

# Care service inspection report

## Marie Curie Nursing Service - Care at Home

### Support Service Care at Home

Marie Curie Hospice - Glasgow  
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Inspected by: Sarah Gill

Type of inspection: Announced (Short Notice)

Inspection completed on: 19 June 2012



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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:**

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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	6	Excellent
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 very seriously ill. This is done in conjunction with District Nurses.

### What the service could do better

The service operates to very high standards and were able to identify further areas for improvement.

### What the service has done since the last inspection

The service had developed additional more flexible options for providing care in specific health board areas.

### Conclusion

Marie Curie Nursing Service were providing very high standards of care and support to people who were near the end of life and wished to remain at home.

### Who did this inspection

Sarah Gill

# 1 About the service we inspected

Marie Curie Nursing Service - Care at Home is a community based service which operates throughout the UK. The service provider is Marie Curie Cancer Care which is a registered charity. Referrals are made through District Nurses and the allocation of staff is co-ordinated through the referral centre in Wales.

There are service level agreements drawn up with the NHS which set out what type of service will be available and this varies throughout Scotland. The service is allocated on a needs and availability basis and is funded 50% through charitable donations and 50% by the NHS. The service is aimed at people who are nearing the end of life and have palliative care needs. In some areas the service will be to support a patient who has been discharged from hospital for the first 3 days, to provide day time visits or to provide night time visits. The staff member provided will either be a Nurse or a Senior Health care Assistant depending on the specific needs of the patient.

The core service is one to one overnight nursing from a registered Nurse or Senior Health care Assistant in a patient's home, usually for 8 or 9 hours.

Based on the findings of this inspection this service has been awarded the following grades:

**Quality of Care and Support - Grade 6 - Excellent**

**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.scswis.com](http://www.scswis.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

Prior to the inspection visit a review of information held about the service was carried out. This included the information submitted by the service through the annual return and the self assessment. There were no notifications of significant events. The last inspection report for this service was from September 2010 and this was taken into account.

The inspection visit was arranged with the service manager. During this visit a large amount of documentation was examined. This included as follows:

- Patient and Relatives feedback on the service using surveys.
- Service evaluations.
- Electronic patients notes held called "Patient Connect".
- Audit timetables and action plans.
- Staff "Personal Performance Review and Development" records were sampled.
- Analysis of incidents and complaints.
- Policies on clinical governance and Adult Protection.

Staff members were consulted as follows:

- Service Manager.
- Two Practice Educators.
- Clinical Lead Nurse
- Senior Registered Nurse
- Senior Health care Assistant.

### **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](http://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 self assessment was completed by the manager and submitted as requested.

## **Taking the views of people using the care service into account**

There was limited feedback available from patients who had used the service.

## **Taking carers' views into account**

There was some very positive feedback from relatives.

"Lovely girls". "The Nurses are wonderful." "Nurses adapted to Dad's changing needs."  
"Splendid, all needs being met." "would like more help with household chores." "would like more (shifts.)"

## 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: 6 - Excellent

#### 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

There was comprehensive evidence of regular involvement of relatives and some service users.

The methods used included using surveys and service evaluations. There was evidence of the completed questionnaires used and some of the service evaluations had also been carried out recently.

The reports were split into North and South Scotland. The North Scotland user survey was carried out in 2011 and involved 10 relatives. The South Scotland user survey involved 8 relatives. Trained volunteers were used to assist in the process of gathering views, this offered a degree of independence which can help to reduce any bias and is good practice.

The literature used by the Marie Curie Nursing Service gave clear information about who to contact and invited comments about the service.

There was a telephone free-phone number called "Marie Curie Direct", this was manned by trained advisers and any member of the public can use this to phone for information, advice or to provide feedback on the service.

There was a complaints policy and procedure which had been revised in 2009.

There was a record of complements.



The results of surveys and comments made were collated and used to inform the quality assurance system. Themes were identified and formed action plans.

### **Areas for improvement**

Some of the services were new and so specific evaluations, results and feedback had not yet been obtained. This was developing.

Some of the feedback forms seen had not been specific as to whether it was the relative or the service user who was completing it. It would be better practice to always be clear about who is providing the feedback as views may differ.

The numbers of people involved in completing surveys seemed quite small. It would be better practice to suggest a percentage of the number of people using the service rather than a number.

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

**Number of requirements:** 0

**Number of recommendations:** 0

## Statement 3

We ensure that service user's health and wellbeing needs are met.

### Service strengths

All service users were referred to the Marie Curie Nursing service by their District Nurse. There was therefore an agreement about using the care plans that were already in use in the patient's home.

