

Martlets Care Limited

Martlets Care, The point

Inspection report

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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?

Good ●

Summary of findings

Overall summary

About the service

Martlets Care is a domiciliary care service providing personal care people in their own homes. People supported were either over 65 or were living with disabilities such as motor neurone disease or dementia. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection 98 people were receiving personal care, and included privately and publicly funded clients.

People's experience of using this service and what we found

People told us they felt safe and staff were knowledgeable about the care they were expected to provide. The registered manager understood risk management and had policies in place to keep people and staff safe. A relative told us "They've been fantastic, I can trust them, they've become friends, they support the family."

People were supported to remain as independent as possible. Care people received was personalised and designed around the life they led. Staff were recruited and trained appropriately, including in the administration of medicines. Staff were well trained and where a person had complex needs, staff had further training to ensure they could provide effective care. A person told us "Staff are very informed about things."

People spoke highly of the care they received. A person told us "I've been in a nursing home and the care you get there is nothing like the care I get now!" and a relative told us "They are not patronising. They have a laugh with her. They don't tell her what to do." Staff told us that dignity in care was important.

People had care plans that were regularly reviewed. People and their relatives were involved in any planning and were at the centre of the care. Complaints were few and acted on quickly. A recent survey included the comment "The care over the past few years has been excellent. Without the personal care, mum wouldn't be here today."

The service was well-led by a registered manager who was keen to ensure compassion in care. Staff were happy and proud to work for the service and the positive attitude of the team showed in the care people received. One person said, "They are all the same, all very friendly, always smiling."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection.

We last inspected this service 16 September 2016 and the rating was Good.

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Martlets Care on our website at www.cqc.org.uk.

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Martlets Care, The point

Detailed findings

Background to this 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people 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. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 6 June 2019 and ended on 7 June 2019. We visited the office location on 6 June 2019 and spoke to people and their relatives who used the service on 7 June 2019.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also looked at notifications sent to us since the previous inspection and online reviews. We used all of this information to plan our inspection.

During the inspection-

We spoke with five people who used the service and five relatives about their experience of the care

provided. We spoke with seven members of staff including the registered manager and care workers. We reviewed a range of records. This included five people's care records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People continued to be cared for safely. Staff were confident to spot and report signs of abuse. Staff received annual training in safeguarding, which was provided by Brighton & Hove City Council. Staff told us they knew where the safeguarding policies were if they needed to refer to them. Staff carried portable pocket-guide reminders about how to address emergency situations. Staff knew how to report abuse if they suspected it and were clear about what abuse might look like. A staff member told us "I've never felt the need to do it, but I'm confident to do it. In a previous job I helped a colleague to report some care that I felt was poor."
- People and their relatives told us that they were happy to report issues or complaints to the manager and knew they would be taken seriously, however, there had only been one complaint in the last 12 months.
- Care plans included clear risk assessments. People had their risks assessed and recorded. For example, if a person was at risk of falls. The risk assessment included guidance for staff to ensure the person could remain as independent as possible while remaining safe.

Staffing and recruitment

- People were visited by well trained and conscientious staff. Staff felt confident to ask for advice from senior staff when necessary. A staff member told us, "The training is good, they are easy to talk to in the office."
- Staff recruitment was managed robustly, following a clearly defined process to ensure staff were safe to work with people. Staff recruitment files were up to date.
- Before staff began working with people their references were checked, and the Disclosure and Barring Service (DBS) was used. The DBS allows employers to find out if a potential staff member has any criminal convictions.

Using medicines safely

- Staff received training in medicine administration and record keeping and felt confident to administer medicines correctly. Staff told us "Yes we have medicines training, we record everything, some people just need encouragement, but we still record that."
- Care plans included information about the person's medicines, and medical history. People received their medicines in line with the recorded instructions. Risk assessments for medicines, including the safe disposal of medicines, were included in the care plan. Staff followed the advice in the care plan.
- Where people were being treated for specific conditions staff had extra training, for example some staff had training in PEG (percutaneous endoscopic gastrostomy) feeding to allow them to support people who required this to remain at home. The registered manager was the lead trainer in medicines and ensured

medicine administration training was completed by staff annually. The registered manager also carried out spot checks and supervisions to ensure staff continued to administer medicines safely in line with policy.

