

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

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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?	Outstanding ☆

Summary of findings

Overall summary

About the service:

Marches Home Care Services Limited is a domiciliary care agency which provides personal care to people living in their own homes. At the time of our visit 28 people were being supported with personal care in their own home.

People's experience of using this service:

We were repeatedly told by people and relatives that Marches Home Care Service Limited was very well-led. We found evidence during the inspection process which confirmed this was the case. The registered provider was committed to developing a service which was person-centred and responsive to people's needs. There were strong links with the community to improve the health and well-being of people in general.

Everyone we spoke with said they would recommend the service to other people. They told us staff often went above and beyond to ensure people were happy and safe.

There was an emphasis on ensuring people were supported by an experienced and qualified staff team who knew people well. Training was individualised and developed around people's needs. Additionally, the in-house trainer understood the importance of adapting training to meet individual staff learning styles. People said they were assured staff were experienced and appropriately trained.

People and relatives said individuals who used Marches Home Care Services Limited experienced positive outcomes. We reviewed compliments received by the service and saw people and family members had repeatedly praised the service for the improvements made to people's lives.

People and relatives who used the service told us they were more than happy with the service provided. Staff were described as reliable, kind and caring.

People told us they felt safe when being supported by staff. Staff were aware of their responsibilities in reporting and responding to abuse and said they would not hesitate in reporting any unsafe or abusive practice. Staff told us the registered manager understood the importance of creating a culture where people were free from abuse and harassment.

When asked, everyone said they were happy with the processes for managing their medicines. Medicines were managed in line with good practice guidance.

We found risk was appropriately managed and addressed to minimise the risk of possible harm. When risks had been identified we saw good practice guidance had been referred to, to promote safe and effective practice.

People were consulted with about all aspects of their care and support. We saw one person and their family member had written their own care plan based upon their life history, likes and preferences. This had been incorporated into the person's care record.

The registered manager worked proactively to ensure individual concerns were identified and acted upon before they became a complaint. People told us they had never had any reason to complain but were confident any complaints would be dealt with effectively and professionally should they ever need to.

We saw evidence of multi-agency working to meet people's health care needs. The registered manager said they were proud of the relationships they had developed with members of the multi-disciplinary team.

Rating at last inspection:
Good (16 July 2016)

Why we inspected:
This was a planned and scheduled inspection.

Follow up:
The next scheduled inspection will be in keeping with the overall rating. We will continue to monitor information we receive from and about the service. We may inspect sooner if we receive concerning information about the service

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 remained Good

Details are in our Safe findings below.

Good ●

Is the service effective?

The service remained Good

Details are in our Effective findings below.

Good ●

Is the service caring?

The service remained Good

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service remained Good

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service had improved to outstanding.

Details are in our Well-led findings below.

Outstanding ☆

Marches Home Care Services

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection visit was carried out by one adult social care inspector. The adult social care inspector was supported by an Expert by Experience who made telephone calls to people and relatives to gain feedback about people's experiences. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience who supported this inspection had knowledge of caring for an older person.

Service and service type:

This service is a domiciliary care agency. It provides personal care to adults living in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit to be sure the registered provider, staff and people they supported would be available to speak with us.

Inspection site visit activity started and ended on 06 March 2019. We visited the office location on 06 March 2019 to see the manager and office staff; and to review care records and policies and procedures. We made telephone calls to people and relatives on 06 and 14 March 2019.

What we did:

Before the inspection took place, we reviewed information we held about the service. This included previous inspection reports and notifications submitted by the provider relating to incidents, accidents, health and safety and safeguarding concerns which affect the health and wellbeing of people who used the service. We also spoke with the local authority contracts and commissioning teams and Healthwatch. Healthwatch is a national independent champion for people who use healthcare services. This allowed us to gain information relating to the quality and safety of service being provided. We used this information to develop our inspection plan.

During the inspection we spoke with two people and seven relatives by telephone. We spoke with three members of care staff, the registered manager, a director, the training coordinator, the care manager and a care coordinator.

We visited the office and looked at a variety of records. This included care records relating to three people who used the service. We also looked at information related to the management of the service. This included quality audits, records of accidents, incidents and complaints and recruitment files of four staff. We did this to ensure the registered manager had oversight on the service and to ensure the service was appropriately managed.

