Care Matters (Homecare) Limited

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## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

| | |
|---|---|
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

This inspection took place on 28 June and 1 July 2016. We gave the provider 24 hours' notice of the inspection to ensure someone would be available.

Care Matters (Homecare) Limited provides care and support to people living in their own homes. On the day of our inspection there were 50 people using the service.

The service did not have a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. The service had a manager who had applied to CQC to be registered.

Care Matters (Homecare) Limited was last inspected by CQC on 23 April 2014 and was compliant with the regulations in force at that time.

Risk assessments were in place for people who used the service and staff, and described potential risks and the safeguards in place. Accidents and incidents were appropriately recorded and staff had been trained in safeguarding vulnerable adults. Procedures were in place to ensure people received medicines as prescribed.

There were sufficient numbers of staff in order to meet the needs of people who used the service, to support them within their own homes. The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff. Staff were suitably trained and received regular supervisions and appraisals.

The provider was working within the principles of the Mental Capacity Act 2005 (MCA).

People were protected from the risk of poor nutrition and staff were aware of people's nutritional needs. People who used the service had access to healthcare services and received ongoing healthcare support.

People who used the service were complimentary about the standard of care provided by Care Matters (Homecare) Limited. Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

Care records showed that people's needs were assessed before they started using the service and care plans were written in a person centred way. Staff protected people from social isolation by supporting people to go out into the community.

People who used the service did not have any complaints about the care and support they received but

were aware of how to make a complaint via the provider's service user guide.

Staff felt supported by the manager and were comfortable raising any concerns. People who used the service and staff were regularly consulted about the quality of the service. People told us the management were approachable and understanding.

## 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.

Staffing levels were appropriate to meet the needs of people within their own homes and the provider had an effective recruitment and selection procedure in place.

Accidents and incidents were appropriately recorded and risk assessments were in place for people and staff.

Staff had been trained in how to safeguard vulnerable adults.

People were protected against the risks associated with the unsafe use and management of medicines.

### Is the service effective?

Good

The service was effective.

Staff were suitably trained and received regular supervisions and appraisals.

People were supported by staff in making healthy choices regarding their diet.

People had access to healthcare services and received ongoing healthcare support.

The provider was working within the principles of the Mental Capacity Act 2005 (MCA).

### Is the service caring?

Good

The service was caring.

Staff treated people with dignity and respect and independence was promoted.

People had been involved in writing their care plans and their wishes were taken into consideration.

### Is the service responsive?

Good

The service was responsive.

People's needs were assessed before they started using the service and care plans were written in a person centred way.

People were protected from social isolation.

The provider had an effective complaints policy and procedure in place and people knew how to make a complaint.

## Is the service well-led?

Good

The service was well led.

The service had a positive culture that was person-centred, open and inclusive.

The provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.

Staff told us the manager was approachable and they felt supported in their role.

# Care Matters (Homecare) 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.

This inspection took place on 28 June and 1 July 2016. We gave the provider 24 hours' notice of the inspection to ensure someone would be available. One Adult Social Care inspector took part in this inspection.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, safeguarding notifications and complaints. No concerns had been raised. We also contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. We also contacted Healthwatch. Healthwatch is the local consumer champion for health and social care services. They gave consumers a voice by collecting their views, concerns and compliments through their engagement work.

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. We used this information to inform our inspection.

During our inspection we spoke with four people who used the service. We also spoke with the nominated individual, registered manager and three care workers.

We looked at the personal care or treatment records of four people who used the service. We also looked at the personnel files for three members of staff and records relating to the management of the service, such as quality audits, policies and procedures.

Good

# Is the service safe?

## Our findings

People we spoke with felt safe with Care Matters (Homecare) Limited. They told us, "Oh yes, I feel safe with the staff" and "Yes, no problems". One person told us how staff had supported them since they came out of hospital and kept them safe by watching them come down the stairs and carrying their walking sticks for them. We saw in the care records that one person received a welfare check from staff in the evening. This was so the person felt safe and protected from harm.

We looked at the recruitment records for three members of staff and saw that appropriate checks had been undertaken before staff began working at the home. Disclosure and Barring Service (DBS) checks were carried out and at least two written references were obtained, including one from the staff member's previous employer. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults. Proof of identity was obtained from each member of staff, including copies of passports, driving licences and birth certificates. We also saw copies of application forms and these were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained. This meant the provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

We discussed staffing levels with the manager. Staff had permanent rotas and new rotas with any amendments were emailed to staff each week. Each staff member had a group of clients to maintain continuity of care. The manager told us if a member of staff was absent, the service would ring the person who used the service to let them know. Any absences were covered by the provider's own care and senior care staff. New staff shadowed existing staff so they could be introduced to people, therefore people did not see staff they had never seen before. Staff we spoke with did not raise any concerns about staffing levels and told us, "We tend to cover the calls ok if someone is off sick" and "We work as part of a team". People who used the service told us staff arrived on time and they always knew the member of staff who visited them. This meant there were enough staff with the right experience and knowledge to meet the needs of the people who used the service.

