Martworld Care Services Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
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

This inspection took place on 30 July 2018 and was an announced inspection with the provider being given 48 hours notice to enable any staff available to be present. Calls were made to people using the service on 27 July and calls to staff on 03 August.

This was the first inspection of this service.

Martworld Care Services Limited is a domiciliary care agency. It provides personal care to younger and older adults living in their own homes who may have a learning disability, mental health condition, physical disability, sensory disability or dementia. On the day of the inspection 6 people were receiving support.

Martworld Care Services Limited is required to have a registered manager in post. At the time of inspection the nominated individual was in the role of 'acting manager'. The nominated individual had begun the process of becoming the registered manager. 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 a legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found that risk assessments were not always in place in order to mitigate any risk to people. Medicines were not always recorded correctly to show that people had their medicine as prescribed. References were not always taken correctly for new staff members. People felt safe in the care of staff members and were happy with staffing levels.

People felt that staff knew their needs and provided related care. Calls were carried out in a timely manner with no regular delay. Staff had an effective induction and received ongoing appropriate training. Staff gained consent from people prior to carrying out care and made people aware of the actions they were to take.

Staff were kind and caring towards people and positive relationships had been formed. Staff enabled people to be independent and to make choices where possible. People's privacy and dignity needs were maintained by staff members caring for them.

Care plans were in place and these provided information on people's needs. The cultural needs of people were acknowledged. People knew how to make complaints and were satisfied that they were dealt with appropriately, although related paperwork was not always completed adequately.

Audits did not always discover gaps in recording and there was some confusion over what had or hadn't been audited. Spot checks were carried out to assess staff competency. The manager knew people well and their needs and responded to any issues. Team members were invited to meetings and able to voice their views. Feedback was taken from people to assess their opinions on the service. The acting manager worked

in partnership with other agencies.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Risks to people's safety were not always monitored effectively.

Medicines were not always recorded appropriately.

Staff recruitment was not always carried out safely.

Staff understood safeguarding procedures.

Is the service effective?

Good

The service was effective.

Staff were provided with an induction before working for the service, ongoing supervision and support.

Staff knew how to support people in line with the Mental Capacity Act and gained their consent before assisting or supporting them.

Staff assisted people to access food and drink.

Is the service caring?

Good

The service was caring.

People felt that staff were kind and caring towards them.

People were involved in making decisions about their care and how it was to be delivered.

Staff maintained people's dignity and provided respectful care.

Is the service responsive?

Good

The service was responsive.

Staff were knowledgeable about people's needs.

Staff considered people's preferences when carrying out care.

People knew how to raise complaints or concerns and felt that they would be listened to and the appropriate action would be taken.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Quality assurance audits were not carried out comprehensively to identify where improvement in the quality of care was required.

People were happy with the service they received and felt the service was well led.

The provider worked in partnership with other agencies for the benefit of people using the service.

Martworld Care Services limited

Detailed findings

Background to this inspection

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

The inspection took place on 30 July 2018 and was unannounced. Calls were made to people using the service on 27 July and to staff members on 03 August. The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of care service.

We reviewed information we held about the service. This included information received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. A Provider Information Return (PIR), had not been requested within the timescale for this inspection. A PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also contacted the local authority to gather their feedback about the service.

We spoke with three people who used the service and three relatives. We also spoke with two members of care staff, one senior staff member and the acting manager.
We looked at the care records for three people, alongside three medication records. We also looked at three staff recruitment files, staff training information and records held in relation to quality assurance and the organisation of the service.

Requires Improvement

Is the service safe?

Our findings

This was our first inspection of Martworld Care Services since they registered with CQC on 27 October 2016.

We found that not all risk to people was assessed to ensure they remained safe. Examples included, a person who was noted in their care plan as having ulcerated skin did not have a related risk assessment in place. Another person who used a catheter, had no guidance in place to show how this was managed safely. People were at risk of not receiving the support they needed to remain safe because of the lack of guidance for staff. However, during our discussions staff were able to tell us of the risks related to individual people. We saw that where some written risk assessments were in place these were detailed and gave relevant information. The acting manager was unable to tell us why they had not completed all assessments of risk in this way, but we saw that action was taken to address our concerns during the inspection. We did not see any information relating to infection control, particularly relating to areas where good hygiene was required, such as catheter care and food preparation, again the acting manager informed us that this would be developed.

