# Statement of Purpose Marie Curie Powys Regional Partnership

## About the provider

<table>
<thead>
<tr>
<th>Service provider</th>
<th>Marie Curie, Powys Regional Partnership</th>
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<tbody>
<tr>
<td>Legal entity</td>
<td>Charitable company</td>
</tr>
<tr>
<td>Responsible individual</td>
<td>Andrew Wilson-Mouasher</td>
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<tr>
<td>Manager of service</td>
<td>Helen Davies</td>
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<tr>
<td>Name of service</td>
<td>Marie Curie, Powys Regional Partnership</td>
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<tr>
<td>Address of service</td>
<td>Marie Curie Nursing Office</td>
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<td></td>
<td>Unit 2 Llys Aur</td>
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<td>Llanelli Gate</td>
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<td>Dafen</td>
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<td>SA14 8LQ</td>
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<td>Local Clinical Care Coordination</td>
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<td>Marie Curie Hospice</td>
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<td>Bridgeman Road</td>
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<td>Penarth</td>
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## About the service provided

**Marie Curie Powys Regional Partnership Board - Community based service**

Marie Curie, Powys Service is a registered provider of palliative care services. We offer free nursing care to adults with all terminal illnesses, as well as support for family and friends.

The emphasis of care is community focused, enabling patients to be cared for and to die at home if this is their preferred choice. Our Healthcare Assistants have received training in palliative and end of life care. They provide one-to-one care and support overnight as well as care at very short notice in a crisis. Patients are referred to the Marie Curie Powys Service from the NHS for symptom control, end of life care and respite.

The service has been developed in conjunction with the NHS commissions to meet specific needs. These include:

- **Planned variable:** Marie Curie Healthcare Assistants provide between three to nine hours of nursing care that's been arranged in advance by a district nurse, specialist nurse or GP

## Details

<table>
<thead>
<tr>
<th>a) Age range of people using the service</th>
<th>Adults over the age of 18 and transition patients (16-18 year olds) on request</th>
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<tbody>
<tr>
<td>b) Accommodation Based services</td>
<td>N/A</td>
</tr>
<tr>
<td>c) Community based services only</td>
<td>0 - 250 hours of care delivered per week</td>
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How the service is provided

Arrangements for admitting, assessing, planning and reviewing people's care

Patients are referred to the Marie Curie, Powys service from the NHS for symptom control, end of life care and respite. For Marie Curie to become involved in a patient’s care they must be referred by a healthcare professional already involved in their care. The NHS is responsible for ensuring that before referring a patient the District Nurse or their nominated representative undertakes the necessary risk assessment. The District Nurse or nominated representative will make a referral based on their assessment and every attempt will be made to allocate care.

Occasionally younger patients (under 18 years of age) may be referred and acceptance of the referral is considered on a case by case basis. A decision is made at senior clinical management level, based on our ability to ensure we can provide safe care to younger patients. When necessary, staff will work under the clinical leadership of other specialist paediatric care providers or community teams to ensure appropriate care and support can be given. When necessary staff will work under the clinical leadership of other specialists.

Standard of care and support

Working closely with Community Nurses and General Practitioners, the emphasis of our care is to support people’s choice to be cared for and die in their own home.

As well as supporting people’s choice, respecting people’s privacy and dignity are values integral to the Powys team.

Our Healthcare Assistants offer a high standard of care and expert support for patients and their families. All of them are trained and experienced in looking after people at home. They will be guided in the care and support they give by the care plan, provided by the District Nurse. They’ll also let the District Nurse know about any changes in the person’s condition to help them plan their care.

Our Healthcare Assistants undertake a rigorous training programme and follow the code of professional practice for social care. They can:

• give care as set out in the District Nurse’s care plan
• assist with personal care needs such as washing, dressing and mobility
• help the patient to take their routine medicines

Language and communication needs for people using the service

All patient literature is available in both Welsh and English.

Section 5: Staffing arrangements

a) Numbers and qualifications of staff

Helen Davies, Regional Manager for Wales, is the Registered Manager. Helen Davies is a registered nurse with over 20 years’ experience in palliative care. She holds a Diploma in Palliative Nursing, QCF Level 5 in Leadership and Management in Health and Social Care.
and is currently working towards her MSc in Leadership and Management.

Clinical Nurse Managers ensure that all staff are clear about their roles and responsibilities and have appropriate support.