Following the inspection visit we spoke with one health and social care professional to find out their views on Marches Home Care Services Limited.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- All people we spoke with told us they felt safe when being supported by Marches Home Care Services Limited. One person said, "I feel very safe indeed. In fact, I feel totally safe with them."
- Staff had received safeguarding training. They understood how to act on any allegations of abuse and said they were confident members of the management team would respond appropriately to any concerns raised.
- One health and social care professional we spoke with confirmed the service had a good understanding of safeguarding protocols and praised the way in which the service addressed these.

Using medicines safely

- People told us they were happy with the support they received with their medicines. One person said, "Yes they sort out my medicines for me. They get them all ready on a tray and bring them to me with some water to take with them."
- Staff who administered medication said they had received appropriate training. In addition, they told us a member of the management team regularly carried out observations to ensure they were following good practice guidelines when giving people their medicines.
- People were happy with the support provided; we reviewed medicines processes at the service and found medicines were managed safely and in line with good practice guidance, "Managing medicines for people receiving social care in the community" (National Institute of Clinical Excellence, 2018).

Staffing and recruitment

- People who used the service and relatives told us they were happy with staffing levels and told us they were supported by a consistent staff team. One relative said, "We get a rota and a team of regular staff calling."
- Arrangements were in place to cover unplanned staff absence. People told us staff were reliable and said they had never experienced any missed visits.
- Staff told us they had sufficient time to carry out their calls and were not rushed. They told us the management team were accommodating and said in the event of emergencies there was flexibility for them to extend people's visits to ensure people were safe.

Preventing and controlling infection

- Staff told us they had received infection control training. They confirmed there was sufficient personal protective equipment, such as disposable gloves and aprons to maintain good standards of infection control. People confirmed staff used these when they visited and provided personal care.
- We saw good practice guidance was on display around the office to remind staff on good practice

procedures. For example, we saw information on good hand washing principles and the signs and symptoms of sepsis were on display.

Learning lessons when things go wrong

- The registered manager understood the importance reflecting on incidents within the service to look at where things had gone wrong so action could be taken to prevent them happening again. We saw an example of systems and processes being reviewed and amended following a near miss incident.
- Accidents and incidents were recorded and reviewed by the registered manager so any trends or patterns could be highlighted and action taken to reduce risks to people and staff.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People who used the service and relatives told us they considered the staff team to be appropriately trained and skilled to meet their needs. One relative said, "They all show excellent skills in dealing with everything which reflects on their training."
- All staff we spoke with told us training was accessible, any additional training they identified to support their role was provided by the management team.
- The registered manager understood the importance of staff training. Staff were provided with training opportunities to meet the needs of the people they supported. Training was delivered from an in-house trainer or by an appropriately qualified professional. Training was adapted to each staff member's learning style. This helped to enhance and develop staff knowledge.
- Staff told us they were supported to develop key skills and experiences at the start of their employment through an induction period. This included completing training and shadowing more experienced members of staff. Staff said they felt suitably prepared for work after the induction period had finished.
- Staff told us support in their role continued through their employment. They told us they received regular supervision which included feedback about their performance and enabled them to discuss any concerns, training and development. Staff praised the supportive relationship provided by the management team and told us they could be contacted at any time for advice and guidance.

Ensuring consent to care and treatment in line with law and guidance

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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority.

We checked whether the service was working within the principles of the MCA.

- The registered manager advised no person lacked capacity at the time of the inspection visit. However, the registered manager had a good understanding of processes to follow should a person lack capacity. We noted care plans and assessments had reference to the principles of the MCA.
- People told us staff routinely sought consent before they provided any care and treatment. One person confirmed. "They always ask me if I am ok and what I want doing before they proceed with anything they do."
- Although people told us they were asked to consent to care and treatment, we noted from records viewed

that signed consent for care and treatment was not clearly documented. We discussed this with the management team and they agreed to make amendments to care records to ensure signed consent was explicit.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The management team assessed people's needs before offering a service. They did this to ensure the service could meet the person's individual needs. This included liaising with health and social care professionals whenever appropriate.
- We saw care plans detailed expected outcomes for each person and reflected people's wishes and preferences. Additionally, they included times and tasks for each visit. The registered provider regularly reviewed and updated care plans when people's needs changed.
- The management team understood the importance of delivering care in line with standards and guidance. The care coordinator said they accessed information about people's health conditions from reputable sites on the internet.

