

Martlets Care Limited

Martlets Care

Inspection report

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Date of inspection visit:
16 September 2016

Date of publication:
21 November 2016

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

This inspection took place on 16 September 2016 and was announced.

Martlets Care is a domiciliary care agency and provides personal care and support for adults and older people living in their own home in the Brighton and Hove and Havens area. At the time of our inspection around 80 people were receiving a service. The agency is registered to provide nursing care and personal care. At the time of the inspection only personal care was being provided. The service is part of the Martlets Group of services, which supports the Martlets Hospice.

On the day of our inspection, there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. However, the registered manager was not present during the inspection. The nominated individual for the organisation was present during the office visit.

There was a clear management structure with identified leadership roles. The registered manager undertook people's assessments and reviews and was supported by a care supervisor who undertook the staff supervision and appraisals and coordinated staff training. Both had the support of a senior care coordinator assisted in the completion of the tasks. An office manager managed the care coordinating team who worked on setting up new care packages, care matching (allocating people to care staff to provide the care call), managing the capacity to take on new care packages, and ensuring people's care visits were covered, auditing medicines administration records and care record sheets.

People told us they felt safe in the service. People were supported by care staff who were trained in safeguarding adults at risk procedures and knew how to recognise signs of abuse. Care staff had been through safe recruitment procedures. Accidents and incidents had been recorded and appropriate action had been taken and recorded by the registered manager.

There was a detailed care and support plan in place for each person accompanied by supporting risk assessments. Care and support provided was personalised and based on the identified needs of each individual. People told us people always got their care visit, they were happy with the care and support provided. People were supported by kind and caring staff. People's privacy and dignity was considered when care and support was provided. People received care from kind and caring care staff. One relative told us, "The carers do things above and beyond their expected tasks. They change my mum but also put things in the washing machine to save me a job. That is consideration."

Consent was sought from people with regard to the care that was delivered. All staff understood about people's capacity to consent to care and had a good understanding of the Mental Capacity Act 2005 (MCA) and associated legislation. Where people were unable to make decisions for themselves, staff had

considered the person's capacity under the Mental Capacity Act 2005, and had taken appropriate action to arrange meetings to make a decision within their best interests.

People were supported to eat a healthy and nutritious diet. People had access to health care professionals and had been supported to have an annual healthcare check. All appointments with, or visits by, health care professionals were recorded in individual care plans. Medicines were managed safely and people received the support they required from care staff. There were systems in place to ensure that medicines were administered and reviewed appropriately.

There was a compliments and detailed complaints procedure. Compliments received included, 'You all helped make my life a lot easier. I actually got a good nights sleep and got out occasionally, to met up with friends or go shopping,' and 'Thank you (Registered Manager) and (Staffs name) and all in the office, who cleverly managed our ever changing care package.'

The management team provided good leadership and support to the care staff. One member of staff told us, "We are well supported by the HR team, and manager and the manager is accessible. They are available and get straight back. They make sure we take time to care and allow time to care." Another member of staff told us, "They are amazing and thorough with everything. I am surprised with how involved the management are, they are very good." Care staff told us communication was good in the service. Systems were in place to audit and quality assure the care provided. People were able to give their feedback or make suggestions on how to improve the service, through the reviews of their care, forums, and they were asked to complete a six monthly satisfaction questionnaire to help identify any areas for improvement. There was evidence as to how any feedback was acted upon and improvements made to the service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People's care records included support plans, and risk assessments.

People were supported by care staff who understood their responsibilities in relation to safeguarding. Staff knew what action to take if abuse was suspected.

Medicines were managed, stored and administered and safely and audits were undertaken by staff in the service.

Is the service effective?

Good ●

The service was effective.

All staff had an understanding around obtaining consent from people, and had attended training on the Mental Capacity Act 2005 (MCA).

There was a comprehensive training plan in place. All staff had the skills and knowledge to meet people's needs. They had a good understanding of people's care and support needs.

People were supported to maintain good health and had access to a range of healthcare professionals. Food and nutrition was monitored by care workers and people's likes and dislikes were taken into account.

Is the service caring?

Good ●

The service was caring.

Staff involved and treated people with compassion, kindness, dignity and respect.

People were treated as individuals. People were asked regularly about their individual preferences and checks were carried out to make sure they were receiving the care and support they needed.