- The Clinical Nurse manager covering Powys is Andrea Rees. Andrea is awaiting certificates in Health and Social care QCF/Level 5
- There are 2.79 WTE Healthcare Assistants

<table>
<thead>
<tr>
<th>NVQ1</th>
<th>NVQ2</th>
<th>NVQ3</th>
<th>NVQ4</th>
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<tbody>
<tr>
<td>12</td>
<td>3</td>
<td></td>
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<tr>
<td>BTEC/EOLC</td>
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b) Staff levels

The service has 1.8 WTE Registered Nurse and 0.3 WTE Clinical Nurse Manager

c) Specialist staff

0.3 WTE Clinical Nurse Manager
1.8 WTE Registered Nurse

d) Arrangements for delegated tasks

Healthcare Assistants will be guided in the care and support they give by the care plan, provided by the District Nurse. They'll also let the District Nurse know about any changes in the person’s condition to help them plan their care.

In the event of staff sickness or absence the Marie Curie, Powys Service will attempt to make alternative arrangements. Where this is not possible we will communicate with the District Nurse and the patient and family as soon as possible.

e) Supervision arrangements

Staff on duty can phone an on- call Clinical Nurse Manager or Senior Nurse.

Monthly team meetings take place and includes clinical supervision and reflective practice.

Staff complete an annual ‘My Plan and Review’ document in which they record their objectives for the coming year, this includes a development plan to identify support needed to help you achieve their objectives.

Senior Nurses supervision session take place very three months.

f) Staff training

All Healthcare Assistants must complete a range of mandatory training topics including:

- Level 1 Medications (assisting)
- Administrations of medicines
- Manual handling- patient and load
Mandatory training compliance is monitored by the Registered Manager who receives monthly reports from the Learning and Development team. Action plans are in place to address areas of low uptake of training and non-compliance.

Clinical Nurse Managers ensure that all staff are clear about their roles and responsibilities and have appropriate support. They are responsible for regularly reviewing performance and identifying on-going training and development needs through Marie Curie’s My Plan and Review process. Individual training plans ensure that required skills and competency levels are maintained and developed.

Section 6: Facilities and services

Care is provided to people in their own homes. The District Nurse is responsible for coordinating care provided in the patient’s home. Marie Curie Healthcare Assistants will document the care provided in the patient record but the patient record belongs to the District Nurse/ GP. We do not hold or store records.

We value and proactively seek feedback from people that use our services, and their families. Due to the nature of the care we provide patients and families can give feedback to us directly through completing one of our surveys (these are available in the patient information packs and on our website), or by making a complaint.

The surveys measure different aspects of care and support. Service users can also provide direct feedback through our helpline: Marie Curie Direct. Changes made as a result of feedback from patients and their families are put on the “You Said, We Did” part of the Marie Curie website.

Details of these processes are incorporated into our patient information pack sent to all patients on referral to the service.

Governance and quality monitoring arrangements

The charity has a robust system of clinical governance that ensures the highest possible standards of care for our patients, which means we continually develop our policies and procedures. We have clear policies and procedures in place regarding the administration of, and assistance with medicines by healthcare assistants, and staff receive appropriate training for their roles and responsibilities. All community staff can access these policies and procedures via the Marie Curie intranet, Staff Handbook or Healthcare Assistant Handbook.
The Responsible Individual sits on the national Clinical Governance Executive Committee and reports to the Clinical Governance Trustees Committee. The Clinical Governance Trustees Committee is a formal committee of the Board of Trustees (the Board) which oversees all aspects of clinical governance and quality of care, patient safety and clinical standards. The Board has delegated to the Committee oversight and assurance for clinical governance, clinical risk management, quality and safety (including being assured that services meet the needs of patients and their families), applicable quality standards, and regulatory compliance requirements. They receive quarterly quality assurance reports and review the clinical Key Performance Indicator dashboard – these combined reports highlight any areas of concern about patient safety, patient experience and clinical effectiveness.

Our policy for addressing complaints ensures that all complainants will receive an acknowledgement within two days, unless a full reply can be sent within five working days. Every endeavour will be made to provide a full response to the complainant within 20 working days. If this is not possible, the complainant will be informed in writing of the reason for the delay and a full response will be made within five days of the conclusion of the investigation.

We undertake announced internal compliance visits. Patients’ and carers’ views are sought to ensure we continue to provide the services they want and need. We also seek feedback from referrers, staff and commissioners. Comments are included in the compliance visit report. The Responsible Individual joins these visits.