Mrs Gillian Marshall

Marshall Homecare

Inspection report

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Ratings

Overall rating for this service	**Requires improvement**
Is the service safe?	**Good**
Is the service effective?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires improvement**
Is the service well-led?	**Requires improvement**

Overall summary

This inspection took place on the 26 October 2015 and was announced. The service is registered to provide personal care to people when they are unable to manage their own care. At the time of our inspection the service was providing care to 17 people in their own homes.

There was a registered manager in post at the time of 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.

The provider had adequate recruitment systems in place; which included appropriate checks on the suitability of new staff. There was a stable staff team and there were enough staff available to meet peoples' needs.

Staff were not always trained in all the areas they required because the induction process for new staff had mainly comprised shadowing and working alongside

Summary of findings

more experienced staff. Formal induction training had not completed in a timely way and several of the staff had not completed training in core subjects. Therefore management could not be fully assured that staff would know about best practice or recognise poor practice. The provider had a training programme in place which indicated that all the staff would have completed their induction training by December 2015. Staff supervision was a practical arrangement whereby the management worked alongside staff to provide care; there was no formal system in place to regularly review staff performance and to support their development.

Peoples' views were sought and their consent was obtained before care was provided, although this was not always recorded in their individual plans of care. People were supported to maintain their nutrition; fluids were encouraged when people were at risk of dehydration and the provider liaised with the GP, district nursing service and dietitian accordingly. People at risk of the effects of pressure on the skin had input from the district nursing service and the appropriate equipment was provided; people at risk of falls had been referred to the falls prevention service.

People who used the service and their relatives were consistently positive about the way staff treated them. Staff interacted with people well; they were listened to and their views were acted upon. People who used the service had a sense that they mattered and that staff were concerned for their wellbeing. Peoples' privacy and dignity was respected in all aspects of their care; staff were knowledgeable about peoples' individual needs and they spoke in a kind and caring way, with insight into peoples' needs and the challenges they faced.

Although peoples' care was planned to ensure they received the support that they required to maintain their health, safety, independence, mobility and nutrition; they were supported to access appropriate health care services and had access to appropriate equipment to meet their needs. People received support that maintained their privacy and dignity and when they required staff to support them with their medicines appropriate systems were in place. However people's care plans were not always updated and reviewed which put people at risk that they may not always reflect their current needs. This puts people at risk of receiving inconsistent care or not receiving the care and support they needed. The individual plans of care were not person centred and did not cover all of their individual needs or include details about how the care was to be provided.

Although people were able to contact the manager if they had any concerns the complaints process had not been fully implemented as there was no service users guide to inform people about all of the relevant contacts and the timescales involved for acknowledgement, response and resolution.

People and staff had confidence in the management of the service; however management systems had not been fully established; for example there were no formal systems in place to monitor and assess the quality of service provided. There were no formal arrangements in place for staff meetings or staff supervision and the management of staff training was not robust. However this was mitigated by the full involvement of the manager in the provision of care who worked alongside the staff on a daily basis. However as the service grows and develops reliance on the manager's practical involvement may not be sustainable.

We identified a number of areas where the provider was in breach of Regulations of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 (Part 3) and you can see at the end to this report the action we have asked them to take.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People felt safe and were protected from harm.

People were referred to appropriate professionals when they were identified as being at risk.

Basic risk assessments were in place to reduce and manage identified risks.

There were sufficient staff to ensure that people were safe and that their needs were met.

There were systems in place to administer people's medicines safely.

Good

Is the service effective?
The service was not always effective.

Staff did not always receive the training they required to ensure they were able to carry out their roles and responsibilities effectively.

Staff sought consent from people before providing care.

People were supported to eat and drink enough and were encouraged to maintain

a varied and balanced diet.

People were supported to maintain their health and receive on-going healthcare support.

Requires improvement

Is the service caring?
The service was caring.

Staff demonstrated good interpersonal skills when interacting with people.

People were involved in decisions about their care and there were sufficient staff to accommodate their wishes.

Peoples' privacy and dignity was maintained.

Good

Is the service responsive?
The service was not always responsive.

People's risk assessments and care plans were not always reviewed on a regular basis or when people's needs changed.

Requires improvement

Summary of findings

People's plans of care lacked the detail about people's personal preferences and health and social care needs

People did not have sufficient information on how to make a complaint, and the provider did not have sufficient processes in place to deal with complaints

Although staff were aware of their roles and responsibilities in responding to concerns and complaints, the provider's complaints policy had not been fully implemented and people did not have access to all of the information they required.

