Marshall Homecare Limited

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## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Requires Improvement |

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|---|---|
| Is the service safe? | **Requires Improvement** |
| Is the service effective? | **Requires Improvement** |
| Is the service caring? | **Good** |
| Is the service responsive? | **Good** |
| Is the service well-led? | **Requires Improvement** |

# Summary of findings

## Overall summary

This announced inspection took place on 30 March, 4 April and 6 April 2017. The service is registered to provide personal care to people living in the community. At the time of our inspection there were 26 people receiving personal care.

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.

Arrangements in place to ensure that staff had sufficient skills and knowledge to provide people with appropriate support required strengthening. Staff had not been provided with sufficient training in key areas such as Mental Capacity. Some staff with responsibility for medicines administration had not had their competencies reviewed regularly.

The provider was also the registered manager; they were closely involved in the day to day running of the service and routinely monitored people's care. However, as the service had grown there was a need to develop the quality assurance processes in place to ensure the quality and safety of the service. Policies and procedures were not always followed; staff recruitment processes needed to be strengthened to ensure that all necessary risk assessments had been completed as part of the staff selection process.

Staff received an induction into the service and did not work with people on their own until they understood the care needs of each person. Staffing levels ensured that people received the support they required safely and at the times they needed.

The provider had values and a clear vision that was person centred and focussed on enabling people to live at home. All staff demonstrated a commitment to providing a service for people that met their individual needs. People had positive relationships with staff.

There were systems in place to manage medicines safely and people had specific risk assessments and care plans relating to the provision of their medicines.

People were protected from harm arising from poor practice or abuse; there were clear safeguarding procedures in place for care staff to follow if they were concerned about people's safety. Staff understood the need to protect people from harm and knew what action they should take if they had any concerns.

People were actively involved in decisions about their care and support needs as much as they were able. Staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA2005) and there were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005.

Care records contained individual risk assessments and risk management plans to protect people from identified risks and help to keep them safe. They provided information to staff about action to be taken to minimise any risks whilst allowing people to be as independent as possible.

Care plans were written in a person centred approach and detailed how people wished to be supported and where possible people were involved in making decisions about their care.

Staff were aware of the importance of managing complaints promptly and in line with the provider's policy. Staff and people were confident that issues would be addressed and that any concerns they had would be listened to.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

The service was not always safe.

Recruitment procedures needed to be strengthened to ensure the suitability of staff to work in the service.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

People were safeguarded from harm as the provider had systems in place to prevent, recognise and report any suspected signs of abuse and staff understood their responsibilities.

Risk assessments were in place and were reviewed and managed in a way which enabled people to safely pursue their independence and receive safe support.

### Is the service effective?

**Requires Improvement**

The service was not always effective

Staff training had not been updated as required in some areas and there was a risk that staff would not have sufficient knowledge and skills to provide care to people appropriately.

Staff had not received sufficient training in Mental Capacity Act 2005 (MCA2005); there was a risk that staff would not have sufficient understanding of the requirements of the MCA (2005).

People were actively involved in decisions about their care and support needs and how they spent their day.

People were supported to access relevant health and social care professionals to ensure they received the care, support and treatment that they needed.

People received the support they required to ensure that their nutritional needs were met.

### Is the service caring?

**Good**

The service was caring.

Staff had a good understanding of people's needs and preferences and worked with people to enable them to communicate these.

People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

## Is the service responsive?

**Good**

The service was responsive.

People were involved in the planning of their care, which was person centred and their needs were assessed and reviewed regularly.

People were supported to engage in activities that reflected their interests and supported their physical and mental well-being.

People using the service and their relatives knew how to raise a concern or make a complaint and a system for managing complaints was in place.

## Is the service well-led?

**Requires Improvement**

The service was not always well-led.

The provider had not ensured that notifiable incidents were reported to the Care Quality Commission (CQC) as required.

The arrangements in place to monitor the quality and safety of the service required strengthening.

A registered manager was in post and they provided staff with support and guidance.

People, relatives and staff were encouraged to provide feedback about the service and this was used to drive continuous improvement.

# Marshall Homecare Limited

**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 30 March, 4 April and 6 April 2017. The provider was given 48 hours' notice because the location provides care for people in their own homes; we needed to be sure that staff would be available to support the inspection.

