



Inspection Report on

Marie Curie - Swansea Bay University Health Board

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

Date Inspection Completed

08/08/2023

Welsh Government © Crown copyright 2023.

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.

About Marie Curie - Swansea Bay University Health Board

Type of care provided	Domiciliary Support Service
Registered Provider	Marie Curie
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	[Manual Insert] 26/11 2019
Does this service promote Welsh language and culture?	This service provides an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

Marie Curie provides a domiciliary support service across Wales, with its main base in Penarth. This inspection was carried out for the Swansea Bay footprint. There is a manager in place who is registered with Social Care Wales, the workforce regulator, in accordance with legal requirement. Rachel Jones is the responsible individual (RI) for the service.

People receive excellent care and support from a friendly staff team. The service is passionate about providing timely support to people who use the service. The type of palliative support includes planned services, dementia care and respite services and providing care at very short notice in a crisis. Health representatives are responsible for assessing the needs of individuals, planning of care and assessing risk. Marie Curie staff provide high-quality person-centred care and support within this framework and is commissioned by six Health Boards in Wales.

Care staff and the management team are equipped with excellent levels of training, development opportunities and support. Management are visible and engaged in the day-to-day running of the service. Robust systems are in place to ensure high quality care and support are provided in accordance with people's wishes and preferences. Feedback from families, representative's relatives and care staff about the effectiveness of the service describe it as "*Absolutely outstanding, an exceptional service*".

Well-being

People receive support that is delivered in a dignified and respectful manner in which care staff have meaningful interactions and positive and caring attitudes towards people who use the service. Marie Curie's domiciliary support services are community focused to enable people to be cared for and/or end of life care to be provided for people to remain at home if this is their wish and preferred choice.

People have a voice and can make choices about their day-to-day care. Staff value and respect the preferences of each individual. They keep day to day documentation up to date and record people's views and feedback. This serves to ensure care provided is person-centred and continues to meet people's needs and expectations. Care plans and documents are the responsibility of the district nurses. However, we saw the daily documentation completed by Marie Curie care staff which is well organised. We spoke with staff during the visit who told us they were guided by the information within the plans and have sufficient information to ensure care is provided appropriately. Care staff told us they had excellent relationships with the district nursing team and would contact them to discuss any changes to a person's condition or with any concerns or issues they may have.

People are safe and protected from abuse, harm and neglect. Staff are highly competent and motivated to undertake their roles and there is a robust recruitment process. Care staff are trained in safeguarding and have policies and procedures to guide them. Mandatory training and on-going training are available and on-going as required as well as staff support networks. Clinical observations are carried out on a regular basis and include ensuring staff evidence identification on entering a person's home, appropriate infection control practices and gaining consent for all care interventions. Staff told us they are extremely well supported by management at all times. The service makes safeguarding referrals when required and notifies CIW of any notifiable events in a timely manner.

People are at the heart of the service and measures are in place to provide excellent standards of practice. Whenever possible people are supported to have control over their day-to-day life. Whenever possible people follow their own routines each day with support and encouragement from the staff team. Relatives/representatives told us they are also extremely well supported and reassured on a daily basis by visiting care staff and are able to exercise their rights and maintain control over decisions affecting their relatives' care.

Care and Support

Care and support is provided to people in their own homes enabling them to be cared for and to die at home if this is their preferred choice. Due to the nature of service provision, we spoke mostly with people over the phone for feedback about the support received. We visited some people at home when appropriate to do so. People using the service, family, and representatives spoken with provided excellent feedback. Comments include *“However much money in the world I could never repay the staff for the care given to us”, “I could never repay each and every one of them for the kindness shown, all the staff are fantastic”*. One person told us they would never have coped without the staff visiting and looked forward to seeing them every day.

Staff maintain accurate and up to date recordings, which reflect people’s current needs and the care provided by care staff. We did not review personal plans and risk assessments, as they are the remit and responsibility of the district nurses. However, we looked at and discussed the electronic documentation completed by care staff during each home visit. Staff told us any changes to a person’s needs, condition or any concerns are reported to the district nurses immediately and plans revised as required. Comments from staff include *“We are recognised and appreciated for the work we do, I am supported well by management, I love my job”*.