We saw completed charts in place to record actions, such as repositioning people to minimise risk of pressure areas. However, there were some gaps within the charts which had been left blank. Cross referencing these with daily records we could see that they related to holidays when carers had not visited, but the lack of recording from carers was confusing. The acting manager told us that this would be discussed with staff and checked in supervision.

People told us that they were happy with how they received their medication. One person said, "They [staff] do 90% of my meds and I do the other 10%. They always wear gloves and do things properly". A staff member told us, "I have been trained to give medicines, I feel comfortable in doing so". We looked at Medication Administration Record (MAR) charts and found that it wasn't always clear if medicines had been given correctly because staff members did not consistently utilise the coding system for whether medicines had been given. For example, one person's medicine had been discontinued but this had not been recorded. The acting manager and senior staff member told us that they would speak with staff and also reduce the amount of codes available as this had possibly made it confusing. We found that people's files did not contain any lists of medicines taken, which may cause lack of clarity for any new staff.

We looked at three staff recruitment files and found that one did not include two references to ensure that the employer had sufficient information to assess the employees suitability. The senior staff member informed us that they would seek this information retrospectively. We saw that staff had been asked to provide documentation prior to starting their employment and that all employees had been checked by the Disclosure and Barring Service (DBS) to ensure that there was no reason that they should not be employed in a caring profession, such as a criminal record or being barred from providing care to people. Identity checks for employees were in place alongside the correct documentation related to citizens from overseas working in the UK. Where disciplinary action had been required we found that this had been taken appropriately.

People told us they had a small group of staff to look after them and any new staff were always introduced first by shadowing other care staff. Also, if people required two members of staff these would arrive together. One person told us, "I get the same staff group. They all know me. I don't get a list [of who might arrive], but they always come so I'm not bothered as long as they are there for me". A relative told us, "We can show them [staff] what is needed and how we like things done". People told us that they received their calls in a timely manner with one person sharing, "They [staff] are normally on time but if they are delayed and I understand they can be, they will let us know. It only happens if there has been an emergency". A staff member told us, "We don't have a problem getting to calls and have time to carry out the care required. If there is an emergency we contact the next call to say we are late". A second staff member said, "We have enough staff at the moment, if we didn't I would let [acting manager's name] know".

People we spoke with told us they felt they or their relative was safe in the care of staff from Martworld Care Services. One person shared, "I feel safe even when I am in my hoist. They [staff] are always checking I am comfortable. I feel confident I am safe with them". A second person said, "They are very good. We work together really. I always feel safe". Relatives told us, "Everything is in place to keep [person's name] safe," and, "I feel happy [person's name] is safe".

Staff told us that they would be able to spot any safeguarding issues and spoke of identifying abuse such as physical abuse where they may be visible signs such as bruises on a person. One staff member told us, " If there was an emergency issue I would call 999 right away first and then the office. If it wasn't an emergency but was a concern I would document it and then raise it as a safeguarding concern with the manager". We found that safeguarding concerns had been reported to the appropriate external agencies as required. The concerns shared were low level concerns which were shared with professionals who were then able to put actions in place.

We found that only minor accidents or incidents had occurred however they had been responded to appropriately and recorded. Where incidents were deemed notifiable to CQC this had been carried out.

Staff members told us that they were aware of whistleblowing, where concerns about the practice of colleagues is reported and said that they would raise any concerns about colleagues care of people with management and would be happy to contact external agencies if no action was taken.

Good

Is the service effective?

Our findings

We saw evidence that people's needs were assessed and information provided by local authorities on the person's needs prior to care commencing was used in order to set up the plan of support. Where people had specific needs such as requiring a hoist to aid movement we found that staff were knowledgeable on this and the care plan gave a detailed user guide.

