a duty manager available 24 hours a day. Staff said the registered manager and office team gave them good support and were available when needed. They were in frequent contact and this enabled staff to voice their opinions and exchange knowledge and information. Staff said their suggestions to improve the service were listened to and given serious consideration.

Staff said they really enjoyed working for the service and felt valued. Staff files demonstrated that regular staff supervision and annual appraisals took place.

There was a policy and procedure in place to inform other services of relevant information should services within the community or elsewhere be required. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely manner.

Records showed that Clinical Nurse Managers were regularly in contact with referrers, people and their families to check they were happy with the care received. Patients and carers were also sent surveys to complete and used social media to feedback comments which the Clinical Nurse Managers took the lead on.

The organisation carried out audits that included complaints, safeguarding, pressure care, accessing IT, health and safety, infection control and medicine management. This information was analysed and a report produced, with accompanying action plan, which identified how it was performing, areas that required improvement and areas where the service performed well. Risk registers and service performance were reviewed monthly. Regular Contract Review meetings took place with service commissioners that gave an

opportunity to review the contract performance as well as flag up any challenges or issues relating to quality.

We saw that information was kept securely kept and confidentially observed for digital and paper records.

The health care professionals we contacted had no concerns regarding the service providing a well-led service for people.