Marie Curie Nursing Service - Care at Home

Support Service Care at Home

Marie Curie Hospice - Glasgow
133 Balornock Road
Stobhill Hospital Grounds
Springburn
Glasgow
G21 3US
Telephone: 0141 531 1355

Inspected by: Sarah Gill

Type of inspection: Announced (Short Notice)

Inspection completed on: 17 May 2013
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Service provided by:
Marie Curie Cancer Care

Service provider number:
SP2003002375

Care service number:
CS2005109316

Contact details for the inspector who inspected this service:
Sarah Gill
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Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

We gave the service these grades

- Quality of Care and Support 5 Very Good
- Quality of Staffing 6 Excellent
- Quality of Management and Leadership 6 Excellent

What the service does well

Marie Curie Nursing Service allocates skilled and experienced staff to provide care and support to patients who are living with life limiting conditions. This is done in conjunction with District Nurses.

What the service could do better

The feedback obtained from patients and district nurses was in low numbers. This should be increased to provide a more representative sample of views about the service.

The supervision and checking systems could be developed to ensure that where appropriate staff are "spot checked" to ensure good quality practice is being maintained at all times.

What the service has done since the last inspection

The service continues to develop new services in each of the Health Board areas of Scotland. These are individually evaluated and have been proving successful in obtaining permanent funding.

Conclusion

Marie Curie Nursing Service were providing very high standards of care and support to people with life limiting conditions in their own homes.
Who did this inspection
Sarah Gill
1 About the service we inspected

The Marie Curie Nursing Service - Care at Home, is a community based service which operates throughout the U.K. The service provider is Marie Curie Cancer Care which is a registered charity. Referrals are made through District Nurses and the allocation of a Marie Curie Nurse is co-ordinated through the referral centre in Wales. The Marie Curie Nursing Service helps people who are approaching the end of their life to remain at home if they wish to do so. The core service is one-to-one overnight nursing from a registered Nurse or Senior Healthcare Assistant, in the patient’s home usually for eight or nine hours.

Other service types in Scotland are as follows:

- **Grampian** - Out of hours rapid response service, Integrated multi patient service.
- **Dumfries & Galloway** - Out of hours rapid response service.
- **Falkirk** - Out of hours rapid response service, weekend service.

Some pilot projects were also in operation for the out of hours rapid response service in Highlands & Wigtonshire. These projects provide input to patients in their own homes for shorter visits, depending on the needs of the patient.

The service is allocated on a needs and availability basis and is funded 50% through charitable donations and 50% by the NHS.

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at www.careinspectorate.com

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

Requirements and recommendations

If we are concerned about some aspect of a service, or think it could do more to improve its service, we may make a recommendation or requirement.

* A recommendation is a statement that sets out actions the care service provider should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement. Recommendations are based on the National Care Standards, relevant codes of practice and recognised good practice.

* A requirement is a statement which sets out what is required of a care service to comply with the Public Services Reform (Scotland) Act 2010 and Regulations or Orders made under the Act, or a condition of registration. Where there are breaches of Regulations, Orders or conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Care Inspectorate.
Based on the findings of this inspection this service has been awarded the following grades:

Quality of Care and Support - Grade 5 - Very Good
Quality of Staffing - Grade 6 - Excellent
Quality of Management and Leadership - Grade 6 - Excellent

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com or by calling us on 0845 600 9527 or visiting one of our offices.
2 How we inspected this service

The level of inspection we carried out
In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

What we did during the inspection
This announced - short notice inspection was carried out by Sarah Gill (Inspector.) The Inspector arranged to meet the manager of the service on Thursday 16th May at 9.30am at Marie Curie Hospice - Glasgow. There was a pre-arranged agenda which was worked through concluding the inspection at 2pm the following day 17th May.

As part of the inspection, we took account of the completed annual return and self assessment forms that we asked the provider to complete and submit to us.

We sent out questionnaires for staff to complete. A number were returned and this is commented on in the main body of the report.

During this inspection process we gathered evidence from various sources, including the following:

- We spoke with two Clinical Lead Nurses, A representative of the “Expert Voices” group, the Human Resources Manager, A Marie Curie Senior Healthcare Assistant, A Marie Curie registered Nurse.
- A telephone conversation was had with the Referral centre co-ordinator for Scotland.
- A short meeting was held with the Divisional General Manager for Scotland.

A sample of six District Nurses were contacted to give feedback on the Marie Curie Nursing Service.