People told us that staff had the correct skills to support them effectively. One person said, "I think they are very well trained, they are very good at their job. I feel fully involved in decisions about my care". A second person told us, "On the whole I think they [staff] are well trained. They support me with my rehabilitation. They don't rush although they do insist on standing at the side of me when I use my frame. I know this is to keep me from falling though".

People felt that staff knew them and their needs and told us, "They all know me and how I like things done". A second person said, "I was a bit unsure at first of being in the hoist. Some staff seemed more knowledgeable on using it than others, but they know how to help me in it and it's fine now. I think it was me being a bit nervous". A relative told us, "We never have anyone [staff] who hasn't been at least once to be introduced".

We saw that staff received an induction and this was in line with the Care Certificate, which is a nationally recognised set of standards put in place to ensure appropriate care is carried out. A staff member told us, "My induction was sufficient. I have been with the company since the start it has been a learning curve [as a new business] but I have always been fully supported". Staff told us that they received regular supervision, with one staff member saying, "I have supervision regularly, around every two months but can call [acting manager's name] at any time and speak with him or [senior staff members] name. We saw that staff also received an appraisal, which is used to reflect on care given and set goals for the future. Staff told us that they received adequate training and we saw certificates that they had earned. There was a training matrix in place so that management were clear on who had attended training and which training was due.

Some people told us that they received support from staff with their meal preparation. One person told us, "They [staff] are all very organised, they will get my meals for me at breakfast time I have lots of options. They will always leave me with at least two drinks for between calls". A second person said, "The carers know what I like to eat and will present my meals really nicely. They always leave me a cold drink between calls which I have really needed in the hot weather". Staff members told us that prompted people to eat and made sure that people received foods they liked, which would make them more inclined to try them.

People told us that care calls were at the time they preferred and if staff were delayed the manager would always ring to inform them. One person shared, "We choose the time that the call would be, and we are very happy with it. If they are delayed [acting manager's name] will always let us know. They have never let us down they are brilliant". A second person said, "If I have been out and I know I am going to be too late for the carers I will text him and [acting manager's name] is fine with that. He will help you, he is very good at communicating".

We saw that detailed information for staff was held within files of people who had specific conditions and this gave a clear insight into the diagnosis. Information included symptoms the person may experience and specific exercises to maintain health and wellbeing. Although we were told that staff did not assist people to medical appointments due to family taking on that role one staff member told us, "I think people are getting better medically and their care needs are reducing due to the care we provide".

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this within the community, such as in people's own homes falls under the court of protection. We checked whether the provider was working within the principles of the MCA. The manager understood the MCA and the process and would take any appropriate action if required. We saw that although nobody utilising the service required such action, staff were aware of their emotional requirements and any mental health needs had been assessed.

People told us that staff gained their consent prior to assisting them, with one person telling us, "They [staff] always ask before helping me, they are polite". A relative told us, "The carers are so careful with [person's name], they ask for consent and they tell him everything they are going to do, like 'we are going to wash your face'. They are always talking to [person's name]. I am completely happy he is safe". A staff member told us, "I always gain consent from people and pick up on body language. If I can't understand someone their family will assist and interpret if needed".

Good

Is the service caring?

Our findings

People told us that staff were kind and caring towards them. One person told us, "They [staff] are caring and patient with me. They are interested in me and the little job I have [and ask about it]. I am interested in hearing about their culture and language. We get along really well and have a mutual respect". Relatives shared such comments as, ""They [staff] are kind and most of them will sit and talk to [person's name] once they have done the things they need to. They are all polite", "They [staff] chat to [person's name] as they go along, there's lots of laughing. I can't praise them enough. [Person's name] has really opened up and come on so much since we started using them. He will even stand and be more willing to go for a shower, the carers are amazing", and, "Staff will ask about how other extended family members are and always seem interested". It's like having them as part of the family".

One person told us, "I make my own choices and decisions, it is my home". A relative told us, "It's all about [person's name's] choice, things like getting up and going to bed and what drink she would like". We found that people's choice were acknowledged and recorded within the care plan. We found that it was recorded where people 'made their own decisions' and other examples included, staff using people's preferred names to address them and asking people about food preferences.

