

Marches Home Care Services Limited

Marches Home Care Services

Inspection report

Unit 6, Burnside Court
Brunel Road, Enterprise Park
Leominster
Herefordshire
HR6 0LX

Tel: 01568617699

Website: www.marcheshomecare.co.uk

Date of inspection visit:

02 June 2016

03 June 2016

Date of publication:

18 July 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 2 and 3 June 2016 and was announced.

Marches Home Care provides personal care for people in their own homes. At this inspection they were providing support for 27 people.

A registered manager was in post and present during our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were safe as staff had been trained and understood how to support people in a way that protected them from danger and abuse. Staff had access to detailed care plans and risk assessments and were aware of how to protect people from harm.

The provider completed appropriate checks on staff before they started work to ensure they were safe to work with people. People received help with their medicines from staff who were trained to safely support them.

People received care from staff who had the skills and knowledge to meet their needs. Staff attended training that was relevant to the people they supported and adapted to meet specific requirements.

Staff were supported by the provider and the registered manager who promoted an open and transparent culture. Staff received regular one on one support sessions with a senior staff member.

People were involved in decisions about their day to day care. When people could not make decisions for themselves staff understood the steps they needed to follow to ensure their rights were upheld.

People's likes and dislikes were known by staff who supported them in a way which was personal to them. People were supported by staff who had positive relationships with them. People were involved in their own care and information was given to them by staff in a way they could understand.

People's independence was encouraged and staff respected their privacy and dignity. People had access to healthcare when needed and staff responded to any changes in need promptly and consistently.

People and staff felt able to express their views to the management team and felt their opinions mattered. The provider and registered manager undertook regular quality checks in order to drive improvements. The provider engaged people and their families and encouraged feedback. People felt confident they were listened to and their views were valued.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected as staff understood how to recognise and report any concerns they had about people's safety or wellbeing. Risks associated with people's care were assessed and steps taken to minimise the risk of harm. People were supported to take their medicines by trained and competent staff members.

Is the service effective?

Good ●

The service was effective.

People received support from staff who were trained and motivated to provide care. People were supported to maintain a healthy and balanced diet which was adapted to their needs and preferences. People had access to healthcare when they needed it.

Is the service caring?

Good ●

The service was caring.

People had positive and caring relationships with staff who supported them. Staff spoke about people they supported with warmth, respect and kindness. People had their privacy and dignity respected by staff.

Is the service responsive?

Good ●

The service was responsive.

People received care and support that was personal to them. People were able to raise any concerns or comments with the provider and were confident their opinions were valued. People were supported by staff who knew them well.

Is the service well-led?

Good ●

The service was well led.

People knew who the management team were and felt able to contact them. The provider and staff had shared values in

supporting people. The registered manager and provider had systems in place to monitor the quality of support delivered and made changes when required.

Marches Home Care Services

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 2 and 3 June 2016 and was announced.

The inspection team consisted of one inspector. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

We reviewed information we held about the service. We looked at our own system to see if we had received any concerns or compliments about the provider. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law.

We asked the local authority and Healthwatch for any information they had which would aid our inspection. We used this information to help plan our inspection.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with two people receiving support, five relatives, the registered manager, four care staff members, the care manager and the assessor/trainer. We viewed the care and support plans for two people, including assessments of risk and records of healthcare provision. We saw records of quality checks completed by the provider and incident and accident records.

Is the service safe?

Our findings

People told us they felt safe and protected when assisted by staff members from Marches Home Care. One person said, "I know I am safe, they (staff) would never do anything to hurt me". A relative told us, "I know they look after [relative's name] and would do their utmost to correct anything they (staff) thought was wrong". Staff we spoke with had a clear understanding of the different types of abuse, what to look for and how to report it. One staff member told us, "I would report any issue straight away to the office. Failing that I would go straight to the local authority". Staff members told us they were given a pack of information by the provider. This included information on what to do if they had a concern and who to report it to including contact details of the local authority. We saw the registered manager had made appropriate referrals to the local authority when they had concerns to ensure people were kept safe.