We reviewed the information we held about the service, including information sent to us by commissioners and other agencies; including the local authority safeguarding team. We also checked whether the provider had sent us statutory notifications when required. A statutory notification is information about important events which the provider is required to send us by law

During this inspection we visited four people who used the service and spoke with them or their relative if they were not able to communicate with us. We also looked at care records relating to four people. In total we spoke with six members of staff, including support workers, the care supervisor and the registered manager and provider. We looked at the quality monitoring arrangements for the service, four records in relation to staff recruitment, as well as records related to staff training and competency, staff duty rotas, meeting minutes and arrangements for managing complaints.

Requires Improvement

# Is the service safe?

## Our findings

Staff recruitment processes needed to be strengthened and care taken to ensure that these consistently provided assurance that staff were of sufficiently good character to work in the service. Although criminal record checks were carried out before staff were allowed to work, the provider had not consistently obtained references from past employers for all new members of staff. The provider explained that they had requested references from past employers, but these had been difficult to obtain for some staff. They recognised the risks involved and implemented a risk assessment and procedure that clarified the action to be taken when references were not forthcoming for new staff. Although the provider took immediate action to rectify the issues identified by us at the time of inspection, their recruitment practice had not been embedded.

People were supported by staff that knew how to recognise when people were at risk of harm and knew what action they should take to keep people safe. People and their relatives told us that they were treated well by staff and felt safe when they were around. One person said "I always know the staff that are coming and they never leave without checking that I'm ok and that they've done everything I need."
Staff were knowledgeable about safeguarding and had a clear understanding of the signs of harm they would look for. Safeguarding policies and procedures were in place and were accessible to staff. Discussions with staff demonstrated that they knew how to put these procedures in to practice and staff described to us how they would report concerns if they suspected or witnessed abuse. One member of staff said "I would speak to the manager first but there's also a safeguarding team at the council I could speak to." The provider had responded promptly and appropriately to any allegations and worked with the safeguarding authorities in providing information for their investigations.

There were enough staff to keep people safe and to meet their needs. People and their relatives told us that their care was always provided by staff they knew; staff came on time and stayed for the allotted time. One person told us "The carers come on time and do everything they're supposed to do; they never seem rushed." Another person's relative told us that on the odd occasion that staff were delayed they always called to let them know. The provider used an electronic monitoring system to alert them should any member of staff not attend a planned visit at the allocated time.

There were systems in place to ensure that people received their prescribed medicines safely. The provider had a policy in place to cover receipt, storage and administration of medicines. Medicines administration records (MAR) were clear and information regarding people's medicines was available in their care plans. The provider carried out regular checks of people's medicines and MAR charts and any issues were promptly dealt with and discussed with staff.

People were assessed for potential risks such as moving and handling, falls and use of bedrails. People's needs that had been assessed were monitored and reviewed so that risks were identified and acted upon as their needs changed. One person told us "I'm prone to sore skin, the staff are really good at picking up on that and put the cream on straightaway." Where people's mobility had deteriorated their risk assessment and care plans reflected their changing needs. Staff told us that they reported changes to the supervisor or

provider who arranged for the risk assessments and care plans to be updated to reflect people's current needs. People's care plans provided clear instruction to staff on how they were to mitigate people's risks to ensure people's continued safety. One member of staff said "It's really important to make sure you check people's care plans before you provide support; for example so you know about their manual handling needs."

Requires Improvement

# Is the service effective?

## Our findings

People could not be assured that they would receive care and support from staff that had received the appropriate training to enable them to work effectively in their role. Not all training had been updated as required; refresher training was overdue for a number of staff. There was a risk that staff would not have the skills and knowledge required to ensure that people's care was provided appropriately. This was discussed with the provider who was aware that staff training needed to be refreshed and took action to update staff training in key areas. Staff had received regular training in some areas such as manual handling and health and safety.

Although staff had received training in the safe handling of medicines, some staff had not had a regular assessment of their competencies in this area. We discussed this with the provider during the inspection and they made arrangements for staff's competency to be reviewed.

Staff had not consistently received training in Mental Capacity; there was a risk that staff would not have an appropriate understanding of the requirements of the Mental Capacity Act 2005 (MCA 2005), resulting in support being provided that was not in people's best interest. Staff that we spoke to during the inspection did have knowledge of Mental Capacity and what they needed to consider when supporting people. However because training had not been provided regularly, there was a risk that staff were not aware of the latest guidance and any changes in best practice.

The MCA 2005 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.