We saw that people were encouraged to be independent with one person saying, "The staff only help when I can't do something, I am independent". A staff member told us, "We encourage people to do things for themselves, most of them can or their family will help, but if they need us we are there". We saw that the care plan notes what people prefer to do independently, an example being, 'staff encourage me to dress my top half' or 'staff encourage me to have a shave'.

People told us that they were treated with privacy and dignity. One person told us, "They [staff] all treat me with dignity and even though there is only me in the room with them they make sure it is all private. They don't make me feel embarrassed even when washing and dressing. They always check I am dry and will tell me if there are any marks on my skin, so I can inform the District Nurse (DN). They are very kind and caring, we have a laugh together". A relative told us, "They really care about [person's name's] privacy and uphold it". A staff member told us, "I always maintain dignity, I think about things like closing the toilet or bathroom door, giving privacy is easy and it should be done".

Good

Is the service responsive?

Our findings

People told us they felt involved with their care and were aware they had a care plan. Some people said this has been revisited recently. One person told us, "There is a care plan here [in person's home], which I agreed. It is in the process of being updated as I am going to need extra care and more care time". A relative told us, "[Person's name's] care plan is updated regularly. In fact [acting manager's name] is happy with me to write in it if necessary. It is a bit like a living document and I can make sure I keep it up to date and keep [person's name] involved in it". Staff members told us that they kept themselves updated by reading the care plan and that they could add to it where required. We found that the care plan gave a detailed overview of people's needs and included information on personal care needs and health and nutrition and hydration amongst other issues. We found that care plans were reviewed in a timely manner with one person saying, "I have a care plan they [staff] came to reassess it a few weeks ago".

We found that although the care plan listed people's likes and dislikes there was not detailed information on the person, such as a life history within the care plan. This meant that it was not easily identifiable, in particular for any new staff about people's background and interests, and topics of conversations they might like to strike up. When asked about this the acting manager and senior staff member were able to tell us in great detail about people's lives and interests and told us that they would include such details into the care plan. We saw that during the inspection the senior staff member began to add these details to plans held within the office.

People's cultural needs and religious affiliations had been recorded within care plans. However, we found that where one person was noted as having English as a second language there was no information as to what language was preferred. When we spoke with the acting manager he was able to tell us which language the person spoke and how he had been able to source a carer who could speak the same language, which had proved to be beneficial. The acting manager shared how he would ensure that the person's care plan was updated to reflect the care put into place.

The acting manager told us that new technology had been introduced in the form of an electronic 'clocking-in' system for staff to monitor times of calls carried out. However, one person did not wish to utilise this through their telephone line. The acting manager explained to us how they were able to hold discussions with the person and ensure that their wishes were acted upon.

People told us they would know how to make a complaint if necessary and that they had received information on the procedure to take. One person said, "I speak to [acting manager's name] regularly, as I sometimes will ring him to see where they [staff] are if I need the toilet. He understands my needs and if he is nearer or can be here quicker than the carers he will come himself. When I first started with them I wasn't too happy with the time of the calls, but they did their best to move around for me. I am very happy now". A second person told us, "I'm quite happy, he [acting manager's name] sorts things out if needed". A relative told us, "We see [acting manager's name] regularly so if I need to bring anything up with him I know I can. We don't have any issues though. If I need to speak with someone I have [acting manager's name's] mobile number and even if he can't get to the phone straightaway, he always calls you back". A second relative told

us, "We have a book here [at home] that I can write things in. [Acting manager and senior staff member's names] check it regularly. If I needed to I would speak directly to the manager. We did have one carer my sister could not get on with, so I spoke to [acting manager's name] about it and she has not been back since. I think he is good at dealing with problems". We found that details of complaints dealt with were not comprehensive and only included a brief detail of the reason for the complaint and only provided a limited plan of action. They complaint was not dated, which made analysing timescales of action taken difficult and there was no information given on how the outcome of any investigation had been shared with the complainant. The acting manager told us that these changes would be implemented immediately.

We found that care plans did not include information related to people who wished to continue receiving care at home towards the end of their life. No discussions had taken place between management of the service and people receiving care. The acting manager told us that this is not something they had previously considered, but it was something which they felt could add to the care given and they would look to consider it in due course.

