

Martworld Care Services Limited

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Inspection report

Suite 10, Anchor House
New Road
Dudley
West Midlands
DY2 9AF

Tel: 01384230677

Website: www.martworldcare.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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Martworld Care services is a domiciliary care agency registered to provide personal care to people living in their own homes. At the time of the inspection the service supported 10 people.

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

People felt safe when being supported by staff and their relatives had no concerns about the safety of their loved ones. People and their relatives confirmed staff arrived on time and they were informed if staff were running late. People were supported by a consistent core group of staff. People received the support they needed to take their medicines. Staff knew how to escalate any concerns and were aware of any potential risks when providing support to people.

Staff felt supported and had the training they needed to meet people's needs. People's needs were assessed before they used the service to ensure their needs could be met. 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.

People and relatives told us staff were caring and involved them in their daily care. People told us the staff encouraged them to be independent, protected their privacy and treated them with dignity and respect.

People and their relatives were involved in the development, and review of their care plan. A complaints procedure was in place and people and their relatives knew how to raise concerns and felt confident these would be addressed. Systems were in place to ensure any communication needs people had were identified, and arrangements made to meet these.

People, relatives and staff thought the service was managed well. The registered manager was described as approachable, caring, open and transparent in the way they managed the service. Systems were in place to monitor the delivery of the service.

Formal records were not in place to demonstrate the recruitment checks undertaken on some staff. Audits had not been completed on staff files to ensure they contained all of the required information. Audits of some records needed to be more robust to ensure they identified areas for improvement. These shortfalls were addressed by the registered manager during and following our inspection.

Rating at last inspection

The last rating for this service was Requires Improvement (published 28 September 2018).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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.

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 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 not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Martworld Care Services limited

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. 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 undertaken by an inspector, and an Expert by Experience who undertook telephone calls to people and relatives. 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's area of expertise was older people and dementia.

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 visit. This was to enable us to make arrangements to speak with people and their relatives and to be sure the registered manager would be in the office to support the inspection.

Inspection activity started on 30 September 2019 when we visited the office location. Telephone calls were undertaken with people and their relatives on 02 October 2019.

What we did before the inspection.

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). 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 used all of this information to plan our inspection.

During the inspection-

We spoke with one person and six relatives about their experiences of the care provided. We spoke with three care staff, the deputy manager, and the registered manager, who is also the registered provider.

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 requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Recruitment checks had been completed but formal records to support the checks undertaken were not in place. For example, records to support a live DBS had been completed on a new staff member, and formal risk assessments to support staff who had commenced shadowing before a DBS had been received. The registered manager took action to address these shortfalls during and following our inspection visit.
- All other recruitment checks had been completed for the staff whose files we had reviewed.
- People/ relatives told us there were enough staff to meet their needs. A relative told us, "[Relative] has a regular team of carers."
- People/ relatives told us staff arrived on time and they would receive a call if staff were running late. One relative told us, "We have the same team of staff and know all their names. We always know who is coming. They ring and tell me if they are going to be late."

Assessing risk, safety monitoring and management

- At our last inspection we found improvements were required to ensure all risks had been assessed and action recorded to reduce these where applicable. On this inspection we found the required improvements had been made. Records we reviewed confirmed risk assessments were completed and covered a variety of areas applicable to individual needs including, moving and handling, medicines, and the environment.
- Staff were knowledgeable about risks to people and risks had been assessed. A relative told us, "My [relative] is absolutely safe and tells me they are extremely happy with their care and feels very secure when the staff are supporting them." A staff member said, "I read the care plan and risk assessments before providing care, so I know what risks to beware of when supporting people."
- Staff told us any changes in people's needs, would be reported to the office, their relatives and if required to the appropriate healthcare professionals to ensure people's support needs would continue to be met.

Systems and processes to safeguard people from the risk of abuse

- People/ relatives told us they felt safe when being supported by staff. A relative said, "[Relative] is safe. They (staff) arrive while I am out. I have no worries and have no concerns with the care provided. I'd put my life in their (staffs) hands."
- The registered manager and staff we spoke with, were clear on their responsibilities to ensure people were kept safe from the risk of harm or abuse. One member of staff said, "Safeguarding is everyone's business, I would report any concerns to the manager or to the relevant authorities."
- The registered manager had reported any safeguarding concerns as required to the local authority and to CQC.

Using medicines safely

- People/ relatives told us they received the support they needed to take their medicines. A relative told us, "[Relative] medication comes in a dosette box and there have been no medication errors. They time the visits for the medication."
- Records we reviewed for four people showed they had received their medicines when they needed them.
- Staff told us, and records showed they had received training to administer medicines, as part of their induction. An assessment of staff members competency had also been completed to ensure staff administered medicines safely.

Preventing and controlling infection

- People/ relatives told us staff wore aprons and gloves to prevent the spread of infections when supporting them with personal care. A relative told us, "They (staff) wear gloves and aprons when providing support."
- Staff told us, and records confirmed, they had received training in relation to infection control and food safety. This ensured staff had the knowledge to prevent cross contamination and infection.