During this inspection we saw that people were asked to give consent for their care and support and staff followed the principles of the MCA 2005. The provider and staff we spoke to were aware of their responsibilities under the MCA and care plans contained assessments of people's capacity to make decisions. Appropriate plans of care were in place to ensure that people's care and support needs were met in the least restrictive way and staff asked for people's consent before providing care and support.

People received support from staff that had undergone a period of induction which enabled them to acquire the skills and knowledge they required to provide appropriate care. Staff did not work with people on their own until they had completed mandatory training and sufficient shadow shifts to ensure that they felt confident to undertake the role. Newly recruited staff undertook training based on the Care Certificate, which includes mandatory training such as safeguarding adults and infection control. The Care Certificate is based on 15 standards that aim to give employers and people who receive care, the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Staff were supported to carry out their roles through regular supervision and were able to gain support and

advice from the supervisor and the provider as necessary. Regular supervision meetings were used to discuss staff support needs and training requirements. Meetings would also take place when any concerns had been raised by people or staff. Staff told us that they were happy with the level of support available to them. One member of care staff said "They [Provider] are very supportive, you can ring them any time and they're always checking everything is ok." Another member of staff said "I get regular supervision with [Supervisor], we talk through each client, discuss any problems and anything I need."

People were supported to have sufficient food and drink. People's needs with regards to eating and drinking were assessed and plans of care were in place to mitigate identified risks. Staff were aware of people's nutritional needs and ensured that they were provided with appropriate food and drink based on their needs and preferences.

People's healthcare needs were monitored and care plans ensured that staff had information on how care should be delivered effectively. The provider had arranged for appropriate referrals to health care professionals such as district nurses and occupational therapists as needed and supported people to access GP appointments. One person's relative said "[Name] had a red mark on their heel and [Provider] got the district nurses in and arranged for the equipment they needed." During the inspection we observed the provider speaking to one person's relative about deterioration in their mobility and the need to refer them to an occupational therapist for assessment.

Good

# Is the service caring?

## Our findings

People were cared for by a team of staff who knew them and understood their care and support needs. One person said "All of the staff are very kind, helpful and considerate, I love the way they care for me; it's wonderful really." Another person said "They [staff] pick up on everything, if I'm not myself or a bit down, they soon notice." One person's relative described how carers knew their family member well and monitored their well-being closely; they said "The staff are very responsive to any changes in [Names] wellbeing and speak to us about any concerns."

The provider ensured that people's care was provided by a regular group of staff, which helped form positive relationships. One person told us "I know all the staff that come; they're a great gang of girls". Staff were knowledgeable about the people they cared for and were able to tell us about people's interests, their previous life history and family dynamics. Staff supported people in a positive; person centred way and involved them as much as possible in day to day choices and arrangements. People said that staff were always kind and provided caring support. One person's relative said "The staff are very good, [Name] feels that they're good friends and they're always happy and smiling."

People were encouraged to express their views and to make choices. One person's relative said "The staff always chat with [Name], they always kneel down in front of their chair and talk to them about what they're doing." There was information in people's care plans about their preferences and choices regarding how they wanted to be supported by staff. For example one person's care plan reminded staff not to shut their bedroom door as this made them feel claustrophobic. These had been produced with the person or their representative, if they were unable to do this.

People told us that staff were always polite and respectful towards them, one person said "The carers are fantastic, they're polite and they always talk to me." Staff demonstrated an awareness of the need to maintain people's dignity. One person said "I used to worry about being helped to wash, but the staff are so good, I don't worry at all now." Staff were able to explain how they upheld people's privacy and dignity by taking into account their personal situation and needs and attending to these in a person centred way. One member of staff said "I often support [Name] who likes to do as much of their personal care as they can for themselves; I offer to help and they decide how much help they need."

Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Staff told us that the importance of confidentiality was discussed with them during induction and that they had been provided with the confidentiality policy. We also saw that the provider emphasised the importance of confidentiality during staff meetings.

No one currently supported by the service required the support of an advocate but the provider was aware of how people could be supported to access advocacy should they need to.

Good

# Is the service responsive?

## Our findings

People were assessed before they received care to determine if the service could meet their needs. This assessment was thorough and covered areas such as medical history and health needs, nutrition and hydration and communication. One person described how the provider had met with them to discuss their care needs and expectations of the service. From this discussion their care provision and visits had been agreed and the person felt that they had been provided with a good understanding of what they should expect from staff. The provider told us they only agreed to provide support to people if they had the right staff in place and were able to provide the support necessary to meet the person's support needs appropriately.