Preventing and controlling infection

- People were protected from the risk of infection. Staff understood infection risk and used personal protective equipment (PPE) such as aprons and gloves when providing personal care.
- Staff told us there were no limits on the amount of PPE items they could collect so they always had plenty of gloves and hand cleaning gels. PPE were kept in the people's homes, but staff also carried stock with them. One staff member told us, "We pop in [to the office] weekly to stock up on PPE" and a relative told us, "They wear gloves, they have bags double wrapped for the bin and they always clear up."

Learning lessons when things go wrong

- The provider learned lessons when things went wrong. Staff understood the importance of reporting mistakes or errors so that information could be shared, procedures changed and future problems avoided. For example, an incident in the past year had prompted a change of systems to record people's food and drink intake to ensure that people did not become dehydrated in hot weather.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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

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

- People told us they felt the service supported their needs. The registered manager wrote care plans together with the people they were for. Care plans were very thorough and included people's histories and likes and dislikes.
- People told us they felt that staff knew them well. One person told us "They have become good friends. Some are exceptionally good." Another person told us "They think a lot about what you need, they don't take anything for granted and always ask you before anything they do"

Staff support: induction, training, skills and experience

- Staff all told us that they felt well trained and prepared for the care they needed to give. Staff understood the values of the service, received a clearly planned induction and were then put through various training courses considered essential by the provider.
- Staff were able to access training online as well as in face to face courses, one member of staff told us, "There's a lot of training, we have extra courses from the council and lots on the internet social care TV. So you can go over things in your own time and get things sorted."
- Staff recruitment included checks on previous experience and skills. The registered manager told us "We like experienced carers to have NVQ. Others do the care certificate workbook"
- People with complex needs were supported by staff with extra training. Staff told us they felt confident to offer care after training, one staff member said, "We are always updating skills and training". Staff were trained in dementia care and in motor neurone disease (MND). Martlets Care had become the preferred provider for MND care in the area.

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

- People were supported to eat and drink when support or prompting was required. A relative told us "[person] has improved with eating, after some choking in the past the carers now cut food small and stay with her as she eats. She is supported to be independent, but they stay close."
- Staff told us they understood the importance of good nutrition in health. Especially around drinking plenty of water in hot weather. Staff always encouraged people to eat and drink and recorded in the notes if people were not eating or drinking so that action could be taken if the pattern continued.

Staff working with other agencies to provide consistent, effective, timely care

- People were all happy with the care they received, and several people told us that social workers or other professionals had suggested the service.

- Staff used the care plans and daily records to communicate with each other about the care needs of people. Staff worked with other healthcare professionals and agencies when needed.
- Martlets Care had strong links to the hospice and worked closely with them.
- Some people using the Martlets Care packages also had live in carers and Martlets Care were happy to work with them for the best outcomes for people in their care.

Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to access services they needed, including if they needed to travel to access them. One person told us "If I go to the hospital they come with me, wait with me and then come home with me."
- People felt confident to ask staff to help them to access healthcare services. One person told us "My family help, but if I needed someone to come with me I could ask the carers".

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 particular 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 when this is in their best interests and legally authorised under the MCA.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

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

- The registered manager told us they currently have no one in their care being deprived of their liberty under a court of protection order but they understood, and worked within, the principles of the MCA.
- People's capacity for decision making was assessed during the writing of the care plans and was recorded there by the registered manager. Where people lacked capacity for a decision then relatives were involved in forming best interest decisions.
- People told us they were consulted throughout their care. Staff were clear about consent and understood the MCA. One person told us, "They ask what I want doing, then they do it."
- Relatives told us they heard staff ask for consent during each stage of personal care, and staff spoke politely to people. Relatives with people using the service felt that the care had lifted the mood of their relatives, because the staff took time to ensure people were happy before continuing with any procedures. One relative told us "My mum is very happy with the carers, she looks forward to seeing them. Anything they are asked to do, they do well"