Risk assessments were in place for people who used the service and described potential risks and the safeguards in place. Risk assessments included health and safety in the person's home, control of substances hazardous to health (COSHH) and moving and handling. This meant the provider had taken seriously any risks to people and put in place actions to prevent accidents from occurring. Risk assessments we saw were up to date.

Lone worker risk assessments were carried out for staff and included car breakdown or accident, routes to and from the homes of people who used the service, personal medical conditions, accidents from substances or equipment, violence or aggression, and fire. The risk assessment identified the hazard, the likelihood of the hazard occurring, the risk before measures were implemented, the measures to be implemented and the risk after the measures were implemented. For example, the risk of fire in the home of

a person who used the service was reduced if staff received appropriate fire training and followed correct procedures in checking equipment before use.

We saw a copy of the provider's 'Adult abuse and protection' policy, which provided guidance on recognising and reporting abuse, and the procedure to be followed if abuse was suspected. We looked at the safeguarding file and saw records of safeguarding incidents and minutes of safeguarding strategy review meetings. We found the provider understood safeguarding procedures and had followed them, and staff had been trained in how to protect vulnerable adults.

The service had an accidents and incidents file, where the provider recorded any accident or incident involving a person who used the service or a member of staff. The only incident recorded in the file during the previous 12 months was in relation to a car accident involving a member of staff. We discussed accidents and incidents with the registered manager and nominated individual, who told us any other incidents had involved the safeguarding team and were recorded in the safeguarding file.

We checked to see whether people were protected against the risks associated with the unsafe use and management of medicines. The provider had a medication policy, which described their approach to the control, administration, recording, safe-keeping, handling and disposal of medicines.

People had been assessed using a 'Medication assessment' form to see whether they were able to administer their own medicines or needed prompting or assistance with their medicines. The form also described where medicines were stored in the person's house, how the person preferred to take their medicine and medicine ordering and delivery information.

People who were supported by staff to take their medicines had medicine administration records (MAR) in place. A MAR is a document showing the medicines a person has been prescribed and records when they have been administered.

Staff received medicine competency checks twice per year, unless needed to be done more often. These were carried out by the manager and senior care staff but always signed off by the manager. These included ensuring medicines were stored correctly, correct procedures were followed and medicines were disposed of appropriately. Audits of MAR charts were completed on a monthly basis.

This meant appropriate arrangements were in place for the administration and storage of medicines.

Good

# Is the service effective?

## Our findings

People who used Care Matters (Homecare) Limited received effective care and support from well trained and well supported staff. People told us, "They have been brilliant, 10 out of 10", "The staff are fantastic, I couldn't have asked for better" and "I can't fault them".

We discussed staff training with the manager, who monitored compliance via an electronic training matrix and held regular training sessions with staff. Staff received mandatory training in medication awareness, basic life support, moving and handling, fire safety, health and safety, food hygiene, safeguarding, infection control, support planning and risk assessment and end of life care. Mandatory training is training that the provider thinks is necessary to support people safely. Training was refreshed annually and each member of staff had an individual training programme, which recorded training completion and renewal dates. All the staff training records we looked at were up to date. The manager told us all staff were also enrolled on the level 2 or level 3 NVQ in health and social care.

Staff we spoke with told us their training was up to date and they received regular refresher training. They told us, "[Manager] does the training. It's easy to take in", "I'm busy training at the moment" and "Training is one of [manager]'s top things. We have training every few weeks".

New staff completed an induction to the service, which included an introduction to the service, receipt of handbooks and uniform and familiarisation with the provider's policies, including medicines and safeguarding. All new staff were enrolled on the Care Certificate. The Care Certificate is a standardised approach to training for new staff working in health and social care.

Staff received regular supervisions and appraisals. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. Staff supervisions included discussions on policies and procedures, a review of training, discussions about the people supported, health and safety and documentation. Staff told us they received regular supervisions and spot checks. One member of staff told us the manager had supported their professional development by giving them responsibility for carrying out some of the spot checks and audits. This meant staff were fully supported in their role.

Staff supported some people by preparing meals of the person's choice. For example, one person's care record stated, "Please offer me food and refreshment of my choice. I will tell you what I want" and "I do like a cup of tea, weak with milk and no sugar and require that to be served in my special cup". Another person's care record stated that they wished to keep a healthy diet and eat well. Another person's care record stated the person was prone to choking so required their food soft and cut up. Actions for staff to take were clearly recorded and staff were instructed to keep food and fluid charts to record what was given at each meal. Records we saw were accurate and up to date. This meant people's dietary needs were being met.

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 registered manager was aware of their responsibilities with regard to MCA. All of the people who used the service had capacity to make their own decisions, apart from one person who did not understand their medicines or finances. This person was under financial protection from the local authority. We saw that the service had sought consent from people for the care and support they were provided with, and for prompting and supporting people with medicines.