We looked at the following documents:

- Feedback questionnaires sent to District Nurses regarding Aberdeen & Moray out of hours service.
- Results of Marie Curie Nursing Service patient feedback survey - 24
respondents.
- 6 staff files were sampled to check recruitment practices.
- Evidence folders contained - induction framework, development programme, role competencies for different job types.
- Health and safety induction workbook.
- Staff survey.
- Compliments recorded over the last year.
- Audits programme.

The Marie Curie Cancer Care website was also viewed. www.mariecurie.org.uk/en-gb/nurses-hospices/nursing-in-your-home.

Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

Inspection Focus Areas (IFAs)

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services’ responsibilities for fire safety at www.firelawscotland.org
The annual return
Every year all care services must complete an ‘annual return’ form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

Annual Return Received: Yes - Electronic

Comments on Self Assessment
Every year all care services must complete a ‘self assessment’ form telling us how their service is performing. We check to make sure this assessment is accurate.
The Care Inspectorate received a fully completed self assessment document from the provider. We were satisfied with the way the provider completed this with the relevant information included for each heading that we grade services under.
The provider identified what it thought the service did well, some areas for development and some changes they planned.

Taking the views of people using the care service into account
Six District Nurses provided us with views about the service, as referrers of patients they are professional using the service.

"Very good service, it’s a good resource for families at an emotional time, the support provided is good."

"Always excellent as a service from the call centre to the visits there are no problems."

"Good relationship with Marie Curie, can raise any issues, they are always professional, can be a few blips like not phoning a patient, the paperwork has improved now that we all use the same folder, much better flow of information."

"Big help for families, Marie Curie staff can spend more time, excellent service."
Taking carers' views into account

These are some of the comments made by family members:

- A tremendous help and comfort to all who need help and care at home.

- As a family, we used Marie Curie when my Father was ill. It was a great comfort to us that he was so well looked after. We are therefore confident in having to use the service again.

- Without this my Father would not have come home. Thank you.

- The compassion and level of care provided has been outstanding. The whole family has felt so comfortable during this very stressful time. Thank you!

- Service was a lifeline to us at a very difficult time. Practical and emotional support was valuable. Very much appreciated by us as carers.

- Nurses came precisely on time and cared for my wife during her last two nights calling me down to her bedside half an hour before death and guided me through the necessary procedures. Thank you very much for an excellent service.
3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

**Quality Theme 1: Quality of Care and Support**

Grade awarded for this theme: 5 - Very Good

**Statement 1**

We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

**Service strengths**

The performance in relation to this standard was very good. We came to this conclusion because there was comprehensive evidence of regular patient/ carer and District Nurse involvement in feeding back on the quality of care and support. There was a yearly national audit conducted and this was under review to increase the sample size. See comments below.

The compliments received in the last year from patients and carers were recorded and this made an impressive list. The feedback overall from the national survey, from questionnaires and the "Expert voices" group which was made up of members of the public who had relatives who had used Marie Curie services, was all very positive.

**Areas for improvement**

When seeking feedback a more representative sample of at least 10% of service users should be aimed for. To date the sample sizes have been as low as 1% and this should be improved upon. The service were aware that the sample sizes had been too small and had plans to increase this. There was an understanding that family carers were quick to compliment the service but is was much harder to offer criticism. The increasing of sample sizes would help with picking up hard to reach constructive criticism.

There had not been a recent District Nurse evaluation/ questionnaire with regards to the core planned care service. Feedback was provided but this tended to be verbal and at meetings with the Marie Curie Senior Nurse. More up to date and representative feedback would be valuable in ensuring that feedback is meaningful from all sources.
Grade awarded for this statement: 5 - Very Good
Number of requirements: 0
Number of recommendations: 0
Statement 3
We ensure that service users' health and wellbeing needs are met.