People told us care staff provided care that ensured their privacy and dignity was respected.

Is the service responsive?

Good ●

The service was responsive.

People had been assessed and their care and support needs identified. These had then been regularly reviewed and changing needs were responded to.

The views of people and their representatives were sought and informed changes and improvements to service provision.

A complaints procedure was in place. People told us they knew who to talk with if they had any concerns, and they would feel comfortable raising them.

Is the service well-led?

Good ●

The service was well led.

Quality assurance was used to monitor and help improve standards of service delivery.

The leadership and management promoted a caring and inclusive culture. Care staff told us the management was approachable and very supportive. There was always someone available when they needed help or support.

Martlets Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The last inspection was on 18 December 2013 where no concerns were raised.

This inspection took place on 16 September 2016 and was announced. We told the nominated individual for the organisation 48 hours before our inspection that we would be coming. This was because we wanted to make sure that appropriate staff were available to speak with us on the day of our inspection. Two inspectors undertook the inspection, with an expert-by-experience, who had experience of care services. 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 helped us with the telephone calls to get feedback from people being supported.

Before the inspection, we reviewed information we held about the service. This included previous inspection reports, any complaints and notifications. A notification is information about important events which the service is required to send us by law. Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This helped us with the planning of the inspection. We contacted the local authority to ask them about their experiences of the service provided and the Clinical Commissioning Team (CCG). We contacted 17 people using the service and nine relatives over the telephone. We received feedback from a healthcare professional.

During the inspection we visited to the service's office and spoke with the nominated individual for the organisation, the care supervisor, the office manager, two senior care coordinators, and a care coordinator. We spent time reviewing the records of the service, including policies and procedures, 10 people's care and support plans, the recruitment records for six new care staff, complaints recording, accident/incident and safeguarding records. We also looked at the provider's quality assurance audits and service development plans.

Is the service safe?

Our findings

People told us they felt completely safe and at ease with the care provided by the care staff. One relative told us, "The carers keep my partner safe because they monitor his walking, as his mobility is limited. He loves the carers." When asked how were people kept safe, one member of staff told us, "Respect the client's environment and make sure there is nothing harmful when carrying out personal care. We advise all the time and keep in touch with GPs and DNs (District nurses) about the equipment at home such as suitable frames and chairs."

Assessments were undertaken to assess any risks to the people using the service and the staff supporting them, to protect them from harm. Each person's care and support plan had an assessment of individual risks due to the health and support needs of the person. One relative told us, "My mother is bedbound but they move her so she does not have pressure sores." Where possible these risk assessments had been discussed with people. The assessments detailed what the activity was and the associated risk, and there was guidance for staff to take to minimise the risk. There was an assessment of the environmental risks to ensure the safe working environment for care staff. One member of staff told us, "We watch for wires on the floor or open medication and use common sense." The registered manager undertook regular reviews of the risk assessments. Care staff told us that they reported to the office regularly for all concerns or to ask advice. They said there were four staff manning the phones in the office and four working on the client front with a senior carer or manager always available. A lead mental health nurse was also available and could answer any queries on medication.

The provider had a number of policies and procedures to ensure staff had guidance about how to respect people's rights and keep them safe from harm. These had been reviewed to ensure current guidance and advice had been considered. This included clear systems on protecting people from abuse. Staff told us they were aware of and followed the local multi-agency policies and procedures for the protection of adults. They were aware they had to notify the Commission when safeguarding issues had arisen at the service in line with registration requirements, and therefore we could monitor that all appropriate action had been taken to safeguard people from harm. All staff told us they were aware of these policies and procedures and knew where they could read the safeguarding procedures. They told us they had received safeguarding training and were clear about their role and responsibilities and how to identify, prevent and report abuse. We talked with care staff about how they would raise concerns of any risks to people and poor practice in the service. One member of staff told us, "We know how to recognise abuse and avoiding it. We can contact the manager and the office is 24/7 and out of hours." Another member of staff told us, "I feel 100% confident on what to do and there is out of hours twenty-four hour cover." There were arrangements to help protect people from the risk of financial abuse.