In addition there was also a "palliative care needs assessment" carried out. This was designed to identify if the patient had "urgent", "changing" or "stable" needs. This would then assist in prioritising and identifying the type of service to be provided by Marie Curie Nursing Service.

We viewed the on-line "patient connect" records which were held about all referrals to the service. This provided clear information about a patient's health and care and support needs and the visits carried out.

The service had also recently introduced a "record of short episode of care", which could be left for the District Nurse to record the shift which had been covered by the Marie Curie Nursing Service.

This demonstrated that there were comprehensive records available to record health needs assessment and plan and record care carried out.

Feedback from patients and relatives was overall very positive. Some suggestions had been made about trying to ensure continuity and some had commented that they would like more shifts to be covered. These suggestions were acknowledged and acted upon by the local Clinical Lead Nurse and also fed into the themes to inform the quality assurance of the service.

### Areas for improvement

The communication between the District Nursing Service and the Marie Curie Nursing Service remain an on-going area of development. This was a changing and evolving situation given the rise in the use of electronic record keeping.

**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**

As 1.1.

#### **Areas for improvement**

As 1.1.

**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

Staff that were consulted were extremely positive about working for Marie Curie Nursing Service.

There were robust induction procedures and monitoring of new staff for the first year with the service. Thereafter there were regular clinical supervision meetings that staff could attend and a yearly "Personal Performance Review and Development" (PPRD) session.

Staff were all provided with a Marie Curie Cancer Care Code of Conduct for Senior Health care Assistants and Health care Assistants. There was also a nursing handbook dated 2010 which was designed to support all Marie Curie Nurses and Health Care Assistants.

The PPRD included a self assessment of competencies.

A sample of the PPRD paperwork was viewed and this showed that an annual review was taking place, which identified objectives for staff members individually.

There was a comprehensive training programme which was delivered partly through on-line training and face-to-face training that was co-ordinated or delivered by the Marie Curie Practice Educators.

### Areas for improvement

Some aspects of the PPRD system may benefit from review to check that it is as effective as possible. For instance the completion of recent competencies did not seem to feature as a check of how well the staff member was performing.

There was an awareness of the Scottish Social Services Council (SSSC). The recruitment and disciplinary procedures may need to be reviewed to take account of the need to introduce cross checking with this register as Health care assistants may already be registered if they have other jobs that require this.

**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**

As 1.1.

#### **Areas for improvement**

As 1.1.

**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 Marie Curie Nursing Service used a clinical governance structure to monitor the quality of the service. This involved working groups to consider clinical effectiveness, these included focus on risk, workforce development and user involvement.

Each of these groups had terms of reference. We viewed the action plans which were colour coded depending on the timescales for action to be completed.

There was a clinical audit timetable for 2011-12. This set out some national priorities for checking practice in relation to medicines, PPE, documentation, falls and care at the time of death.

There were electronic records of incidents and complaints. Themes were monitored.

This demonstrated a robust approach to monitoring and improving the service.

### Areas for improvement

The staff survey and feedback from District Nurses surveys were due to be repeated.

**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

n/a

### 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 SCSWIS re-grading the Quality Statement within the Management and Leadership Theme as unsatisfactory (1). This will result in the Quality Theme for Management and Leadership being re-graded as Unsatisfactory (1).

## 5 Summary of grades

<b>Quality of Care and Support - 6 - Excellent</b>	
Statement 1	6 - Excellent
Statement 3	6 - Excellent
<b>Quality of Staffing - 6 - Excellent</b>	
Statement 1	6 - Excellent
Statement 3	6 - Excellent
<b>Quality of Management and Leadership - 6 - Excellent</b>	
Statement 1	6 - Excellent
Statement 4	6 - Excellent

## 6 Inspection and grading history

Date	Type	Gradings	
27 Mar 2012	Re-grade	Care and support Staffing Management and Leadership	Not Assessed Not Assessed 5 - Very Good
22 Feb 2012	Re-grade	Care and support Staffing Management and Leadership	Not Assessed Not Assessed 1 - Unsatisfactory
28 Sep 2010	Announced	Care and support Staffing Management and Leadership	6 - Excellent Not Assessed 6 - Excellent
15 Oct 2009	Announced	Care and support Staffing Management and Leadership	5 - Very Good 5 - Very Good Not Assessed
24 Oct 2008	Announced	Care and support Staffing	5 - Very Good 5 - Very Good



## Inspection report continued

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		Management and Leadership 5 - Very Good
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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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