Service strengths
The performance in relation to this standard was excellent. We came to this conclusion because all aspects of this statement were met or exceeded. The outcomes experienced by service users were of a very high quality.
We talked with the referral call centre in Wales to check how Nurses or Senior Healthcare Assistants were allocated to patients. The referral was instigated by the District Nurse and the care request was then added to the database. A “Nurse Match” system was then used to search for availability of staff. Certain criteria was used to try to obtain the best match available. If a match could not be found this was flagged to the Senior Nurse for Marie Curie locally and attempts would be made to resolve this. Any instances of “unmet need” were recorded as incidents and reported on through clinical governance systems. This system would try to ensure that this was monitored and actions taken to reduce this to a minimum.
A skills list was drawn up with Nurses, this was recorded at the referral centre as to whether the Nurse was able to carry out specific technical tasks such as blood transfusion and the use of syringe drivers. This information was used to try to provide the best match for the care request made.
Six District Nurses that we spoke with were aware of the referral criteria and all stated that they were satisfied with the allocation of local Marie Curie staff following their referral to the call centre in Wales.
We looked at the interview and selection criteria for Marie Curie staff and this was drawn up to recruit staff with experience of palliative care and end of life care. These were important skills to ensure that staff were able to meet the needs of service users.
There were comprehensive policies and procedures to guide Marie Curie staff in delivering good quality care and support. We could see this from the induction process, the workbooks used for professional development and the competency checks that were being carried out with staff to ensure that they were up to date in key areas of practice.
Staff that we spoke with were aware of policies and procedures and were impressed by the level of support that they received in order to do their jobs well.
The feedback that we viewed from family carers about the care and support provided by Marie Curie staff was very positive. Some comments included:
- A tremendous help and comfort to all who need help and care at home.
- As a family, we used Marie Curie when my Father was ill. It was a great comfort to us that he was so well looked after. We are therefore confident in having to use the service again.
- Without this my Father would not have come home. Thank you.
- The compassion and level of care provided has been outstanding. The whole family has felt so comfortable during this very stressful time. Thank you!

- Service was a lifeline to us at a very difficult time. Practical and emotional support was valuable. Very much appreciated by us as carers.

- Nurses came precisely on time and cared for my wife during her last two nights calling me down to her bedside half an hour before death and guided me through the necessary procedures. Thank you very much for an excellent service.

**Areas for improvement**

The service identified in their own self assessment that good communication between the District Nursing Service and the Marie Curie Nursing service is essential and remains an on-going area of development to continue to meet the needs of patients in an integrated way. Shifts were sometimes not possible to cover and the management of expectations of both patients and District Nurses depends on this being communicated sensitively. The Manager was very aware of this and intended to continue to develop good communication channels with all users of the service.

**Grade awarded for this statement: 6 - Excellent**

**Number of requirements: 0**

**Number of recommendations: 0**
Quality Theme 3: Quality of Staffing
Grade awarded for this theme: 6 - Excellent

Statement 1
We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.

Service strengths
The performance in relation to this standard was excellent. We came to this conclusion because there was robust comprehensive evidence of regular patient/carer and District Nurse involvement in feeding back on the quality of staffing.

There had been recent involvement of District Nurses in the recruitment of Marie Curie staff. This shows a good open working relationship with District Nurses as referrers and therefore users of the service.

There had also been involvement of the “Expert voices” patient/carer group in some aspects of recruitment of staff. This again shows that Marie Curie are involving service users and carers in aspects of staffing and recruitment.

Feedback about staff was very positive. Some comments from District Nurses are included as follows:

“The staff that they send are well trained and a big help for families.”

“They sent a member of staff yesterday and she was fantastic, we always get feedback from the families and it’s almost always very good. Their staff are always professional, the communication has been improved with the introduction of new documentation.”

“The staff that they provide are always excellent from the call centre to the staff on home visits, we have no problems. Patients always say the care is good, it’s usually above and beyond.”

“The staff are very good and have the right training and experience, they’re able to deal with stressful circumstances. They are coming in for the last days or hours of life and this really helps to support the family.”
Areas for improvement
The comments made in statement 1.1 are also applicable to this statement.

Grade awarded for this statement:  6 - Excellent
Number of requirements:  0
Number of recommendations:  0
**Statement 3**

We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

**Service strengths**

The performance in relation to this standard was excellent. We came to this conclusion because all aspects of this statement were met or exceeded. The outcomes experienced by service users were of a very high quality.

We sampled staff files of six newly recruited staff. We found that all of the recruitment checks had been completed satisfactorily. This included the completion of an application form, health check, references, interview check with specific questions about palliative care and a check with Disclosure Scotland that the applicant was not barred from working with vulnerable adults or children if this was applicable. The Nurses were checked with the Nursing and Midwifery Council (NMC) professional register.

We checked the induction framework and found that this was comprehensive and specific to the different job roles within the service. All staff were made aware of important policies and practices specific to palliative and end of life care.

There was a skills checklist which was sent to the referral centre which co-ordinates the allocation of Marie Curie staff to the requests for patient care made by the District Nurses. The referral centre is in Wales. We spoke by telephone with the Team Leader who co-ordinates the allocations for Scotland. She described the systems that were used to obtain the best match of staff to the care request that had been made.

There were on-going training and development plans for all staff. We talked with a selection of staff who were able to confirm that they had regular staff training and that checks on competency were also being made. If an area for development was identified then training goals were set and this was re-checked.

We sent out staff questionnaires and thirty eight staff returned a completed questionnaire. All of these staff confirmed that they were familiar with key policies and that they felt that their training needs were being met.