There was a whistle blowing policy in place. Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. The service managers, team leader and care staff had a clear understanding of their responsibility around reporting poor practice, for example, where abuse was suspected. They demonstrated knowledge of the whistle blowing process and that they could contact senior managers or outside agencies if they had any concerns.

Procedures were in place for staff to respond to emergencies. Care staff had guidance to follow in their handbooks and were aware of the procedures to follow. They told us they would report any concerns to the office straight away. There was an on call service available, so care staff had access to information and guidance at all times. They were aware of how to access this and those who had used this service told us it had worked well. One member of staff told us, "If I have a problem regarding a client I contact the person in charge in the office and they deal appropriately." Another member of staff told us, "There is always someone on call and if I'm in a crisis I would normally phone management and get a response." A contingency plan was in place in case of emergency or untoward events, for example, in the event of snow or other severe weather. There was a lone worker policy in place. The provider had invested in lone worker alarms for all of the care staff. This was a personal safety alarm, a button which could be pressed which then goes through to a call centre who can then speak to the member of care staff to check they are alright, and check exactly where they are through a GPS signal. The nominated individual told us, "It's about looking after our staff."

Care staff were aware of the need to report any incidents and accidents and document them in the incidents book. They told us that if there were incidents or accidents in the home they would call an ambulance and inform the office. One member of staff told us, "I fell in the dark and hurt my ankle and had to go to hospital. They covered my work and made sure I was safe. I filled in an incident form." Any incidents or accidents received were monitored for any trends and then to take any appropriate action to decrease the risk of further incidents.

The service had skilled and experienced staff to ensure people were safe and cared for on visits. Rotas were planned in advance and care staff were informed of their shifts and were provided with a rota. Staff told us that the staffing levels were satisfactory. One member of staff told us, " Sometimes there is more than enough and sometimes we are short suddenly due to sickness." But they told us how they worked together to ensure all the care calls were covered. We looked at the rotas and saw there were sufficient numbers of staff employed to ensure visits were covered and to keep people safe. Staffing levels were determined by the number of people using the service and their needs. Staffing levels could be adjusted according to the needs of people using the service. One relative told us, "I like the flexibility of the organisation to adapt if they needed a bit of extra time to do things." Staff told us that they were continually recruiting staff to maintain the staffing levels to ensure all visits were being covered and for any new people using the service.

Where care staff had required additional support and guidance to manage behaviours that could challenge for example, where people were living with dementia, training to support them in the management of this had been provided. All staff were able to tell us what was in place to support people and could talk about individual situations where they supported people, and what they should do to diffuse a situation. Records we looked at confirmed this. Care staff had the opportunity to discuss the best way to support people through regular reviews of people's care and support and from feedback from other care staff in team meetings, as to what had worked well and not worked well.

Where people had assistance with their medicines, they told us this had worked well. One relative told us, "They discuss my husband's medication with me and allow me to make my own decisions." Another relative told us, "They use creams on my wife's knees and always make sure they use the correct ones, they even write it down." Most people believed that the care staff were well trained in medicines administration. One relative who said they administered the medicines and pills told us, "They always prompt us or actually watch me. They also record what they have witnessed." We do not inspect how medicines are stored in people's homes. Care staff told us that they received medication training annually with practical training and updates on competence. They demonstrated a good understanding of the policies and procedures to be followed. There were regular checks of the administration of medicines and recording as part of the audit and review processes in place. Care staff told us that they prompted the majority of people and one member

of staff told us, "It is written in the care plan and in blister packs, we sign as given and we document the creams as well." Another member of staff told us, "We read the care log and sign it every day. We receive emails from Martlets if there are any updates on a daily basis."

People were cared for by staff who had been recruited through safe recruitment procedures. Where staff had applied to work at Martlets Care they had completed an application form and attended an interview. Each member of staff had undergone a criminal records check and had two written references requested. This meant that all the information required had been available for a decision to be made as to the suitability of a person to work with adults.

Is the service effective?

Our findings

People told us they felt care staff understood their care and support needs, and provided a good level of care. One person told us, "Many carers have also worked at the hospice so they are well trained in 'end of life care' this helps with vulnerable patients and family carers. The care staff told us they always asked for peoples consent before assisting with any support.