Supporting people to eat and drink enough to maintain a balanced diet

- People we spoke with told us they were happy with the support they received with their meal preparation.
- We saw people's dietary needs had been assessed and support and guidance was recorded. When people had specific nutritional needs good practice guidelines were included within the care record.
- Staff said they had completed food hygiene training to ensure they had the appropriate skills to handle and prepare food safely, in line with good practice guidance.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People praised the way staff worked with other health professionals. One relative said, "They will phone the pharmacy and make an appointment to collect their tablets when they are getting low and will let me know if they think any other appointment for anything is required."
- We saw the registered provider maintained good links with health care professionals to ensure people received effective health care. When staff had identified concerns about people's health and well-being, information was passed to the management team who acted to ensure people received timely support from the relevant health care professional.

Adapting service, design, decoration to meet people's needs

- The service adapted and responded to people's needs. Since the last inspection, the registered manager noted access to foot care for vulnerable people was limited. In response to this, the service invested in staff training so staff could safely deliver effective foot care to people. The registered manager said, "It was a significant investment but it was worth it."
- Marches Home Care Service Limited understood the importance of ensuring people had the correct equipment within their homes to help them maintain their independence. We saw examples of staff working with health professionals to access equipment to promote dignity and independence. For example, staff had noted a deterioration in one person's mobility. They had liaised with an occupational therapist to source more appropriate equipment.
- The registered provider understood the importance of technology to keep people safe. The registered manager advised they worked with telecare providers to promote people's safety. We noted one person had a bracelet which tracked their mobility and alerted the telecare provider if the person had fallen.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People spoke highly of the relationships they had developed with staff. Feedback included, "They are excellent." And, "I call them the Dream Team! Nothing is too much bother for them. Kind, considerate you name it they are it!" Also, "Very pleasant people all of them. All exceedingly kind, considerate and very polite."
- Staff had a good understanding of protecting and respecting people's human rights. They talked with us about the importance of respecting people's differences and being aware of their diverse needs.
- We reviewed written feedback and saw the staff team were often referred to as part of people's family units. One relative had written, 'I think [family member] thought of [Staff one] and [Staff two] as the granddaughters she never had.'
- We saw Marches Home Care Services Limited had been presented with an award from the local newspaper in 2018 for 'Care Team of the Year'. We reviewed video footage and newspaper coverage and noted the team had been nominated for the award by a relative. The relative had commended the team for supporting their family member through ill health and said the staff had helped their relative become a person again.
- People told us staff routinely went above and beyond to ensure people's well-being. One person said, "Should I happen to need any shopping on the odd occasion they will go out and get it for me while they are here." A relative said, "If they see she is running out of milk they will go out to the shop and bring her some back. It's the little things like this that mean so much to her."
- We saw evidence of staff undertaking additional roles outside of the care plan for people. For example, organising maintenance people to visit the home when emergency repairs were identified.
- Relatives told us caring relationships extended to families as well as people who used the service. One relative told us their family member had passed away eighteen months ago. They said they still received calls from the service to check on their well-being and to offer voluntary support. They said, "They have made it clear, the door is always open for me if I need anything."

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us privacy and respect was considered always. Feedback included, "When carrying out their personal care they will always keep the door closed and blinds down and will let them do what they can for themselves as they try to be independent." And, "Very good, they draw the curtains and make sure I am kept covered up."
- We saw independence was considered and promoted. Care plans detailed people's skills and strengths and areas in which assistance was required.
- Relatives told us dignity was at the centre of all care. One relative told us they had previous negative experiences of care services, they said staff from Marches Home Care Services were different. They said they

never belittled their relative and always treated them as a human being.

