



Inspection Report on

Marie Curie, Powys Regional Partnership

**Marie Curie Cardiff & Vale Hospice
Bridgeman Road
Penarth
CF64 3YR**

Date Inspection Completed

26 November 2019

Welsh Government © Crown copyright 2019.

You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk

You must reproduce our material accurately and not use it in a misleading context.

Description of the service

Marie Curie is registered with Care Inspectorate Wales (CIW) to provide a domiciliary support service at Marie Curie Powys Regional Partnership. According to its statement of purpose, the service offers free nursing care to adults with all terminal illnesses. People using the service are referred from the NHS for symptom control, end of life care and respite support.

Andrew Wilson-Mouasher is the responsible individual (RI) for the service, having responsibility for its overall quality and performance. There is an appointed manager in post who is registered with Social Care Wales in accordance with legal requirements.

Summary of our findings

1. Overall assessment

We have not written separate reports for each of the six Marie Curie regional partnerships in Wales, but have included comments and feedback from relatives and representatives of people using the services in the different service areas. Likewise, we sought feedback from staff working in each regional partnership.

Marie Curie domiciliary support services in Wales provide care that is commissioned by the health boards in each of the six areas. The type of palliative support provided varies and includes planned services, fast track continuing healthcare (CHC), respite care and rapid response services. The health representatives are responsible for assessing the needs of individuals, planning their care and assessing risk. Marie Curie staff provide care and support within this framework.

People receive good quality and timely support that is tailored to their specific needs. Relatives and representatives of individuals using the service value and appreciate the support provided. Staff are recruited safely, supported well and trained thoroughly for their roles. Management focuses on quality assurance and uses feedback received to drive improvements. People using the service and their representatives receive clear, relevant and user-friendly information about the service provided.

2. Improvements

This was the service's first inspection since its registration under the Regulation and Inspection of Social Care (Wales) Act 2016.

3. Requirements and recommendations

Section five of this report outlines areas where the service is not meeting its legal requirements (if any). It also outlines our recommendations for service improvement.

1 Well-being

Our findings

People's views are valued and their choices respected.

Marie Curie domiciliary support services are community focused, enabling people to be cared for and to die at home if this is their preferred choice. Through conversations with their relatives, we found individuals were consulted about their support preferences at the point of planning care and whenever it was revised to meet changes in need. Management also sought feedback from individuals and their relatives/representatives about the quality of the support provided in order to improve and develop service delivery. Processes were in place that allowed people to lodge formal complaints, which were taken seriously and dealt with promptly. Management and staff acknowledged and valued people's language choices and preferences, and written information about the service was available in Welsh as well as English. The service continues to work towards the Welsh Language Active Offer, which means providing a service in Welsh without someone having to ask for it.

We conclude people using the service are able to exercise their rights and maintain control over decisions affecting their care.

Staff promote people's comfort and dignity.

We spoke with relatives and representatives of individuals receiving support, who told us they were highly satisfied with the caring attitude and professionalism of staff and the way they interacted and dealt sensitively with people in their care. Through conversations with healthcare assistants, we found they understood the importance of dignified care and had received comprehensive training in this area. Relatives informed us care and kindness was extended to the family members, which provided reassurance and invaluable support.

Marie Curie has published a range of literature to support family members in their roles as informal carers, and facilitates contact with other people's relatives in similar caring roles if they so wish.

Our findings indicate staff address the emotional well-being of people in their care as well as their physical needs.

People are kept safe.

We found the regional partnership areas had robust recruitment practices in place to ensure staff were of appropriate character and integrity and were suited to the roles they were to carry out. Newly appointed staff received thorough induction training in all aspects of the support they would be providing, and on-going training was organised as and when required. Mandatory training included safeguarding of vulnerable adults and we found staff were able to recognise the various forms of abuse and neglect and knew how to report it. Management supported staff in their roles and conducted regular clinical observations to ensure people were receiving safe care. This included ensuring the healthcare assistant showed identification on entering an individual's home, introduced himself/herself, employed appropriate infection control measures, gained the person's consent for all care interventions and consulted the district nurse's documentation before commencing.

We conclude measures are in place to promote the well-being of each person receiving support and to protect him or her from abuse or neglect.