Some comments made by staff are as follows:

"I can discuss training needs with the Clinical Lead Nurse at appraisal and at my personal performance review or through informal discussion."

"There is on-line and face to face training."

"As a registered Nurse I receive ample opportunities for learning."

"Education is strongly encouraged."

"I feel supported in my role, I have a tremendous amount of job satisfaction, I’m very proud of the service I provide as a part of a fantastic organisation. I am proud to be a Marie Curie Nurse."

"All staff are respected and made to feel valuable, hence why the standard of care is of a very high standard."

"We meet for clinical supervision, managers are available for support, further training is encouraged."
Areas for improvement

A small number of staff expressed that they would like more training “some topics on our training site are restricted access and this is frustrating”.

There were also some comments made that for new staff “hands on, supervised training should take place to have practice skills evaluated.” More supervised observed practice was being developed within the service and this was a part of the competency checking system. Much of this was carried out by checking theory and “scenarios”. The service had not yet developed a “spot check” on staff to check the quality of their appearance and give an opportunity to check their attendance and practical skills if appropriate during a care placement. This could be considered as a part of quality assurance. See statement 4.4.

Senior Healthcare Assistants had not been targeted for SVQ/ or another recognised care qualification as registration was not required until 2017 with the Scottish Social Services Council (SSSC). However, the level of complexity of care and support demands a highly skilled workforce and so a decision on taking forward SVQ/ or similar training to a specific level would be highly desirable to ensure that the workforce is trained to a recognised qualification.

Grade awarded for this statement: 6 - Excellent

Number of requirements: 0

Number of recommendations: 0
Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 6 - Excellent

Statement 1
We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.

Service strengths
The performance in relation to this standard was excellent. We came to this conclusion because there was robust comprehensive evidence of regular patient/carer and District Nurse involvement in feeding back on the quality of management and leadership.
One District Nurse commented:

“We can give them feedback on the service they provide and they will try to improve it, they listen to our feedback and will act on it.”

We spoke with a representative of the “Expert Voices” group which was made up of family carers who had experience of using Marie Curie services. There had been extensive opportunities to review policies and get involved in giving comment and feedback on the development of the service. There had been staff involvement in the service’s self assessment, this was confirmed by one of the Clinical Lead Nurses.
The service had also used social media to gather views and comments via facebook and their own website.
This demonstrated an open organisation that was keen to involve the public and professionals in the improvement of the service.

Areas for improvement
The comments made in statement 1.1 are also applicable to this statement.

District Nurses had not yet been involved in the service’s self assessment this could be considered in the future.

Grade awarded for this statement: 6 - Excellent

Number of requirements: 0

Number of recommendations: 0
Statement 4

We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide.

Service strengths

The performance in relation to this standard was excellent. We came to this conclusion because all aspects of this statement were met or exceeded. The outcomes experienced by service users were of a very high quality.

The service used a clinical governance framework to monitor and improve the quality of the service. There were actions plans in place relating to “user involvement”, “risk”, “workforce development” and “clinical effectiveness”.

There was an audit programme in place with timescales and charts to monitor the progress of these audits. Current audits in progress were in relation to medicines management, falls and documentation.

The service used a process of staff survey, carers stories and district nurse evaluations to provide feedback on the service. The feedback on the quality of the service was extremely positive from all of the staff, District Nurses and carers feedback seen.

Complaints and incidents were logged on the on-line system known as “sentinal”. This provided a summary of the issue and tracked that investigation and actions were taken.

Areas for improvement

The self assessment could be developed further by giving more outcomes, results and evidence of acting on feedback provided. The current self assessment identified processes and systems used many of which were good practice but could then give more indications of the results produced and how this was leading to service improvement.

As commented in statement 3.3 a system of “spot-checks” of staff may be considered to check the quality of staffing skills and provide further feedback from families.

Grade awarded for this statement: 6 - Excellent

Number of requirements: 0

Number of recommendations: 0
4 Other information

Complaints
No complaints have been upheld, or partially upheld, since the last inspection.

Enforcements
We have taken no enforcement action against this care service since the last inspection.

Additional Information
None.

Action Plan
Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in the Care Inspectorate re-grading a Quality Statement within the Quality of Management and Leadership Theme (or for childminders, Quality of Staffing Theme) as unsatisfactory (1). This will result in the Quality Theme being re-graded as unsatisfactory (1).
5 Summary of grades

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<th>Quality of Care and Support - 5 - Very Good</th>
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6 Inspection and grading history

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<th>Type</th>
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All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.
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