Care staff demonstrated an understanding and there were clear policies around the Mental Capacity Act 2005 (MCA). 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. We checked whether the service was working within the principles of the MCA. The PIR detailed documentation had been reviewed and, 'The client consent section has been expanded in the last year as well as a new section prompting the assessor to consider mental capacity.' These had been completed in the documentation we looked at. Care staff told us they had completed training in MCA and had a good understanding of consent, and what procedure to follow if people lacked the capacity to make decisions about their care and welfare. One member of staff told us it's, "When somebody is mentally stable to make decisions. We see a lot of people with dementia and if things progress we make the family and office aware." Staff told us that they gained consent before carrying out care and support with people. One member of staff told us, "We are specially trained to ask for consent for every task. I always treat clients with dignity and respect, including family members." Another member of staff told us, "If they have dementia and are unable to make a decision we speak to the spouse or others in the house who knows what type of visit it is. We contact carers if unsure and the senior would make a home visit and check it is ok to proceed. We note any changes and the senior reassesses." Another member of staff told us, "If a client refuses medication we don't force things, we encourage and inform the office and the family and record it in the notes."

People were supported by care staff that had the knowledge and skills to carry out their roles. Care staff completed a thorough induction before they supported people. New care staff told us they had recently been on an induction. This was confirmed in the induction records we looked at. Induction training had been reviewed to incorporate the requirements of the new care certificate. This is a set of standards for health and social care professionals, which gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. There was a period of 'shadowing' a more experienced staff member, before new care staff started to undertake care calls on their own. The length of time a new care staff member shadowed was based on their previous experience, whether they felt they were ready, and a review of their performance. A new member of staff told us they had an induction day that covered working practices and what to do with safeguarding and key policies. They were shadowed and assessed by a senior care worker for three weeks and worked a three month probationary period.

Care staff received training to ensure they had the knowledge and skills to meet the care needs of people using the service. This was provided by a mix of training provided by the local authority, through trainers in the hospice, in house training and online (E Learning) training. Training included moving and handling, medicines, first aid, safeguarding, health and safety, food hygiene, equality and diversity, and infection control. Care staff told us about additional training which was provided to meet individuals specific care needs. For example where there had been more complex moving and handling required. Care staff had received regular manual handling training and updates and were confident in the use of hoists and slings. One member of staff told us about a Dementia awareness course they had attended to help them understand the needs of one of the people they visited who was living with dementia. When asked how the training had influenced their approach, they told us, "I approach her with loving care. I encourage her to be as independent as possible and treat her as a person. I never talk down to her."

Care staff told us they were up-to-date with their training. Training was discussed as part of the supervision or regular reviews completed to ensure all their training was up-to-date. They received regular training updates and there was good access to training. Records we looked at confirmed this. Staff told us that there were now opportunities to work in the inpatient unit in the hospice and that this was a positive move. It had helped care staff gain a greater understanding of palliative care. One member of staff told us, "There is a lot of training available and as much support. You can contact the office and they are always available. We get training with Brighton Council for safeguarding adults and also training at an education centre." Another member of staff told us, "There are lots of training options and things like medicines and manual handling are done constantly." One relative of a person who had Hodgkinson Disease told us the member of staff who provided the care had an awareness about this disease and had been able to provide them with information about this following their training. "They have received training about this because one girl in her own time downloaded lots of information for me and it was very useful." Care staff had been supported to complete a professional qualification. Thirty-one of the seventy-six care staff have a Level 2 or above National Vocational Qualification (NVQ) or Diploma in Health and Social Care.

There was a supervision and appraisal plan in place which managers were following to ensure staff had received regular supervision and appraisal. They provided regular supervision through one-to-one meetings which included an annual appraisal. There was also regular contact with care staff through regular telephone contact and unannounced visits. This was confirmed in the documentation we viewed. These meetings gave care staff an opportunity to discuss their performance and identify any further training or support they required. A care coordinator told us, "Supervision takes place on a 1-1, with a six monthly and annual appraisal and with 12 supervisions a year with two way support." However, although care staff told us they felt well supported and could always access a manager to discuss any concerns, feedback was variable at the frequency and regularity of formal supervision. One member of staff told us; "We have one to one's yearly." Another member of staff told us, "I've had two supervisions with a senior in the office to discuss how I am getting on and what training and support I need." Another member of staff told us, "Have not had supervision, but they do spot checks to make sure everything is ok." Another member of staff told us, "There is a lack of supervision in this area, but if we have a problem there are two main people in the office." The care staff told us there was good communication, and when they called the office there was always someone available to provide guidance and support to help them provide effective care to people. The PIR detailed, 'Martlets Care are investing in extra 'care supervisor' resource to ensure that any required client reviews, care plan changes and carer field supervisions are carried out in an efficient manner.' There were also regular staff meetings for care staff to attend, meet each other for support and receive guidance and updates about any changes to the service.