Learning lessons when things go wrong

- Systems were in place for accidents and incidents to be reviewed for any patterns and trends and to mitigate future risk.
- The registered manager discussed any lessons learned with staff through daily staff discussions, staff meetings and supervisions to ensure improvements are made where applicable.
- Staff understood their responsibilities to raise concerns in relation to health and safety.

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

- Peoples needs were assessed prior to using this service. A relative told us, "The manager did the initial assessment. We spent a good couple of hours doing it."
- The provider told us in the information shared with us (PIR), they completed comprehensive initial assessments for each new person referred to them, and involve people and their relatives to get their wishes and feelings in all matters relating to their care. A review of records confirmed this.
- We reviewed the care records and saw people's protected characteristics, as identified in the Equality Act 2010, were considered as part of their assessments. This included people's needs in relation to their gender, age, culture, religion, ethnicity, and disability.

Staff support: induction, training, skills and experience

- People and relatives thought staff had the skills and knowledge for their role. A relative told us, "They (staff) are well trained and communicate very well. They make sure [relative] needs are met." Another relative said, "The staff, even the new ones, introduce themselves. The calibre of staff the manager employs are good. There is no yo-yo effect (in the care)."
- Staff told us they had received an induction when they first started in their role. A staff member said, "Although I had previous experience I shadowed for a few days to meet people and see how they wanted their needs to be met and I read their care plans. I also completed training in key areas, so I have the skills and knowledge for my role."
- Staff told us they felt supported in their role, and received supervision, and spot checks on their working practices. A relative said, "The manager pops in randomly to assess the carers." Staff also receive annual appraisals. This enables them to maintain their skills, knowledge and ongoing development.

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

- People told us they received the support they needed to have a drink or something to eat. A person said, "I buy my food and they always ask me what I want to eat, or I say please can I (have?)." A relative told us, "We prepare the meals and staff assist [person] to eat their meal. They don't go rushing off and stay for the allotted time."
- People/ relatives confirmed staff left them a drink/snack when they left. A relative told us, "They make sure [relative] has everything they need to ensure they are comfortable. They will get things from the shop that [relative] may have forgotten like milk or a birthday card."
- Information about the support people required and their preferences was recorded in their care plan for staff to refer to.

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

- People and relatives felt confident staff would access healthcare services if and when needed. A relative told us, "[Relative] suffers from a condition, and they (staff) will advise me if they think [relative] needs to see the doctor. It is definitely team work."
- Staff monitored people's health care needs and would inform relatives and healthcare professionals if there was any change in people's wellbeing.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People and relatives told us staff would always seek consent before providing support. A relative said, "My relative can be awkward, especially in the mornings. They take extra time and do things at [relative] pace. If [relative] says no, they wouldn't do it. If [relative] asks them to wash their face again they will." Another relative told us, "They do ask [relative] permission before they do anything. [Relative] does say no sometimes. The care staff then ring me to let me know so that I can do it."
- Staff confirmed they had completed MCA training and had an awareness of how this legislation impacted on their role. A staff member told us, "Individuals have the right to make their own choices and decisions and I respect what they say."

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 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 provided positive feedback about staff confirming they were treated with kindness, respect and staff were caring. A relative told us, "They are kind and respectful. [Relative] would tell me if not. I have seen the carers come in and seen the way they are with my relative." Another relative said, "The staff are passionate about it (care)."
- Care plans took into account people's diverse needs and support people may need with these.
- Staff spoke with kindness and compassion about the people they supported and told us they enjoyed their jobs. A staff member said, "I enjoy my role and find it rewarding, the people I support are very interesting, we laugh together while I am providing support."

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

- People told us they were involved in their care. A relative told us, "Yes I am involved they discuss everything with me." Another relative told us, "Yes we are involved on a daily basis. The staff have a great level of understanding and always go above and beyond and are really caring and lovely."
- Care records we reviewed showed people and their relatives were involved and consulted about how they wanted their care to be provided.

Respecting and promoting people's privacy, dignity and independence

- People/ relatives told us staff supported them in a respectful and dignified manner and encouraged them to be independent. One relative told us, "Sometimes my [relative] and the staff have jokes and laugh together. They don't rush [relative]. They keep [relative] privacy and dignity by closing the curtains. They encourage [relative] to do things for themselves."
- Staff told us how they maintained people's privacy and how they tried to promote people's independence. A staff member said, "It is important to encourage people to do things for themselves if they can, and to maintain their dignity and privacy by ensuring doors are closed."