2 Care and Support

Our findings

Staff are approachable and care delivery is well-planned to meet individual needs. Due to the nature of service provision, we did not visit people's homes, but spoke with their relatives over the phone for feedback about the support received. We contacted family members in each of the regional partnership areas and received unanimously positive responses, of which the following comments are examples:

- *Staff are so kind and willing to spend time chatting to me, not just to "X" (relative using the service)" (West Wales)*
- *"They're all lovely. I have no concerns at all." (Cwm Taf)*
- *"The staff are fantastic and always punctual. They've become like part of the family. I don't know where I'd be without them." (North Wales)*
- *"I can't fault the service- it's incredible." (Cardiff and Vale)*

Through conversations with healthcare assistants, we found them to be sensitive and professional in their approach. One person told us it was the best job they had ever had and added, *"as well as being very rewarding, it's also a very humbling experience being allowed into people's homes at such a time."*

We did not review care plans and risk assessments as part of our inspection, as these documents were the remit and responsibility of the district nurses and not Marie Curie staff. Healthcare assistants informed us there was sufficient information in the care plans to guide them in the support they provided to each individual. They made daily recordings and advised the district nurses of any changes to the person's condition so plans could be revised when needed. Through conversations with relatives, we found people using the service were consulted about the details of their care and were, along with their relative/representative, involved with any changes made. They also told us literature about the service was available in Welsh as well as English; this ensured people's language needs and choices were recognised and addressed.

We found people received prompt care and support. Scheduling of care was completed on a daily basis in the Cardiff and Vale service, and staff were required to be flexible to accommodate changes at short notice. This varied from region to region in accordance with the nature and needs of the people receiving support. Staff confirmed they were allowed sufficient travel time to ensure support was delivered as scheduled.

We conclude people receive good quality and timely support, which is tailored to their individual needs.

People receive support with their medication.

We found all Marie Curie healthcare assistants received medication training as part of their induction and nursing staff assessed their competency. Management informed us staff either assisted individuals with their routine medication or administered it, depending on the arrangements in place in each regional partnership. Staff were trained in accordance with the requirements of the area in which they worked. All clinical staff were required to read and sign the service's medication policy and we spoke with healthcare assistants who confirmed they were able to access the document as a point of reference when needed. Our findings indicate arrangements are in place for safe management of medication.

3 Environment

Our findings

This theme does not form part of the inspection remit of domiciliary support services in Wales. We noted that confidential information relating to people using the service was stored securely in electronic form. Office space was available for management to hold team meetings and confidential one-to-one sessions with staff as and when required.

4 Leadership and Management

Our findings

Staff are safely recruited, supported and trained for the roles they undertake.

We examined a sample of staff personnel files and found recruitment practices were thorough. Each file provided evidence that identity and criminal record checks (DBS) had been undertaken prior to the person commencing employment, satisfactory references had been obtained and full employment histories were available. We also viewed signed contracts of employment and job descriptions.

Management arranged monthly team meetings, which provided staff with opportunities to discuss any aspect of their work. Staff also received formal one-to-one supervision every three months and clinical observations of their practice. We viewed the service's template for recording details of supervision meetings and saw that topics discussed included reflections on work and experiences, staff training, teamwork, and any needs the supervisee may have. One healthcare assistant told us they also received support from their team members and the clinical nurse manager encouraged them to discuss and share their experiences in meetings so they could learn from one another. Each member of staff received an annual appraisal, which reviewed their achievements throughout the year against their objectives and goals, as well as their overall performance.

Through discussion with management, we found that staff induction was adapted to each service area to ensure people received support to meet their specific needs. Training in each regional partnership involved a mixture of online and classroom learning. This included moving and handling, safeguarding of vulnerable adults and infection control. In addition to the provider's mandatory training programme, management informed us other professionals were sometimes involved in teaching, and staff were consulted about subject matters that would be of benefit to them. Recent sessions had included oral care, motor neurone disease and respiratory conditions, and a solicitor had delivered training on the legality of documentation. District nurses also delivered training to staff in patients' homes and staff could further their knowledge via the provider's excellent online palliative care knowledge zone.

We spoke with staff on the day of our inspection and received feedback via email following our visit. Comments included, "*Excellent manager- so supportive*", "*the induction training I received gave me confidence to start my role*", "*management is very approachable and helpful*", and "*the training is useful- I enjoy every part of it.*" Staff confirmed travel time and call times were clearly delineated and therefore were able to arrive punctually and deliver support as arranged. The vast majority of healthcare assistants working for Cardiff and Vale service had registered with Social Care Wales, and management was supporting staff in the other regional partnerships to meet the 1 April 2020 legal deadline for registration of all domiciliary care workers in Wales.