People told us they liked the food provided. Where required, care staff supported people to eat and drink and maintain a healthy diet. One relative told us, "Our carers are very good to me and my husband. They

follow his diet because he is diabetic. They are all good communicators, most have worked for Martlets for years." People were supported at mealtimes to access food and drink of their choice. Care plans provided information about people's food and nutrition needs. For example, in one care plan was recorded, 'Prepare a snack and drink for (Person's name) before leaving. Ensure adequate fluids are ready to hand and that (Person's name) is comfortable. One relative told us, "I arrange the menu and they cook it. They are very efficient." One member of staff told us, "We mainly microwave and make sure they are warned that it is hot and make sure it is neither too hot nor cold. We encourage them to eat and if worried inform the office. We have one funny eater and we note down how much they eat, we can't force feed and the family don't understand so we make sure they are informed." Another member of staff told us, "We have one gentleman who we give plenty of drinks to and feed him." Another member of staff told us, "If a client is losing weight we report to the manager and encourage (Nutritional supplements name) and a GP visit. We encourage them to eat at mealtimes."

People had been supported to maintain good health and have on-going healthcare support. They all told us if they needed to see the doctor or dentist the care staff would support them to book them an appointment. One relative told us, "The management team ensured we got a commode with wheels." Another relative told us, "When my husband was having problems with his artificial leg they sent an occupational therapist and it was changed after intervention from the Martlets. The response time before this had been very slow (from another service). We were very pleased." Staff had initiated district nursing provision in some cases. One relative told us, "The manager came and discussed my mother's needs and now we have a district nurse each week." One member of staff told us, "There is one person with Muscular Dystrophy in extreme pain and distressed, we contact the GP and asked consent for him to visit that day and we asked permission from her to make sure everything is ok."

Is the service caring?

Our findings

People told us were treated with kindness and compassion in their day-to-day care. They told us they were satisfied with the care and support received. They were happy and they liked the staff. Compliments received by the service included, 'She was really blessed with the good fortune to have such kindness and care in her home,' 'Thank you to all carers they were brilliant and very lovely with (Person's name) and so caring and kind,' and 'They have been brilliant, thoughtful and kind in all their dealings with me. I certainly miss them all and in particular their sense of humour.' Peoples privacy and dignity was considered when providing personal care and support. One member of staff told us when providing personal care, "We make sure the towel is covering them to make sure they are not exposed. We make sure there are no people in the room for toileting etc. such as family members and ask them to wait outside." Another member of staff told us, "I always ensure that I put them at their ease with a smile and reassuring conversation. I talk them through what we are going to do together."

People were treated with kindness and compassion in their day-to-day care, and consistently said they were happy with the arrangements of their care package. They told us they were satisfied with the care and support people had received. One person told us, "The girls seem happy to do what they do and are well supported by Martlets." Caring and positive relationships were developed with people. A relative told us, "One girl kisses my mum (who was living with dementia) and makes her laugh. My mum is bedbound, but she tells her all about her family and listens. This all adds to what makes mum comfortable and feel safe and secure in her presence." We were told of positive and on-going interactions between people and care staff. One person told us, "I like the way they sit and chat when they have finished their tasks and they always listen to me." A relative told us, "They never speak to my mother (who was living with dementia) like a child." One member of staff told us about training they had attended to help them in the recruitment and selection of new care staff for the service. How following this had led to the review and adaption of the interview questionnaire over the last year. They explained, "This was to ensure we are recruiting people with the right attitude and attributes to perform well in the carer role."

Care staff told us how they knew the individual needs of the person they were supporting. They told us they looked at people's care and support plans and these contained information about people's care and support needs, including their personal life histories. One member of staff told us, "We respect choice and there is one young person with complex needs who is unable to wash or feed, but one of their interests is eating out. So we talk about the types of food they like and go shopping to select the food they want me to cook. We plan menus as this is a big thing for them. We make sure they get their audio tapes and if they want a nap they get one."