Quality review documentation we viewed indicates that people are extremely happy with the service provided. Care is delivered by highly trained care staff who have appropriate training and experience. Care staff are passionate about the role they undertake and feel valued and respected. People confirmed that “staff are very respectful and kind.” Where people are unable to represent themselves, family members or advocates help people to access and review the service. Family members who receive a sitting/respice service explain how they can relax as they have trust in the care worker supporting their relative.

People receive continuity of care. Staff said that people will receive a telephone call to let them know if staff are going to be late or if there are any changes. People told us “We are always kept informed of any changes,” “we have never had a late or missed visit since the care started,” “we know every staff member well already, I can’t praise them enough”. The manager told us there is a lone working policy and if there are late or missed calls this would be ‘flagged’ up on the electronic system and followed up immediately.

Environment

This theme does not apply to domiciliary care agencies. We found that the agency's premises are suitable to hold staff meetings/training and there are appropriate arrangements in place to maintain the security of confidential information.

Leadership and Management

People using the service can be assured that there is robust and competent leadership and management of the service. We examined Marie Curie's statement of purpose document which outlines the service's philosophy of care. The document demonstrated that the service has a focus on promoting "choice, dignity and safety." Our review of the care documentation demonstrated that the service actively seeks to put these values into practice. Systems and processes help promote the smooth running of the service and carries out internal audits to monitor standards and practice. The RI and management team has outstanding knowledge of the service and support the operation on a daily basis. The RI is completing their duties providing a detailed Quality of Care report based on their findings. We viewed the last report dated April 22 -March 23 which was completed to a very high standard and the quality assurance arrangements in place demonstrates that the service is consistently delivering superb care to achieve people's personal wishes and outcomes. People's feedback has driven service improvements and we saw compliments received such as cards, letters and verbal comments which include "*Fantastic, the staff are helpful and caring, I would give them 11/10 score*". "*Amazing I have so much respect for these staff and the work that they do*".

The service has access to the Wales interpretation and translation service, has easy read booklets available to help people understand information as well as British sign language videos. The service recognises the importance of involving people and consistently seeks their views. Innovative leadership governance and the positive culture it creates drive and improve outcomes.

People can be assured that staff are competent to undertake their roles and there is a robust recruitment process. We looked at a sample of staff personnel files and saw the necessary safety checks in place, ensuring staff's suitability to work with vulnerable adults. Staff receive formal one-to-one supervision every three months and regular clinical observations of their practice are carried out. Staff told us they can approach the management team with any issues or concerns at any time. Care staff said they were extremely happy working for Marie Curie. We were told there is an extremely low staff turnover with many staff working for the service for many years enabling continuity of care.

People receive safe and person-centred care. Visits to people's homes are carried out mostly by two members of staff with a pool' car collected each morning and used by staff throughout the shift. Staff said they were grateful for this time 'working together' and felt it was essential time for support, reflection and discussion. We spoke with staff who told us they have received training in palliative care, end of life care and a range of mandatory training including dementia training, safeguarding of adults at risk of abuse and have policies and procedures to guide them. All new care staff complete a five-day induction prior to commencing the role and a range of classroom and online training continually available for all staff. The service delivers high quality outcomes for people with a support of professional input ensuring people are provided with exemplary care at all times.

Comments from staff include *“I have worked for Marie Curie for many years, there have been lots of changes, but I love my job”*.

The service makes safeguarding referrals when required and notifies Care Inspectorate Wales (CIW) of any notifiable events in a timely manner.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Was this report helpful?

We want to hear your views and experiences of reading our inspection reports. This will help us understand whether our reports provide clear and valuable information to you.

To share your views on our reports please visit the following link to complete a short survey:

- [Inspection report survey](#)

If you wish to provide general feedback about a service, please visit our [Feedback surveys page](#).

Date Published 17/10/2023