We conclude that individuals receive safe and person-specific care, by skilled staff who are confident in their roles.

The service promotes effective sharing of information.

We viewed the statement of purpose for each of the regional partnerships in Wales. This is an important document, which is fundamental to the service. We found the information contained therein accurately described the services provided and the arrangements in place to support service delivery. Through discussion with the RI, we found, however, the document was not easily accessible to individuals using the service, their representatives, staff, or any other interested parties. The RI assured us he would arrange for a hard copy of the statement of purpose to be made available in each service area as well as on the intranet. We requested that information regarding the service's staff induction training be included in the document.

We saw all individuals receiving support were provided with a detailed written guide to the service. This was in the form of a comprehensive information pack and included guidance about how to make a complaint and how to access advocacy services, in accordance with regulatory requirements. People using the services and their families/representatives were invited to provide feedback by completing one of the surveys included in the information pack or via the service's website.

Our findings indicate that the service seeks to empower the individual and promote peace of mind by offering clear guidance and opportunities for two-way correspondence.

Management monitors the quality of support delivered.

The six services in Wales are included in the provider's UK wide robust quality assurance processes, as indicated in the statements of purpose. We saw the service had clear policies and procedures in place, which all staff were able to access via the Marie Curie intranet, the staff handbook or their tablets. We viewed the RI's six-monthly quality of care review reports (April-September 2019) for Cardiff and Vale, and Cwm Taf regional partnerships.

These included details of occasional complaints received, along with the service's responses, which we found to be in accordance with the service's complaints policy and regulatory requirements. The reports evidenced the RI and regional manager's overview of incident reporting, the responsive action taken and the lessons learnt from the events.

There was evidence of analysis of feedback from people using the service, their families and staff; this was used to inform service improvement planning. We read comments that reflected a high level of satisfaction about the service provided. The majority of staff were content and fulfilled in their roles, although we saw occasional remarks in relation to inadequate pay, which management was in the process of addressing. The RI advised us he visited all regional partnership areas regularly, but due to the nature and organisation of the service, it was often not possible to speak with people using the service or with staff who would be either providing care in people's homes or sleeping after a night shift. As a result, he informed us it had not been possible to evidence three monthly quality monitoring in the form of RI reports as required under regulation. Moving forward, we agreed the RI would consider options for evidencing the service met its legal requirements.

Through discussions on the day of our visit, we found the service was in the process of updating its IT system to make it more efficient and suited to the technological needs of all the services in Wales. It would allow staff rotas, scheduling of calls, clinical records and reporting to be included in one online system rather than the current separate ones.

We conclude the service has systems in place to drive quality improvements.

5.1 Areas of non-compliance from previous inspections

This was the service's first inspection since registering under RISCA 2016.

5.2 Areas of non-compliance from this inspection

None

5.3 Recommendations for improvement

- RI to ensure the service's statement of purpose is easily accessible to stakeholders in each of the service areas.
- Information about staff induction training should be included in the statement of purpose.
- RI to consider how the provider can best evidence it meets the requirements of Regulation 73 of the Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017.

6. How we undertook this inspection

We (CIW) undertook an announced, full inspection of the service on 26 November 2019. We visited the main office at Penarth where we met with management and staff, and then accessed staff personnel records at the HR offices in Mamhilad, Pontypool. We considered the following sources of information to compile our report:

- Face-to-face discussions with the RI, interim regional manager (Wales), clinical nurse manager, administrator and healthcare assistants;
- Telephone conversations and email correspondence with other members of staff and with relatives of people using the service in each regional partnership;
- Consideration of electronic documentation relating to service provision;
- Examination of documentation relating to staff training, supervision and annual appraisals;
- Examination of four staff personnel files to consider recruitment practices;
- Consideration of the statement of purpose documents for the six regional partnerships in Wales and the written guide to the service;
- Consideration of the RI's quality of care review reports and other methods used to monitor the quality of the service;
- Examination of a sample of policies, including safeguarding of vulnerable adults, medication and complaints.

Further information about what we do can be found on our website:

www.careinspectorate.wales

About the service

Type of care provided	Domiciliary Support Service
Service Provider	Marie Curie
Responsible Individual	Andrew Wilson-Mouasher
Date of previous Care Inspectorate Wales inspection	This is the service's first inspection under RISCA 2016
Dates of this Inspection visit	26/11/2019
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	Working towards it.
Additional Information:	

Date Published 24/02/2020

No noncompliance records found in Open status.