Supporting people to express their views and be involved in making decisions about their care

- People told us they could be involved in making decisions about their care. Feedback included, "My daughter does that for me but I am able to have a say into it." And, "Together with my wife we do it with them. All up to date and I have it here."
- The management team sought feedback from people about their service on a frequent basis. The care manager undertook a courtesy call to each person who used the service every quarter to ensure they were satisfied with the current plan of care. Copies of all feedback were kept within each person's file. We saw any concerns had been acted upon immediately.
- When people were unable to express their own views and make decisions, the registered manager was aware of the importance of referring to advocacy services to support people. An advocate is an independent person who can assist people to make decisions about their health and well-being.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us there was an emphasis on the provision of flexible person-centred care. We were repeatedly told the service was flexible and based around people's individual needs. One person told us, "When my [relative] was receiving care. They were extremely responsive."
- People praised the way in which services could be organised and offered in an emergency. One relative had written to the service to commend their responsiveness. They had stated, 'My contact with your staff has more than lived up to the promise offered by your website and the speed at which you have responded has exceeded our expectations. Thanks for listening and responding in an exemplary way'. Another relative told us staff "raced around when [relatives] alarm went off and stayed with them until the emergency services arrived."
- The service adapted and responded to people's needs. Since the last inspection, the registered manager noted access to foot care for vulnerable people was limited. In response to this, the service invested in staff training so staff could safely deliver effective foot care to people. The registered manager said, "It was a significant investment but it was worth it."
- Person centred care was promoted through people being supported by a team of regular carers who know them well. One relative told us, "They said they would assign us one person to work with [relative] and they have done this."
- We saw care was personalised and centred on the individual. For example, care records detailed individual routines for each support visit. This included how people liked their breakfasts preparing and how they liked to be greeted.
- People told us they were encouraged to express their views and wishes. This enabled people to make informed choices and decisions about how they were cared for and at times which suited their individual circumstances. People told us they could speak with staff at the office and change support visits if required. Additionally, if they did not gel with certain members of staff they could request alternative staff members to provide their care and these requests would be honoured.
- Staff understood the importance of person-centred care. As part of staff induction, the training officer completed a practical training session with staff to highlight the importance of person centred care.
- Staff told us care was provided around individuals and, as relationships with people developed, so did their care plan. One staff member said, "Care plans are a work in progress, they grow with people."
- People were supported to undertake activities of their choosing. One person was supported on a weekly basis to go out in the community. Their family member told us the person looked forward to these visits.

End of life care and support

- Person centred care extended to when people had passed away. We spoke with a member of the management team. They told us on one occasion a person who used the service passed away and due to certain restriction's, the body had to be left within the family home. A member of staff went to the person's

home and bathed and dressed the person to make them look comfortable. They did this as a mark of respect to the person and to provide the family with comfort at a difficult time.

- The registered manager understood the importance of good communication and multi-disciplinary working when a person needed end of life care. They told us they had established links with the local hospice and all staff had been trained in palliative care. Staff confirmed this.
- Staff spoke passionately about the importance of providing high-quality care at the end of a person's life. One staff member said, "It's about being respectful and gentle. Even when people can't respond I always chat to them. I chat to them about things they liked. I would never talk over them."
- We reviewed comments made by relatives after people had passed away and saw the staff team was consistently praised for care and support provided at the end of peoples' lives. One relative had written, 'Thank you for coming into our lives. The compassion and dedication that you showed was beyond words. For the kindness and words of comfort after [relative]'s departure we again thank you'.

Improving care quality in response to complaints or concerns

- Everyone we spoke with told us they aware of the complaints procedure and how to complain but had never made any complaints, as they had never had any reason to do so.
- The registered provider worked proactively in managing concerns and complaints by keeping a log of all concerns raised within the service. The registered manager said they reviewed the concerns log to look for trends and themes so action may be taken. We reviewed the concerns log and saw reports were concise and acted upon immediately.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

