

M-VERTH LIMITED

Support Service

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Type of inspection:
Unannounced

Completed on:
15 March 2024

Service provided by:
M-Verth Limited

Service provider number:
SP2020013525

Service no:
CS2020380002

About the service

M-Verth Ltd is an independent care at home provider based in Renfrewshire. The service registered with the Care Inspectorate in October 2020.

At the time of inspection the service was providing a care at home service to approximately 63 people living in their own homes in Paisley and Renfrew.

20 care staff were supported by the registered manager, service manager and a care co-ordinator from the service office base in Paisley.

About the inspection

This was an unannounced follow up inspection which took place on 14 February 2024 from 10.00 to 18.00. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we spoke with:

- four people using the service and two of their family
- seven staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- People were supported by staff who had been recruited well.
- Staff were skilled and knowledgeable to meet people's support needs.
- People were supported by kind and caring staff who knew them well.
- Leaders demonstrated good values which influenced people's support.
- Some improvements are needed to evidence the continuous development of the service.
- People and their families were happy with their support.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How good is our staff team?	4 - Good
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Further details on the particular areas inspected are provided at the end of this report.

How good is our staff team?

4 - Good

We have regraded this key question from adequate to good as the service had made significant improvements in regard to safer recruitment and staff induction. **Please see what the service has done to meet any requirements made at or since the last inspection.**

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

By 12 February 2024, the provider must ensure people are kept safe by implementing and completing safer recruitment processes and in compliance with their legal responsibilities. To do this the provider must ensure:

- a) Recruitment processes follow good practice guidance from the SSSC and Care Inspectorate (Safer Recruitment Through Better Recruitment, September 2023).
- b) Right to work checks are completed in line with Home Office Guidelines (Workers and Temporary Workers: guidance for sponsors Part 3: Sponsor duties and compliance, Version 03/23).
- c) Staff recruitment files are easily accessible, safely stored and contain required information for audit purposes as outlined in the above guidance.
- d) SSSC registrations are maintained, regularly audited and appropriate notifications made to the SSSC when employees are no longer employed by the service.

This is in order to comply with Regulation 9(1) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'I am confident that people who support and care for me have been appropriately and safely recruited.' (HSCS 3.14).

This requirement was made on 6 December 2023.

Action taken on previous requirement

Recruitment processes have improved significantly since the last inspection. These were now robust and effective and in accordance with SSSC and Care Inspectorate Safer Recruitment Through Better Recruitment Guidance (September 2023).

The service had developed a recruitment checklist which was held in each staff file we sampled. This was used to carry out pre-employment checks and ensure essential information was collected to comply with safer recruitment guidance. Right to work checks had been verified, including home office checks and supportive documentation was in place. These were compliant with Workers and Temporary Workers guidance for sponsors part 3: Sponsor duties and compliance (Version 03, 2023).

Staff files were easily accessible and stored in line with General Data Protection Regulations (GDPR) in a locked cabinet with access limited to management. We suggested ways in which auditing of recruitment files could be strengthened further. This would enhance quality assurance processes to safeguard people using the service.

The service had introduced a new job application form and value based interview template. These were used effectively to strengthen the recruitment and selection process. These new tools had enabled the service to assess and evaluate each candidates suitability for vacant roles. This meant the service was proactive and responsive to ensure people using the service were being supported by the right people with a good value base at the forefront.

The management team had good oversight of staff registrations with the Scottish Social Services Council (SSSC). A tracking system had been introduced to monitor when staff are required to register with the SSSC and when this is due for renewal. The manager had proactively contacted SSSC to remove staff from the register who were longer employed at the service. We were satisfied that staff registration were up to date and being monitored on a monthly basis.

We signposted the service to recent updates to home office guidance in relation to the retention of records for sponsored workers. This is to ensure that the service remains up to date with their responsibilities of holding a skilled visa license to recruit overseas workers.

Met - within timescales

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

To ensure people are safe and supported by competent staff, the service should improve induction processes. This should include:

- a) A clear outline of induction tasks to be completed throughout the induction process. These should be signed off by both the staff member and supervisor to confirm completion.
- b) Where staff have completed training prior to commencing employment, clear records should be maintained confirming this training has been discussed and managers consider the staff member competent.

c) Staff development needs following induction should be clearly recorded and linked to the staff training schedule.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.' (HSCS 3.14).

This area for improvement was made on 6 December 2023.

Action taken since then

The service has been responsive to ensure staff induction processes have been improved and developed. This means that people using the service are supported by staff who have the right skills and knowledge to support them safely.

The service has improved the template for induction. This clearly sets out what staff should expect through a three week induction period. Priorities for learning are documented in the induction template from day one, week one, two and three. This includes identifying mandatory and essential training to be completed in key areas such as Adult Support and Protection, medication, infection prevention and control and moving and assisting training. Training requirements for each new worker are linked with the staff training matrix. At each stage of the induction process there are areas for discussion where further learning can be identified to enhance staff's skills and knowledge. Inductions sampled had been carried out by managers and signed off as complete by both the manager and staff member. This showed that staff were supported in their new roles.

Competency assessments had been carried out to demonstrate that staff had adequate skills and knowledge to prepare them for their role, for example to provide support with medication. This meant that people using the service were supported by competent staff to meet their needs effectively.

This area for improvement has been met.

Previous area for improvement 2

To ensure the service is continually monitoring its effectiveness, the provider should improve quality assurance processes. To do this, the provider should ensure, at a minimum:

- a) Routine and regular management audits are planned and completed, including oversight of; staff supervision, competency checks, staff training, complaints, accidents and incidents, missed or late visits, and regulator notifications;
- b) clear action plans are developed and tracked to ensure issues which may negatively impact on the health and welfare of people are identified and addressed;
- c) action plans are regularly reviewed and signed off by an appropriate person once achieved; and
- d) areas for improvement identified in quality assurance checks are added to the service development plan and regularly reviewed

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19).

This area for improvement was made on 6 December 2023.

Action taken since then

The service has made good efforts to improve quality assurance processes, however there are still some further improvements to be made in this area.

The management team had delegated duties and responsibilities to ensure oversight of the service. Managers meetings were planned to occur quarterly, those sampled were clear and productive.

The management team were effectively monitoring the frequency of staff supervisions. These were up to date and were planned for six monthly intervals. Team meetings had occurred regularly and minutes of meetings sampled were detailed and comprehensive in a range of key areas. We suggested ways in which the service could enhance opportunities for learning by facilitating group supervisions where possible. This would enable staff teams to meet more regularly to discuss any priorities where actions can be agreed and discussed. In particular to identify where people's needs may be changing and to ensure staff are kept up to date with essential information.

Accidents and incidents are managed well and we were satisfied that the service was being responsive to identify any actions required. The service had created action plans for follow up after any accident or incident had occurred. We saw reflective discussion had taken place with staff after someone had a fall in the service. The recording of follow up actions were well documented to demonstrate how the service had responded. This meant that learning was taken from accident or incidents to improve people's health and wellbeing.

Staff training is up to date and monitored using a training matrix. This is used to identify when staff are required to refresh mandatory training in key competency areas. Competency assessments were carried out where people required support with medication. Spot checks and observations of practice were also being carried out by the management team. These covered a range of key areas including observing staff interactions and engagement with people using the service. Observations of staff practice provided opportunities for learning and development.

The service development plan has not been updated since the last inspection to demonstrate where improvements have been made.

This area for improvement has not been met and remains in place.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How good is our staff team?	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good

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