People told us they felt safe receiving services from Marches Home Care. One relative told us their family member required help which involved the use of different pieces of equipment. They said staff always followed the instructions provided to ensure their relative was safe. One staff member told us, "We all received training on the different pieces of equipment and never use anything we don't feel comfortable using". People had individual assessments of risk associated with their care including mobility and skin integrity. People and relatives told us staff supported them to recognise risks of living in their own homes and what they could do to minimise the risk of harm. One relative said, "They (staff) support [relative's name] to remain at home. This is as simple as making sure they had something to eat". Another relative said, "They (staff) recognised that there could be a safer way of doing something. They spoke with [relative's name] and we all agreed to try something different. This is now much better and safer". Staff told us they were provided with all the information they needed to do their jobs safely for them and those they supported. Staff members told us in addition to individual assessments of risk associated with personal care the different environments they worked in were also assessed by the provider. One staff member told us, "I know it sounds silly but we are even given instruction on how to safely go up and down steep stairs. This is so we don't fall and injure ourselves. We also talk with people about how to safely move around their own homes to prevent any accidents".

Staff members told us before they were allowed to start working with people they had to go through a safe recruitment and selection process. They told us this was to ensure they were safe to work with people. The registered manager described the appropriate checks that would be undertaken before staff could start working. These included satisfactory Disclosure and Barring Service (DBS) checks and written references. The (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people. Staff we spoke with confirmed appropriate checks and references had been gathered before they started their employment. We saw records where these checks had been completed and recorded.

People told us they thought there were enough staff available to meet their needs. People and relatives said staff were punctual and were confident carers would arrive as agreed. If for any reason a care worker was going to be late the person would always be phoned by someone from the office and informed. We saw the registered manager had processes in place to respond to any lateness of staff. This included keeping the person informed and providing support at the earliest opportunity. The registered manager told us they

assessed the staff they needed according to the needs of those they would be supporting. If people's needs changed the provider would negotiate additional funding to ensure they continued to meet the needs of people. One relative told us, "When they [provider] were initially involved they were only in a couple of time per week. [Relative's name] then needed more and more support and we have help twice a day now".

We looked at how people were supported to take their medicines. People told us they were prompted by staff members to take their medicines when they needed. One person said, "They (staff) always ask me every morning when they get here if I have taken my tablets. Sometimes I do forget". Staff told us they received training before they could prompt people to take their medicines. One staff member told us, "They [assessor/trainer] came out to make sure I was safe to support people with their medicines". Medicine records were scrutinised as part of the spot checks completed with staff members. The registered manager told us they completed such checks to ensure staff followed safe procedures when supporting people.

Is the service effective?

Our findings

People told us they thought the staff supporting them had the right skills and training to assist them. One said, "They are all very competent in what they do. I have full faith in them and their knowledge". Staff told us they felt well trained and supported in order to provide care for people. One staff member said, "I went out with a more experienced staff member when I first started. This allowed me to see how people liked things done in the real world and not in a training room. It also allowed me time to build a rapport with those I would be supporting". Another staff member told us, "I went through my induction training with a couple of other staff members. This allowed us the opportunity to bounce ideas off each other and work through any problems in a safe place. This was a great introduction to care and what was expected of me". Staff felt they had a good introduction to the role they would be completing and received training which equipped them with the necessary knowledge to perform their role.

Staff had access to training appropriate to the people they supported. One staff member said, "I attended palliative care training. This opened my eyes to the small things which you can do to support someone. Even down to the type of tooth brush someone might want to use or the lighting in their room". Staff members were supported to improve their skills at a pace that met their learning needs and supported their development. One staff member told us, "One time I just didn't understand the training I was given. I said this to the training/assessor and we went through it again and again until the penny dropped. You never feel stupid asking for additional support". The registered manager told us they adapted how they provided training for staff members. They thought the use e-learning did not meet the needs of staff members as there was no opportunity to question learning. The majority of their training was provided by the agency's own assessor/trainer. The registered manager believed this allowed staff members to try out their learning in a safe and practical learning environment so they were better skilled to meet people's needs.

People received care and support from a staff team who felt supported to carry out their role. Staff told us they had regular one on one sessions with senior staff members. They used these sessions to talk about what was going well and what could be improved. One staff member told us they were able to discuss one person's medicines with a senior staff member during one of these sessions. They were a little concerned about how this person took their own medicines. As a result they met with this person and with their permission changes about how they took their medicines were made to ensure they were safe. In addition to one on one sessions staff told us they felt supported day to day and could always approach a senior staff member or the registered manager at any time for advice and guidance.

Staff members told us they shared information between themselves and where appropriate any visiting health professional or family member. People had communication books in their homes and any changes to care and support were recorded ensuring consistent care between those involved. One relative told us "If we need to know anything we firstly talk to staff or even just have a look in the book".