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 were supported by staff who knew them well and were knowledgeable about their needs. A relative said, "They know my relative well and me. They never accept a cup of tea or coffee; they say they would rather spend time with my relative." Another relative told us, "I can tell they (staff) care about my relative by the way they are with them and how they meet their needs. They are angels."
- People and relatives confirmed they had regular reviews of their care to make sure the service provided met their needs and preferences. A relative told us, "They review [relative] plan regularly; they did it not so long ago. The Care Plan is here as well as the daily log book. The daily log is a true reflection of what they have done; I don't write in it, there is no need."
- Care records reviewed varied in detail with some being more person centred than others. All records provided staff with the required information to enable them to support people's needs. The registered manager agreed to update the care plans to ensure they all provided the same level of detail and were person centred.

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 had some awareness of their responsibility to comply with the Accessible Information Standard (AIS). The registered manager agreed to gain more knowledge in this area. They told us information could be made available in a pictorial format and large print. They were currently working towards translating a care plan into a specific language to enable a person to access this.
- Information about how people communicated was included in the initial assessment and care plan to ensure staff had access to this information. Where required staff used people's equipment to assist them to communicate with them, such as picture boards.

Improving care quality in response to complaints or concerns

- People and their relatives said they knew how to make a complaint and felt listened to. A relative said, "I've never needed to make a complaint. If I did (need to) I would go to the manager." A person told us, "I have no complaints the staff are happy and jolly and make me laugh. It is a very, very good company and I rate them as 5 out of 5."
- We reviewed the concerns and complaints records and saw these had been investigated and responded to appropriately.

- Complaints were reviewed and analysed to look for trends.

End of life care and support

- Although there was no one receiving end of life care, the service had appropriate processes in place to ensure people would be supported in a dignified, and sensitive way. People were asked about their advance wishes during the assessment process and these were noted.

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 requires improvement. At this inspection this key question remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Records and formal processes were not in place to demonstrate the recruitment practices that were followed. For example the recruitment records for one staff member did not contain evidence to support a check from the disclosure and barring service (DBS) had been completed.
- Audits had not been completed on the staff files to ensure they contained all of the required information. The registered manager agreed to complete an audit following our inspection.
- At our last inspection we found the audits in place did not identify the gaps in people's care records to ensure they contained all of the required information. On this inspection we found some improvements had been made but further improvements were required.
- People care records contained all of the required information, but some varied in detail about how people would like their support provided and were more task focused rather than personalised.
- Audits were completed of the daily records and medicines records, but they did not identify and explore the reason for gaps in medicine charts, or when staff had recorded an incorrect time on the daily records. These issues were discussed with the registered manager who assured us improvements would be made.
- Systems were in place to monitor the service provided to people, this included an electronic monitoring system which monitored all the calls provided to people.
- Staff understood their roles and responsibilities and were confident in the registered manager who they described as, supportive, approachable, kind and who provided good leadership and direction.
- The provider had met their legal responsibilities ensuring their current inspection rating was displayed both on their website and at the office and promptly informing CQC of notifiable incidents.

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

- Systems were in place to obtain feedback from people and their relatives. This included surveys, telephone calls and reviews. A relative told us, "I had a questionnaire recently. I don't need any changes. I would recommend them and rate them as 10 out of 5. I cannot praise them enough. I am very pleased and can't ask for more." Another relative said, "The manager is really good, always goes above and beyond. He has rung to check how my relative is after carers have reported they were not feeling well and he always asks how I am. He is very approachable and said I can contact him at any time for help."
- Staff told us they enjoyed working at this service and felt valued. A staff member said, "We all work well together, it is family orientated, and the manager is passionate about his role and caring for people, he also cares for us staff and is very helpful."

- Staff told us they attended regular meetings to discuss the service and felt listened to. Staff told us they felt confident to make any suggestions about improvements.

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

- People and relatives told us they were happy with the service provided. A relative told us, "The (staff) are wonderful. I would recommend them to the Queen." Another relative said, "I cannot praise them enough. I am very pleased and can't ask for more. The good days are made better because the carers are here and the bad days are better because the carers are here."
- People and relatives knew who the registered manager was. A relative told us, "The manager is an angel, because he is so caring, considerate, compassionate, a gentleman."
- Staff told us they thought the service was well led, and the manager led by example. A staff member said, "When I first started the manager told me what his expectations were. He has high standards. The manager has developed a culture that is open and transparent and he wants people to receive good care and they do."

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; Continuous learning and improving care.

- The registered manager understood their responsibilities in relation to the duty of candour regulation and was able to discuss how they met the requirements of this regulation in response to a previous incident.
- Throughout the inspection the manager was honest, open and transparent about any issues we brought to their attention. They demonstrated enthusiasm and commitment to making any required improvements to ensure safe and good quality care was provided to people.

Working in partnership with others

- The provider told us in the information shared with us (PIR), how they worked in partnership with other services to ensure the needs of people were met. They liaised with community nurses, and district nurses to on a regular basis giving them any updates or concerns regarding people. They have established lines of communications with local GP practitioners in the areas as well as links with the pharmacies where some people get their repeat prescriptions. They take a proactive approach to supporting people to maintain the relationships and networks they already have with those who support them to meet their needs.