People told us told us they felt the care staff treated them with dignity and respect. One person told us, "I always prefer female carers," and another person told us "I have told Martlets that I do not want a male carer they are very understanding." Care staff had received training on privacy and dignity and had a good understanding of how this was embedded within their daily interactions with people. They were aware of the importance of maintaining people's privacy and dignity, and were able to give us examples of how they treated them with respect. One member of staff told us, "Such as my lady who doesn't want to chat so we

don't chat." Another member of staff told us, "We make sure during personal care that we are respectful and keep the curtains closed."

People and care staff were able to nominate every three months a 'Carer for the quarter.' One member of staff told us, "It's up to them what they nominate each other for." Following feedback from people and care staff, the member of staff who won the last award was recorded as being, '(Care staffs name) is hardworking, consistent and works in a professional way. She mainly works days but is happy to pick up calls when needed and always helps out the person on-call when they have calls handed back at short notice. She has a positive attitude towards her role, travels all over the Brighton and Hove area and always goes the extra mile for her clients.'

Care records were stored securely at the service's office. Information was kept confidentially and there were policies and procedures to protect people's personal information. There was a confidentiality policy which was accessible to all care staff. People received information around confidentiality as well. Care staff were aware of the importance of maintaining confidentiality and could give examples of how they did this. For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy service was available in the information guide given to people. The manager was aware of who they could contact if people needed this.

Is the service responsive?

Our findings

People told us they felt included and listened to, heard and respected. They also confirmed they or their family were involved in the review of their care and support. Detailed care and support plans were in place. People knew who to talk to if they had any concerns. One person told us, "I have never had reason to complain but I would first tell the person involved and if no change I would ring the manager."

A detailed pre-admission assessment had been completed for any potential new people wanting to use the service. This identified the care and support people needed to ensure their safety and was used to inform the care and support plan. Where possible people had been involved in developing their care and support plans. They told us they felt they had been listened to and their needs were taken into account. Care and support plans were comprehensive and gave detailed information on people's likes/dislikes/preferences and care needs. These described a range of people's needs including personal care, communication, eating and drinking and assistance required with medicines. Staff told us this information was regularly updated and reviewed. This information ensured that care staff understood how to support the person in a consistent way and to feel settled and secure. Care staff demonstrated a good level of knowledge of the care needs of the people. They told us that they promoted independence with people, and one member of staff told us, "Although there is a structured care plan you have to ask them what they can do for themselves and let them lead always. If they want a cup of tea let them do it rather than leading. There is not always time, but you are the only person they see so you do the best in the time given." Where appropriate, specialist advice and support had been sought and this advice was included in care plans.

Care staff told us there was good continuity of care staff covering people's care calls. One member of staff told us, "I have my own clients and they do try if they have the staffing levels except if there are holidays or sickness, but they try their best." They usually had their regular people they went to, sometimes with additional people to cover for care staff vacancies, annual leave and sickness. One person told us, "They are really reassuring as my partner gets very anxious. I am grateful to Martlets because they make sure he only has regular girls he knows. Two regulars and three standby. They never send anyone else." Care staff tended to work in a geographic area so that when they provided cover it was often with people they had visited before. They told us travel time could be improved but that largely management was responsive to this. One member of staff told us, "There is a lot of workload with out of control distances. But we can contact the office and hand back work and look at the schedule." People told us they usually received their care at the time agreed. One person told us, "The care is good, they do what I ask but sometimes they are late due to traffic but they always apologise. At 93 years I appreciate what they do for me." Another person told us, "The carers are rarely late but may be due to unforeseen circumstances."

People were supported to attend activities. For one person who also attended the day-care facilities at the hospice, their relative told us how important the support to get their relative to day-care had been, "My husband likes the activities at day care. He loves singing and they have two choirs a week. Although he has Parkinson's he has been an artist. He had an exhibition and sold 32 paintings, he still paints."

People and their representatives were asked to give their feedback on the care provided through quality

assurance questionnaires which were sent out six monthly. The feedback had been collated and an action plan drawn up to ensure any issues were highlighted to be addressed. For example, when asked if people felt new care staff had been sufficiently briefed about their care and support needs the feedback was mixed. Following this it had been ensured the regular care staff gave any new care staff a verbal handover.