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant 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 and their relatives were very positive about the caring nature of the staff. People told us "Everything goes along smoothly, they are very friendly." and "In the last 10 years I've used 9 or 10 care agencies and I'd say this is probably the best I've had." A relative told us "Care has been brilliant I will sing their praises to the hilt!"
- Staff knew the people they cared for and took time to talk to them to ensure the care they gave was what was required.
- People were well treated by staff. Staff had training in, and understood the benefits of, respecting equality and diversity.
- The registered manager told us "Carers complete a mandatory e-learning course on equality and diversity, everyone has the right to person-centred high-quality care, no matter how they identify."

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

- Staff told us that people were at the centre of the care provided and that they were always involved in decision making.
- People told us that staff were kind and considerate and were patient with people's communication needs. One person told us "When I have a full [oxygen] mask on they have to listen carefully and they are good at that, I'm very confident in the care I get."
- Relatives told us people could decide who provided their care, and said, "She has the same carers now – if we say we like a particular carer they organise we get that person." and "We've been lucky, it's the same team so we have continuity. The carers have grown with [person's] condition. The main carers know what they are doing in tune with [person]."
- People told us "I like the way [care staff] react to my changing needs" and, "all are so kind and caring."
- Martlets Care visits were a minimum of 30 minutes, the provider believed this was the minimum time needed to provide good care.

Respecting and promoting people's privacy, dignity and independence

- People were extremely pleased with the care they received. People all told us that the staff were very caring. People said "They respect my dignity. I think they speak to me really nicely always chatty without being intrusive." And "It's really important not only to feel safe with your carers but to feel comfortable with them as well."

- Staff told us they always respected people's privacy during personal care. A staff member told us "Dignity in care is very important. Obviously we close doors. People are covered where necessary and I talk to people, ask for consent. I make sure other family members know not to come in while the door is shut."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had personalised care plans, with people's specific support needs, likes and dislikes recorded. Care staff told us this helped to get to know people and ensured they gave care in the way it was wanted.
- Care plans were reviewed regularly but were also changed if people's needs change. A relative told us "The care plan changed as her walking got worse, carers now walk with her."
- Staff knew people well, including specific needs where care was complex. Staff told us "It's really important to read the care plan but it's best to talk to them and chat about their family history, likes and dislikes, finding out about them"

Meeting people's communication needs

- Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
- The registered manager was aware of the AIS and was keen to ensure that people could access the information they needed in a format that was useful to them. People's care plans identified any communication issues people might have. For example, some people with Motor Neurone Disease used specialist equipment and communication boards to communicate with staff and where this happened staff took time to learn to use the equipment.
- When a person did not speak English, staff worked with the person's family to ensure that staff could greet the person in their own language, which assisted communication.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Martlets Care provided personal care in people's own homes, and also supported them to take part in outside activities if required, for example to go out for entertainment, bingo, crazy golf, beach visits, shopping, lunch out, garden centre visits, trips to concerts and historic buildings in the local area. Staff also accompanied people to family functions, celebrations and appointments with doctors, dentists, vets and hairdressers.
- The Registered Manager had helped a person with GP visits and assistance with finances. The registered manager also found a day centre for the person to attend, and accompanied the person on initial visits to ensure they remained connected to their social network.
- Some families had support for more than one person, for example where a family member who had caring

responsibilities also needed some help for themselves. Staff took people out as part of respite care. One person told us "She is good with [person], she took him to Shoreham airport last time."

Improving care quality in response to complaints or concerns

- People had very few complaints about the service. When issues were raised the registered manager was quick to address them, and took all concerns seriously.
- People all said they could ring and speak to the office staff at any time if they had a problem, or would be able to speak directly to the staff when they visited.
- Where complaints were about times, the office staff would reschedule calls to allow more travel time. A person told us "I get regular visits from the office manager to check if things are happening properly. If I had any complaints I'd speak to her." And a relative said "The manager is really helpful and polite and really friendly. I'm 100% confident if I needed to complain."
- People were asked their opinions on the care via a client survey. These were conducted at least once a year and quotes from the last survey included "lovely caring, thoughtful carers". There were no complaints from people who completed the survey.