Is the service well-led?

Requires improvement 

The service was not always well-led.

There was an over reliance on the practical involvement of the manager in the provision of care and in determining the quality of the service provided.

There were no formal systems in place to monitor the quality of the service provided.

Formal systems for staff training, staff supervision and the management of complaints were not fully established.

Records were not always well maintained or used effectively. The record keeping systems were not fully established as individual plans of care and risk assessments were not always updated as people's needs changed; records were not consistently signed and dated.

Marshall Homecare

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 was 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 26 October 2015 and was announced. 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 when we visited. Before the inspection we looked at information we held about the service including statutory notifications. A notification is information about important events which the provider is required to send us by law. We contacted health and social care commissioners who help place and monitor the care of people who use the service and other agencies such as Healthwatch who may have information about the quality of the service.

At the present time the service provides personal care to 17 people; during our inspection we spoke with three people in their own homes and we spoke with three relatives. We also spoke with four of the care staff and the management team. We looked at a range of records and charts relating to three people, we also reviewed one staff recruitment file and associated training records.

Good

Is the service safe?

Our findings

All the people we spoke with told us they felt safe when the staff visited to provide them with care in their own homes. One person told us they had a key safe so that staff could gain access independently and secure their property when leaving. A relative said "We know the staff, they are good, we feel safe having them in the house; they always shout to let us know when they have arrived and they always lock up when they leave."

The staff we spoke with were aware of their roles and responsibilities in protecting people from harm; most had an awareness about the various forms of abuse and the action they would take if they had any concerns. There was also awareness about the external agencies, such as the local authority that they could contact if required; the provider told us that on-line training had been made available and staff were in the process of completing it. There have been no concerns raised about this service since it was registered in February 2014.

The provider had satisfactory recruitment systems in place to protect people from the risks associated with the appointment of new staff. Staff told us that required checks and references had been obtained before they were allowed to start working for the service. Staff files were in reasonable order and contained most of the required information. Other information was saved in electronic format which the provider supplied to us after the visit confirming that all the required checks had been conducted before the staff started working for them.

Staffing levels were maintained at safe levels and adjusted to ensure that the service was able to meet people's needs. People told us that they received the required number of visits and that the staff were usually on time; they also told us that they were informed by the management if there were any delays due to unforeseen circumstances. There was a stable staff team, staff confirmed there were sufficient staff to meet people's needs and they had sufficient time to provide the care that people needed.

People had confidence in the provider of their care because whenever possible the management scheduled regular staff to provide care to specific individuals. At times when their regular staff were on leave people were informed who would be attending to them.

Peoples' individual plans of care contained basic risk assessments to reduce and manage the risks to people's safety; for example people had movement and handling risk assessments which provided staff with instructions about how people were to be supported to change their position. Risk assessments were also in place to manage other risks within the environment including a 'fire action plan' which provided instruction to staff about what to do in an emergency.

The management liaised with the district nursing service to protect people against the risks of poor nutrition, falls, the use of bed rails and the risk of damage to the skin due to the pressure of remaining in the same position for too long. People had appropriate equipment such as pressure relieving mattresses and mobility aids to promote their safety, mobility and independence.

Most people we spoke with told us they managed their own medicines and those who required support from staff told us they had sufficient supplies and received their medicines as prescribed. Staff who supported people with their medicines told us that they had been trained in the safe administration of medicines. Records showed that people received their medicines as they were prescribed. Basic care plans were in place when people needed staff support to manage their medicines and medicines were dispensed in a monitored dose system by the pharmacist to reduce opportunities for error.

Requires improvement

Is the service effective?

Our findings

People using the services thought that the staff that supported them had the skills they needed to provide effective care and a relative told us "The staff come four times a day, they are always on time and they provide us with good care." However during this inspection we identified that there were significant gaps in staff training; for example none of the staff had undertaken training in safeguarding, fire safety or first aid and only two out of eleven staff had undertaken formal movement and handling training or food safety training.

We also saw that there was a lack of training specific to the needs of people who used the service; for example staff had not been trained in end of life care; care of people living with dementia or diabetes. Without adequate training the management could not be fully assured that staff would know about best practice or recognise poor practice.

This is a breach of Regulation 18 (a) Staffing Health and social care ACT 2008 (Regulated activities) Regulations 2014 (Part 3).

Staff told us that they had undertaken induction training that mostly comprised shadowing more experienced staff. Staff told us induction training had provided them with the required skills and knowledge to meet people's needs; that the induction training was effective and included a period of supervision where new staff worked alongside more experienced staff.