; Working in partnership with others

- The service was designed around the needs of people receiving care. There was a well understood, articulated person centred culture that resulted in people's experience of receiving care consistently exceeding their expectations.
- People and relatives were extremely complimentary about the way in which Marches Home Care Services Limited was managed. We were repeatedly told the service was a well-led, person-centred service. Verbal feedback included, "Absolutely. Excellent service and brilliantly well-led and managed." And, "Runs excellently in my opinion." Also, "The service is far superior to any others I know."
- Two family members had written to the registered manager to provide feedback upon the service and had described their experiences of the service as 'outstanding'.
- Following a recommendation from a family member, in 2018, Marches Home Care Services Limited was successfully awarded a public award for their services in care when they were identified as care team of the year within Herefordshire.
- A health and social care professional we spoke with commended the way staff viewed people as individuals and the way person-centred services were created for people. They praised the 'can-do attitude' of staff and their ability to work with all people.
- Staff spoke proudly of the way the organisation operated and how people received positive outcomes when being supported by the service. They told us the person-centred ethos of care extended to staff. Staff repeatedly said this contributed to high morale and a committed staff team.
- The registered manager and management team demonstrated a continued commitment to providing person-centred, high-quality care. They did this by engaging with everyone who used the service and outside agencies who were involved in the service. We saw people's wishes were continually respected and care was re-arranged around people's preferences and requirements.
- The management team was committed to developing a high-quality service. They did this through networking with other health and social care agencies to ensure they were aware of developments in the health and social care field and the service was provided in line with good practice guidance.
- The registered provider had clear vision and values for the service. Since the last inspection they had reviewed the areas in which they delivered support and had focussed on one specific area in which they were confident they could provide high-quality support. Additionally, they had worked with a consultant and had developed a business development plan which focussed on planned growth that focussed on quality, not quantity.
- To ensure high-quality support was delivered, the management team carried out spot checks at people's

homes. This was to ensure the support provided to people was in line with the person's care plan and service policy. The care coordinator also carried out hands-on care, working alongside team members to ensure care being delivered was person-centred and of high-quality.

- When mistakes had been made within the service, we saw the duty of candour had been applied. The registered manager said they welcomed complaints and feedback as this was used to improve service delivery.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service had systems and procedures to monitor and assess the quality of their service. This included regular telephone calls with each person who used the service to seek their views on how the service is performing as well as six monthly home visits from the senior management team. We reviewed feedback and saw this was predominantly positive. When concerns had been noted these had been proactively managed and addressed.
- Staff told us communication within the organisation was good. They said they were consulted with through telephone communications, team meetings and supervisions. Staff said because the service was small and the bond between staff was excellent, they were not afraid to challenge and prompt discussion between themselves to improve the quality of care. One staff member told us, "We can all talk about things, nothing is an issue, it gets sorted."
- The service was an important part of the community. As part of the ongoing development of the service, it was noted people who used the service could not always access appropriate healthcare to promote well-being. The registered provider sought training for staff to develop their skills so this area of need could be addressed in the community. As part of the initiative we saw the service delivered free information awareness sessions to members of the public to promote health and well-being. The registered manager said, "We don't charge for this service. People don't always understand the importance of good health."
- The service had developed links with the local newspaper and we saw the management team had developed articles to raise the profile of care within the local community. For example, we the director had produced an article on the difficulties faced within social care and the importance of good care.
- We saw the registered provider worked with Healthwatch to gain people's feedback, so information about the service could be shared with the public. We noted all feedback provided had been positive and the service had been consistently awarded the maximum five stars by all respondents. Respondents described the service as 'professional', 'dedicated', and 'first class'.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- We found the service had clear lines of responsibility and accountability. The registered manager, management team and staff were experienced, knowledgeable and familiar with the needs of people they supported. Staff were clear about everyone's role within the service and praised the way all staff worked effectively together. People praised the seamless service they received and the responsiveness and flexibility of the service.
- The registered manager was committed to providing a quality service. They told us they kept themselves up to date by attending training courses and networking with other professionals. Other members of the management team were also aware of the need to keep their skills up to date and understood the importance of using good practice guidance to shape and inform care delivery.
- We saw the registered manager had their performance certificate on show and had submitted statutory notifications as required to the Care Quality Commission. This showed us they understood these regulatory responsibilities.

Continuous learning and improving care

- There was a strong emphasis on continuous improvement. The views and experiences of people who used the service and relatives were at the core of service development. The registered manager maintained a record of all concerns, complaints, compliments and incidents and reviewed each incident to reflect on how the service could change and adapt. This included reviewing near-miss incidents. Professional advice and guidance was sought whenever necessary to improve the standard of care.