People told us they were supported to make their own decisions and were given choice. One person said, "They (staff) come out and always have a chat about what I want. Everything is down to me when deciding what to do". We saw people's capacity to make decisions was assessed and reviewed when needed. Staff

we spoke with had a clear understanding about the process to follow if someone could not make a decision. Staff had a clear understanding of the principles of the Mental Capacity Act and the process of best interest decision-making. One staff member said, "We always assume someone has the capacity to make a decision unless it is clearly evidenced that they don't".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Any applications must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA. The registered manager talked us through the processes they would follow when making a decision for people in their best interests. The provider had trained and prepared staff in understanding the requirements of the MCA. At the time of this inspection it had not yet been necessary for the provider to be involved in any best interest meetings. However, we saw the provider had provided information necessary for others to make decisions in people's best interests in accordance with current guidance.

Staff followed current guidance regarding do not actively attempt cardio pulmonary resuscitation. Instructions were clearly displayed in people's personal files and staff knew people's individual decisions.

People were supported to have enough to eat and drink and to maintain a healthy diet. One relative told us, "They (staff) always make sure there is something in the fridge so that [person's name] can just pick at throughout the day when they are peckish. They sometimes prefer this to sitting down to a meal". One staff member told us, "We saw that [person's name] wasn't eating much. We looked at how we supported them and introduced a shopping call with them. We helped them to buy food they liked and also foods they could prepare themselves. We saw an improvement in how they were eating and it was no longer a concern".

People had access to healthcare services and were supported to maintain good health. One person told us, "They always help me get to my appointment on time and go in with me so I don't forget anything with the doctor". Staff members told us they assist people to make and keep any health appointments they need. One staff member said, "As we see the same people so regularly we know when they are not good in themselves and help them to make a doctors or nurse appointment".

Is the service caring?

Our findings

People told us they were supported by staff who were kind, caring, humorous and as one person told us, "just generally lovely". Relatives we spoke with used various words to describe staff supporting their family members including, "Fantastic, brilliant and first class". One relative told us, "They (staff) are 100 percent on the ball and a trust them implicitly". Staff we spoke with talked about those they supported with respect and fondness. Staff could tell us about individual's histories and families and the things that mattered to people. One staff member told us, "You come into this line of work because you truly want to work with people. We have the opportunity to spend time really getting to know people and building a rapport with them".

Staff took the time and opportunity to reassure people times of distress. One relative told us, "[Relative's name] can sometimes become a bit upset at the world. They (staff) know just how to be with them. They back off and remove any pressures on them and allow them time to express how they feel. When everything is ok again they just carry on as if nothing ever happened". One staff member said, "We are going into people's homes and therefore become a part of their lives. It is only right that people should be allowed to express how they are feeling to us".

People felt that staff communicated with them appropriately and adapted how they spoke with them depending on their needs. One relative told us staff always talk with their family member about everything not just their care but about their hobbies and interests. One staff member told us, "I recognised that [person's name] wasn't responding as they usually did. I quickly realised that they had stopped using their hearing aids. It is sometimes the simple things that can be a barrier to communication which is easily overcome". Another staff member told us the different approaches they used to communicate with people including speaking clearly and using appropriate tones of speech.

People were supported to be as independent as they could by staff who knew their individual abilities. One relative told us, "If it wasn't for (provider) [relative's name] would not be able to stay in their own home. They would lose any independence they had and the emotional impact on them would be profound. They (staff) help them to keep their independence by making sure they still do what they can for themselves. This keeps them at home where they are happy and where they feel safe".

People told us their privacy and dignity was respected by staff providing support. One person said, "It has never been a problem. When (staff) do things for me it is all proper and caring". Staff members told us what they do to ensure people retain their dignity when supporting them. One staff member told us the steps they went through when assisting with personal care and how to engage someone with what they can do for themselves. A staff member said, "Someone may not be able to do all their care. However, they can still be involved in brushing their own teeth if you help to put the toothpaste on the brush for them".

Is the service responsive?

Our findings

People had care plans which were personalised to them. Information contained in the care plans detailed what people thought staff members needed to know in order for them to do their job. One person said, "They [registered manager and assessor/trainer] came out and went through everything with us. We agreed what I wanted and they went about making sure I got it". We saw care plans that were regularly reviewed and contained up to date and relevant information about the person which was personal to their needs. People told us they were involved in the planning of their care and so were their families if they were needed to be. One relative told us, "We talk all the time and have formal reviews of the care with [trainer/assessor]. However, if there was ever something that needed to be changed it was done straight away and we never had to wait until the next review. They (staff) are very responsive". Another relative said, "They (staff) know [relative's name] so well they can spot any subtle changes with them. Recently they noticed they were becoming a little unsteady. The care plan was adapted with us all involved and a different approach to supporting them was agreed". Changes in need were recorded as and when they occurred and passed on to staff so they were up to date with people's needs and requirements. Staff we spoke with were knowledgeable about recent changes in people's needs including changes in medicines and mobility.