The management also told us that all staff were working towards the Skills for Care, Care certificate that included topics such as safeguarding, infection control and health and safety training. Staff confirmed that they were working towards the new Skills for care, Care certificate; they told us that they had also received practical training in the use of the hoist and movement and handling training. Training records identified that progress towards the completion of the Care certificate was slow as only one of 11 staff had completed all of the modules; However the provider had a training programme in place that indicated that all of the induction training would be completed by December 2015.

Staff also told us that they received regular supervision from the manager because they regularly worked alongside them and were able to offer support and guidance. The management also told us they had a good understanding about the skills and competence of the staff through working closely with them on a regular basis. However formal staff supervision had not yet been fully established to ensure staff were effectively supported in their roles and in their development.

Effective communication systems were in place to ensure that staff were updated when people's needs changed; staff told us they regularly updated each other and that they fed back any concerns that they had about peoples' well-being to the management so that appropriate action could be taken; such as referrals to a GP or other appropriate health professional. All of the people we spoke with told us that the staff communicated well with them. One person said "The staff are good, they give me the support I need and I can get in touch with them if I need to."

Peoples' views were sought and their consent was obtained before care was provided, although this was not always recorded in their individual plans of care. People told us that staff involved them in decisions about their care. One person said, "They always ask me if it's ok before doing anything" and another person said "I only want to shave every other day, the staff respect that, it's my choice." Staff told us they gained verbal consent from people when offering their assistance. During visits to people's homes staff gained consent to enter people's homes and involved them in decisions about their care.

People told us they selected their own food choices and in some cases staff supported them in the food preparation. People were encouraged to have an adequate intake of fluids during and in-between visits. People at risk of dehydration or malnutrition had been referred to the GP and dietician for guidance.

People were supported to access health care services when needed. Any concerns about people's well-being were reported to the manager who made contact with the appropriate health care professional such as the GP or district nurse. For example people at risk of the effects of pressure on the skin had input from the district nursing service and the appropriate equipment was provided; people at risk of falls had been referred to the falls prevention service.

Good

Is the service caring?

Our findings

People were cared for by staff who were kind and caring. All of the people we spoke with told us that staff were kind and considerate in their day to day care. For example one of the relatives said “The care staff are very good and they are thoughtful; we haven’t had any problems but I would soon tell them if we did”.

During visits to people’s homes we saw staff interacted well with people and engaged them in conversation and decisions about their activities of daily living. People were listened to and their views were acted upon.

People told us the management sought and respected their views about the timing of their visits and their preferences regarding the gender of the staff that provided their care; the management sustained this when planning the duty rotas and were careful to ensure that people were cared for by regular staff that knew them and the way they liked to be cared for. One person told us “If there’s anything at all that I am not happy with I can contact the manager, I have their phone number and would soon tell them”.

Peoples’ privacy and dignity was respected and people were referred to by their preferred names. Staff sought consent before entering people’s homes and personal care was provided in the privacy of people’s own rooms. People looked well cared for and were supported to make decisions about their personal appearance, such as their choice of clothing. People had access to aids and adaptations to support their independence and mobility.

Staff gave us examples about how they sought people’s views in relation to their personal care; they also told us how people were encouraged to maintain their independence and how they involved and supported relatives. Staff were knowledgeable about peoples’ individual needs and they spoke in a kind and caring way, with insight into peoples’ needs and the challenges they faced. One member of staff said “I have been caring for [name] now for 12 months and I have loved every minute”.

Requires improvement

Is the service responsive?

Our findings

People were involved in planning their care if they wanted to be and were able to make decisions about their care such as decisions about their personal care routines; including their preferred times of rising and retiring to bed. Care visits were planned according to people's needs and wishes. One person told us that their relatives had been involved in the development of their individual plans of care and that they knew what they contained.

New people were assessed on referral to the service to enable the service to determine whether they were able to meet their needs. These assessments formed the basis for the development of individual plans of care; however these were very basic; were task orientated and related to the timings of the visit; rather than holistic, person centred care plans.

The individual plans of care lacked the details about people's personal preferences, for example details about how people wished to be supported to maintain their oral health or whether they preferred a bath of a shower and their preferred frequency. Individual plans of care did not always reflect all of their health care needs for example there was little information included about the management of diabetes and any specific instructions about the way this was to be managed; nor was there any evidence that peoples previous life history had been taken into account when planning their care. However people's daily records and charts demonstrated that people received the care they required and staff provided the care to people as specified within their individual plans of care.