Person centred care plans were up to date, reviewed as needed and contained information about people and their preferences. They covered areas such as people's routines, personal care, eating and drinking and mental capacity. Risk assessments and care plans were linked together and cross referenced to give a full picture of people's needs; people received care that corresponded to their care plans.

People were involved in planning their care as much as they were able and people or their representatives had signed their care plans to consent to their care and support. Staff were aware of the content of people's care plans and were knowledgeable about people's care needs. People and their relatives told us that having a regular team of staff meant that the staff providing their care knew them well and provided their care appropriately. One person's relative said "The staff know that [Name] is prone to urine infections and needs lots of encouragement to drink enough; they encourage them to drink plenty, monitor for signs of infection and always let me know if they have any concerns."

Care was planned and delivered in line with people's individual preferences, choices and needs. Care was provided at the times agreed and visits lasted the allocated amount of time. One person's relative said "They're very flexible and will always do extra if we ask them to." During the inspection we observed staff co-ordinating care visits in a way that focussed on people's choices and requirements. Staff also described how the timing of planned visits may change based on the needs of people. For example if people required support to access appointments.

The assessment and care planning process considered people's hobbies and past interests as well as their current support needs. Staff supported people to do the activities that they chose and were knowledgeable about people's preferences and choices. One member of staff described how they had discovered one person enjoyed a game of chess, which they now played regularly. They had noted an improvement in the person's mood and well-being since they had been playing; this was reflected in the person's care records.

People and their relatives said that they knew who to speak to if they were unhappy with any aspect of the service. People's comments and feedback about the service had been listened to and acted on promptly by the provider. One person's relative said "Any problems, we tell [Provider] and its put right straight away." A complaints procedure was available for people who used the service explaining how they could make a complaint. The provider had regular contact with people and their relatives and responded promptly to any

concerns that were raised so that they did not escalate.

Requires Improvement

# Is the service well-led?

## Our findings

The provider had not notified the Care Quality Commission (CQC) of notifiable incidents, as required by the HSCA 2008 (Registration) Regulations 2009. For example, they had not completed statutory notifications for referrals that had been made to the safeguarding authority. This was discussed with the provider during inspection and they have now submitted the required notifications.

The provider was actively involved in the service and monitored the quality and safety of the service provided as they worked alongside staff. However, as the service had grown there was a need to develop more formal quality assurance processes. There was a lack of oversight of some areas of the service, for example staff training. Not all training had been provided or refreshed as required and staff had not been provided with sufficient training in key areas such as mental capacity.

There were policies and procedures in place which covered all aspects relevant to operating a personal care service; these included safeguarding and whistleblowing procedures. However, not all policies and procedures had been followed, for example recruitment procedures. The provider needed to ensure that the policies in place were being followed in practice. We spoke with staff who were able to demonstrate a good understanding of policies which underpinned their job role such as safeguarding people and mental capacity. Staff were aware of the whistleblowing policy and were able to explain the process that they would follow if they needed to raise concerns outside of the company.

The provider regularly visited people in their homes and checked people's care records and the arrangements in place for people's medicines. One person's relative said "We see [Provider] regularly, they check that everything is ok and that we are happy with what the staff are doing." Where issues with the care provided had been identified the provider had taken action to improve the service.

The provider promoted an open and honest culture within the organisation. Staff told us that they were able to approach the provider about any issues and that they were listened to. One member of staff said "[Provider] is always available to give us advice when needed." Regular staff meetings took place to inform staff of any changes and to provide a forum for staff to contribute their views on how the service was being run. We saw staff meeting minutes that demonstrated a positive person centred culture, with discussions about confidentiality, person centred care and appropriate record keeping.

Staff were clear on their roles and responsibilities and there was a shared commitment to ensuring that support was provided to people at the best level possible. One member of staff said "The care is individual and very person centred; we are trained to work with the individual clients." Staff were provided with up to date guidance on people's care and support needs and were focussed on ensuring each person's needs were met. The culture within the service focussed on supporting people's health and well- being in a way that enabled them to be as independent as possible. Staff were familiar with the philosophy of the service and the expectations of the provider. One member of staff said "[Provider] is so passionate about the care and the clients' wellbeing, they know everything about everything."