Requires Improvement

Is the service well-led?

Our findings

There was not a registered manager in place and there had not been since July 2017. The provider/nominated individual told us of how he was currently the acting manager and that he wished to become the registered manager. He showed us certification of qualifications he had taken in preparation for the role. The provider also discussed with us his understanding of the importance of registration and that he had a clear intention to register with no further delay.

We saw that only limited audits had been carried out, such as ones on daily records and medicines administered. However, these audits had not identified concerns such as gaps in recordings. We found that other audits had been recorded as completed when there was no related information within the file to enable one to be done. For example, some people were missing information on their physical health or skin issues yet the audit process gave the impression that this information had been audited, when it was in fact missing. Also, the audits had not identified where information was missing. We discussed this with the acting manager and asked if there could be corresponding information held elsewhere, but this was not the case. The acting manager and senior staff member told us that they would be prioritise work to ensure that appropriate recording was carried out and audits completed once this was in place.

We saw that spot checks were carried out on staff and these looked at the promotion of independence, choice offered and moving and handling amongst others. We found no concerns arising from these checks and staff told us that they felt that these checks were useful as they validated that their practice was appropriate.

People told us they knew the manager and that he was often out visiting people who used the service. One person told us, "[Acting manager's name] is very good he does as much as he can for me". A relative told us, "[Acting manager's name] and the others [staff] are absolutely brilliant. Everything done is all about my relative, I will praise them when I feel it is due". A staff member told us, "The service is well led, [acting manager's name] is a good manager, he is on the rota too to carry out care, so everyone knows him". The acting manager told us, "When I visit someone I might be the only person they see all day, so I always do my best to leave them smiling when I go".

People commented on the service they received and one person said, "I would recommend them [the organisation], they do an excellent job". A second person said, "Yes, I would recommend them. I have no complaints since they sorted out the call times. I rely on them and trust them absolutely". Relatives told us, "I would recommend them to anyone. I trust them with my life. We are so happy with the service and look forward to them coming", and, "They are such a good company, I was desperate not to lose them when [person's name] had a period in hospital. The ward were trying to discharge her and were asking us to go with another company for a few days. I was so determined to have Martworld again I got in touch with [acting manager's name] myself and he juggled things about, so he could accommodate us and she came home that day. He is a lovely caring man he always asks about us as a family. It seems his heart is there to try and make sure people get what is right for them as an individual. It feels like it's not just a business, he looks after people like there were his own family".

We saw that regular team meetings took place and records showed that issues discussed included care carried out, people's wellbeing and praise towards staff members offered by the acting manager. Staff confirmed that they attended meetings and one staff member told us,"We get updated on any changes and we have the opportunity to raise issues. I told [acting manager's name] that we needed more staff, as we had too much work and he listened and recruited more". A second staff member told us, "I feel supported in my role".

We found that feedback was taken regularly from people using the service and their relatives. The feedback took the same line as CQC's key lines of enquiry and asked questions such as, 'Are you happy with the service? Is privacy and dignity maintained? Are calls on time? We saw that responses were positive, with people noting that they felt their health was improving due to the care that they received. One person replied that they were, "Very, very happy with service". People told us that they couldn't recall receiving questionnaires, but that they were regularly asked for their opinions, one person said, "[Acting manager's name and senior staff members name] came a couple of weeks ago to have a little chat with me. We talked about my care and if I had any issues, which I don't", and, "I don't think we have questionnaires but when [senior staff member's name] came to check the care plan she asked me a lot of questions like, 'how are you doing'? Also, [acting manager's name] came and left a book here that we can leave suggestions in or complaints if we had any, which I can never imagine we will". We saw that staff members were also asked for their views and feedback was positive.

The acting manager told us about how they worked in partnership with other agencies for the benefit of people using the service. An example being how they were able to evidence where people may require additional support, and this was communicated effectively to professionals working with people. We also saw recordings of how information had been shared between the service and other agencies.

We found that notifications were received as required, so that we were able to see how responsive the provider had been to issues raised.