This was a breach of regulation 17 (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3).

People told us they were happy with the service provided but they knew how to make a complaint if they needed to. All of the people told us they knew the manager and would feel able to raise any concerns and be confident that they would be addressed. One person said "If I had a complaint I would be on the phone to the management straight away."

Both the people who used the service and the staff told us how the manager worked alongside staff to ensure they saw how people were being cared for and to support staff. The provider told us that they had not received any complaints about the service since it was registered in February 2014. The manager told us that as they worked alongside staff to support people with their care that they had regular contact with people and were able to address any issues before people needed to make a formal complaint. Although the complaints policy contained the information to guide people and staff how to make and manage complaints, the terms and conditions that people received did not include all of the required information about appropriate contacts or timescales. The provider confirmed that there was no complaints information leaflet or service user guide available to formally notify people of the process.

Requires improvement

Is the service well-led?

Our findings

All of the people we spoke with told us they thought the service was well run.

However the manager had developed the service by being fully involved in the provision of care and as a result had not yet put in place all of the required management systems. For example formal quality assurance systems had not been established. Although the manager confirmed that no formal audits had been conducted to assure the management of the quality and consistency of the service provided; they worked closely with their staff and people who used the service in the provision of care which enabled the management to have a practical understanding of the quality of the care provided. However this may not be sustainable as the service develops.

The management had not yet conducted a survey of peoples' views or their representative's views about the service nor had a staff survey been conducted to identify areas for service development. Staff told us there were no formal staff meetings held to develop a team approach and a collective understanding of the aims and objectives of the service or to enable staff to be involved in the development of the service; the provider was unable to provide us with any evidence of staff meetings. However informal communications had been established between the management and staff. One of the staff said "If we are worried about anything we can always make contact with the manager and we update colleagues by 'phone if someone's needs have changed.

No formal staff supervision had been established where the performance of staff and their development could be discussed. However the manager regularly working alongside staff to provide care to people who used the service and had an 'open door' policy so that anyone could share their views or raise concerns with them. In addition staff told us the manager conducted regular spot checks to make sure the care was being provided in the right way, although these were not always fully documented.

The record keeping systems had not been fully established as individual plans of care and risk assessments were not always updated as people's needs changed and records were not consistently signed and dated.

This is a breach of regulation 17 – Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3).

The management team had identified their own development needs and were undertaking formal management training. The manager also had experience of providing care to people in nursing homes and in their own homes.

Staff told us they had confidence in the management of the service and felt well supported in their working lives as well as their personal lives. One member of staff said "The manager is always there for us, they are great people to work for." Another member of staff told us "I couldn't ask for better bosses, my confidence has really grown in the last 12 months."

The manager understood their role in complying with the conditions of their registration with the Commission (CQC). There had not been any events that required notification however the manager was knowledgeable about the events that we would need to be notified about.

The management fostered a positive, inclusive culture; people were treated as individuals and were able to make choices. The provider's philosophy of care is defined as being 'passionate about care' focused on providing people with the care that they needed at the right times of the day by the staff who are known to them. They also aimed to ensure that staff were employed to work at times that suited both the person who used the service and the member of staff to support their work life balance.

The provider's aims and objectives were defined within their 'Statement of purpose' and states "We aim to ensure service users' needs are met, whether that is nutrition, personal care, pastoral or referral to another healthcare professional and to ensure we comply with all current legislation."

The manager provided a lot of the hands-on care to people and staff often worked alongside the manager and were generally allocated to provide care to the same people to ensure continuity of their care. Information was shared verbally and people's care needs were learned through example. Hence there was not always great emphasis placed on the maintenance of records. For example individual plans of care did not always contain all of the relevant documentation; individual plans of care were not always reviewed in a timely way. In addition records were

Requires improvement

Is the service well-led?

not always signed and dated appropriately. Mitigating circumstances included the practical involvement of the manager and the satisfaction with the care that people received however this model of care may not be sustainable as the service develops and the number of people who use the service increases.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Regulation 17 (1) (2)(a)(b)(c)(e)–** **Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3).** **Effective quality assurance systems had not been put in place to assure the quality of the service.**

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Regulation 17 (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014** **(Part 3).** **People's records were not robust; they did not always reflect the care they required and were not always updated in a timely way.**

Regulated activity	Regulation
Personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing **Regulation 18 (a) Staffing Health and social care ACT 2008 (Regulated activities) Regulations 2014 (Part 3).** Staff had not received all of the training they required to fulfil their roles and responsibilities.