Staff we spoke with knew the individual needs and preferences of the people they supported. Personal likes and dislikes were recorded and staff could tell us what people's preferences were. For example, one staff member said, "[Person's name] loves their animals and walking their dogs is important to them. When supporting this person they made sure they helped them out and about with their dog. One person said, "They (staff) know I like gardening and although I don't get to do it much I still love flowers. They (staff) help me get out to garden centres and to formal gardens where I can go round and enjoy myself".

People felt comfortable about raising any concerns or complaints with staff or the registered manager. One person said, "I have never had the need to raise a complaint as all the little things are sorted out straight away and without any fuss". People and relatives we spoke with knew how to raise a concern if they needed and were confident they would be responded to appropriately and promptly. The registered manager had processes in place to respond to any concerns raised. These included contact with the person raising the concern and following up with them after it had been resolved to ensure the person was happy.

Is the service well-led?

Our findings

People told us they felt involved and fully informed about the service that was provided. People and their family members said they had regular contact with members of the management team who kept them informed about the service provided. For example, people told us about the 10-year celebrations that had been arranged by the provider and how they were getting involved. People knew who the management team were. People said they felt able to approach the registered manager, the care manager or anyone involved in the provision of care and support.

People and staff told us they believed the provider created a culture that was open and transparent. They believed this encouraged open and honest communications between all those involved in the support given. One relative told us they felt at ease living away from their family member as they are in regular contact with the management team. They said, "It is their [care manager's name] open approach that reassures us completely. Even if something goes wrong they are the first on the phone to let us know exactly what happened".

Staff we spoke with told us they felt able to challenge any practice they thought was inappropriate. One staff member said, "I would always challenge if I felt something was wrong be it a carer or a manager. Wrong is wrong and should be sorted". Staff members told us there were appropriate policies in place to guide their practice including a whistleblowing policy. Staff understood the whistleblowing process and felt they would be supported by the provider should they ever need to raise a concern.

Staff members told us they felt involved in the organisation they worked in and valued as individual team members. Staff told us about the recently introduced employee of the month scheme. Staff said they felt valued and appreciated in their role and motivated to provide quality care for people. The registered manager told us, "When staff take pride in what they do and feel motivated to do it then this can only benefit those receiving care". Staff members told us they were regularly involved in team meetings when they discussed all aspects of their work. It was also during these meetings when staff had the opportunity to make suggestions about any improvements they believed were needed. For example: one staff member said, "We were a little concerned about the amount of travel times between calls. They [the management team] revised the rotas and this resulted in shortened travel times for us which meant we were more punctual with our call times".

Staff told us about the values of the provider and how these were reinforced by the registered manager. One staff member said, "We [Marches Home Care] strive to support people to maintain their independence so they can remain in their homes for as long as they wish. We aim to provide a high quality standard of living for people whilst promoting dignity and independence". Staff told us these values were demonstrated by the provider and registered manager in the assessment of care and the training which was provided. People received care from staff who shared common values with the provider.

People were regularly asked for their feedback on how their care and support was provided including any

recommendations for change. One relative said, "I have recently completed a questionnaire asking about the service provided. I could only say they were good and could not make any suggestions for improvement. If I did think of something I would just phone them and let them know anyway and they [registered manager's name] would sort it".

We saw results of regular surveys including any actions which had been identified. For example one person suggested rota's of visits could be emailed out to them. We saw that the provider had actioned this as suggested.

The provider and registered manager had systems in place to monitor the quality of service provision. The registered manager told us they assessed information from quality checks, incident and accidents and feedback which they then used to drive improvements. As a result of previous feedback received they had appointed a quality control officer who was about to commence their role at this inspection. The registered manager said, "We believe quality to be at the heart of what we do and take it seriously. It is for this reason that we have made this appointment.

The registered manager and care manager maintained their personal professional development by attending regular training and support sessions appropriate to their role. Any learning or changes to practice was cascaded to staff members through regular team meetings or one to one sessions. The registered manager told us they and the care manager had just completed adult safeguarding for registered managers training. They told us as a result they are in the process of revising all policies and processes in order to ensure they comply with the latest guidance and advice.

At this inspection there was a registered manager in post. The management team understood the requirements of their registration with the Care Quality Commission. The provider had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.