The compliments and complaints system detailed how any complaints would be dealt with, and timescales for a response. It also gave details of external agencies that people could access such as the Care Quality Commission and Local Government Ombudsman. One person told us, "I never complain, nothing in life is perfect but Martlets are very cooperative, I have one carer a young man and he is the only one who can make a perfect bed!" Compliments received included, 'Thank you all so much for all you do. So appreciated,' 'We had a wonderful time and we were able to relax knowing (Person's name) was well cared for,' 'My sister who covered the nights had nothing but praise for (A member of staff) and her considerate attitude,' and 'Everyone was so lovely and very professional.' People told us they felt listened to and that if they were not happy about something they would feel comfortable raising the issue. No-one had had a reason to complain, but if they had any problems they rang the office who apologised and put it right immediately. One person told us, "I was dissatisfied by the way a strange carer rushed my husband. I rang the office and they never sent her again."

Is the service well-led?

Our findings

People were actively involved in developing the service and their views were sought. People told us the service was well led. One person told us, "If the manager says he will do something, he does it. The greatest thing about the Martlets is that staff have been there for years." Care staff told us they were well supported. One member of staff told us, "We are well supported by the HR team and manager, and the manager is accessible. They are available and get straight back. They make sure we take time to care and allow time to care."

The atmosphere was professional and friendly in the office. Staff spoke well of the registered manager and management team and felt they were approachable and supportive and took an active role in the day to day running of the service. Staff appeared very comfortable and relaxed talking with them in the office. While we were on the inspection we observed positive interactions and conversations were being held with staff and people on the telephone. Management took time to listen and provide support where needed.

There was a clear management structure with identified leadership roles. All the staff told us they felt the service was well led and that they were well supported. One member of staff told us, "If I have a problem regarding a client I contact the person in charge in the office and they deal appropriately. There is always someone on call and if I'm in a crisis I would normally phone management and get a response." Another member of staff told us, "They are amazing and thorough with everything. I am surprised with how involved the management are, they are very good." Another member of staff told us, "We are well supported by the HR team and manager and the manager is accessible. They are available and get straight back. They make sure we take time to care and allow time to care."

Feedback from the visiting health and social care professionals was that staff in the service worked well with them and there was a good working relationship. Staff contacted them appropriately and followed any guidance given.

Policies and procedures were in place for staff to follow. Staff were able to show us how these had been updated to ensure current information and good practice guidance, which had been used to inform the regular updates of the services policies and procedures.

The values of the organisation were covered in the induction for all staff. The service user guide issued to people using the service gave a summary of the statement of purpose, the philosophy and the aims and objectives of the service. The vision and values for the service was available for people to read and included in new staffs induction. The organisation's mission statement was incorporated in to the recruitment and induction process of new staff. This was, 'To be the benchmark for quality care at home, enriching our client's lives and driving up standards in the local community. We will do this by recruiting caring and dedicated staff, remaining professional and preserving dignity at all times. We will provide impartial information and advice to support patient choice and always put the patient at the centre.' Care staff demonstrated an understanding of the vision and values of the service.

There were systems in place to drive improvement and ensure the quality of the care provided. Staff carried out a range of internal audits, including care planning and review, checks that people were receiving the care they needed, medicines, and incidents and accidents. They monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received and completing regular reviews of the care and support provided and records were completed appropriately. The care staff's recruitment process and regular supervision ensured that the care staff understood the values and expectations of the provider. Staff meetings were held periodically through the year and were used as an opportunity to update care staff on changes and developments in the service. For example, care staff had been made aware of the outcome of auditing the medicines administration records, and what needed to be improved when administration was recorded. Regular newsletters also helped to keep care staff informed. For example, about new systems being introduced.

The registered manager had regular supervision and support from the nominated individual for the organisation. They completed a governance report every three months, which was reviewed by the Clinical Governance Board at the Martlets Hospice. This enabled the provider to be kept up-to-date with the running of the service. This was also an opportunity to review any complaints, incident and accidents which had occurred, review the outcome of any investigations and have an oversight of quality assurance undertaken and any improvements completed.