End of life care and support

- Martlets Care is part of the Martlets group and works closely with Martlets Hospice in Brighton. Staff had thorough end of life care training from the hospice and Macmillan Cancer Support, so they could support the whole family.
- At the time of the inspection the service was caring for one person on end of life care. Their needs were changing on a daily basis and the registered manager was ensuring care was compassionate and in accordance with their wishes.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had a good relationship with the staff and knew them well. The registered manager worked with staff members on a one-to-one basis in order to quality-assure care provided. Staff said they felt happy to work at the service and that the manager supported them. This positive outlook reflected in the care they provided.
- Staff told us they were proud to work for Martlets Care and they enjoyed the good reputation the service had in the local community. Staff told us "I feel very proud to be part of this organisation and its association with the hospice." And "I feel useful and fulfilled - I care with a passion."
- People spoke very highly of the service and the care they received. People said that staff were friendly, happy and conscientious. A relative told us "When we really needed them, they were so quick to sort things. The carers are wonderful."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the legal requirements around the duty of candour, and had policies in place with how to contact family when necessary. We saw that when something went wrong, the registered manager had contacted people's family with the information.
- Staff communicated regularly with families and the registered manager spoke to families about any changes in care or incidents that might occur.
- The registered manager reported incidents to CQC where necessary.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had clearly defined staff roles, and staff understood their responsibilities. The registered manager was able to support other staff as she understood the caring role and had previously been a carer.
- Staff told us they felt confident in the management of the service. Staff said "We are very supported. You can get in touch with someone 24hours. Support is always there."
- Staff spoke positively about the registered manager. A staff member told us "She's lovely, she was there before [as a carer] and has moved up. We get info we need, she's helped me amazingly with my NVQ"
- Office staff used technology to assist them in managing staff rotas for care visits, including travel time. Staff told us "The girls in the office manage it [time] – I never really struggle, I can ring if there are problems."

- Staff understood the importance of monitoring performance and risk. Care staff could ring the office for advice or to relay information about incidents and the staff all worked well as a team.
- Staff told us they had the opportunity to attend regular staff forums where information was discussed, this allowed staff to learn from each other and share ideas.

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

- The registered manager kept in regular touch with people that used the service. People told us they were often asked if everything about their care was good.
- The results of the most recent survey about the service was extremely positive, results were however still recorded and analysed so that improvements could be made where possible. Survey comments included "The care and understanding given by Martlets has been a great help to both of us" and "My carer is more like a friend."
- Martlets Care had won awards for its care, such as Great British Care Awards regional winner 2017, and staff were proud to continue to provide care at a high standard.

Continuous learning and improving care

- There were audits in place to ensure care standards remained high.
- Travel times were routinely monitored to ensure that delays were kept to a minimum and that staff were always making the best use of their time.
- New IT systems we were shown were being put into place to aid auditing of the service, the registered manager was keen to use new technology where it could enhance systems.
- The Registered Manager initiated and led a comprehensive training programme for staff at the Lane Fox Unit at St Thomas' Hospital in London, and staff had accompanied a person with Motor Neurone Disease (MND) to the unit to learn more about the long-term management of breathing disorders, including the use of ventilators in MND.
- The Registered Manager also attended the regional multidisciplinary team meeting of local professionals who coordinate the care of MND Patients within Brighton & Hove and surrounding areas. The Registered Manager had a working relationship with the MND Multidisciplinary Team, who provided direct referrals of people with MND to the service.
- Working closely with Martlets hospice enabled staff to have professional development opportunities, such as additional training.

Working in partnership with others

- Staff worked with other healthcare professionals on a daily basis such as district nurses, social workers and GPs were all involved with people's care. Martlets Care prided itself on being part of that.
- Martlets care hosted a community poetry competition in spring 2018. Inviting people from Brighton and Hove and surrounding areas to write poems of the theme of happiness at home. The competition was inspired by the positive words of clients. They created a poetry book that was sold with profits going to Martlets Hospice.