None of the care records we looked at included a Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) form which means if a person's heart or breathing stops as expected due to their medical condition, no attempt should be made to perform cardiopulmonary resuscitation (CPR). The manager told us there weren't any people who used the service at the time of the inspection with DNACPRs in place.

People had emergency information sheets in their care records, which contained important information that may be needed in the event of an emergency. For example, next of kin contact details, any known allergies or intolerances, medicines taken and other important health issues.

People who used the service had access to healthcare services and received ongoing healthcare support. Staff supported people to attend appointments if it was within their care package.

Good

# Is the service caring?

## Our findings

People who used the service were complimentary about the standard of care provided by Care Matters (Homecare) Limited. They told us, "They [staff] do look after me. They make sure I'm comfortable", "They [staff] are very kind, very sweet" and "They are very caring".

People's care plans showed that people had been involved in planning their own care and support, and their choices were clearly documented. For one person, their history and culture was very important to them and they enjoyed talking with staff about some of their life experiences. Another person had limited movement in their neck so had asked for staff to be in their line of sight whenever possible.

Care plans showed that people's privacy and dignity was important. For example, one person did not want people to know they were with care staff when out in the community so requested staff did not wear uniform. Another person asked for staff to provide clean clothes in their bedroom to "promote comfort and dignity."

We asked people whether staff respected their privacy and dignity. They told us, "Definitely", "I do think they do", "Oh yes, they are perfect with me" and "Yes all the time". One person told us they were embarrassed at first about receiving personal care from staff however the staff members had made the person feel comfortable and put them at ease.

Staff we spoke with described how they respected people's privacy and dignity. They told us, "I always respect the person" and "It's natural to shut the bathroom door behind you". This meant that staff treated people with dignity and respect.

Care plans showed how people wanted their independence to be promoted. For example, one person's record stated, "I am still very independent and like to get out and about as often as I can." Care records showed that another person was encouraged by staff to carry out their own personal hygiene and to clean their own clothes and bedding when required. The same person was encouraged to prepare their own meals but staff were asked to check food areas and destroy out of date food.

People who used the service told us, "I'm a very independent person. The staff are fantastic and I'm more independent now" and "I'm quite independent, they respect that. They let me do what I want but they ask if I need anything". Staff told us they promoted people's independence. They told us, "I get them to do what they can first" and "We always promote independence first and ask if they want any help". This meant people were supported to be independent.

Communication records showed that for one person, staff encouraged the person to make their own choices for breakfast and lunch. And although staff offered what was set out in the person's meal plan at tea time, alternative side dishes were offered allowing the person the option of making their own independent choice.

Some people who used the service required prompts to help them care for themselves. For example, staff were asked to complete domestic tasks for a person, such as cleaning, mopping the floors, wiping the worktops down and putting the washing machine on but the person's independence was also promoted as staff were asked to encourage the person to put any damp clothes on an airer to dry. This meant that staff supported people to be independent and people were encouraged to care for themselves where possible.

Good

# Is the service responsive?

## Our findings

The service was responsive. We saw that care records were regularly reviewed and evaluated.

People's needs were assessed before they started using Care Matters (Homecare) Limited. People were given a 'Support plan questionnaire' to complete, with the assistance of staff. These recorded how the person would like to be addressed, likes, dislikes and personal preferences, allergies and medical conditions, and cultural needs. As part of the questionnaire, people were asked whether they required support with personal care, eating and drinking, mobility, domestic chores and housekeeping, social life and activities, and finances.

Each person had a weekly timetable in their care records, which described the duration of the visit from care staff and the services provided. For example, social call, housework, shopping and meal preparation.

Care records showed that one person required assistance mobilising due to a fall and subsequent hip operation. The person's support plan described their level of mobility, equipment they used to mobilise and support required. The person had a moving and handling risk assessment in place which described what the person could do and what assistance was required from staff, for example, getting in and out of bed and bathing/showering.

People had outcomes, which were the things that were the most important to them in their life. For example, for one person it was important to be able to remain in their own home. This was achieved by having care staff visit to support them. Another person had an outcome for support with personal care daily so they could remain clean and tidy.

The care plan for one person who used the service showed that staff supported the person with social calls three times per week. This meant the person had company at home or was supported to go out into the community. The person enjoyed going shopping, watching television and completing puzzles. Their person centred care plan stated, "I like variety so want every day to be different, so please ask me what I would like to do today." This meant the person was protected from social isolation.

Communication sheets were completed by staff for every visit and recorded the date, time in and time out, an update on the person's health, what activities and tasks were carried out and whether anything else was required. The communication sheets also recorded any conversations with family members, for example, updates on hospital appointments or GP visits, and any changes to the person's health. The communication sheets were collated and audited by a senior care worker on a monthly basis and approved by the manager.

The provider's 'Concerns and complaints' policy described how to make a complaint, timescales and who to contact. We looked at the complaints file and saw copies of complaints forms. The complaints form recorded who the complaint was about, who made the complaint, the date the complaint was made, the name of the person dealing with the complaint and reason for the complaint. Following an investigation, the complaints form was updated with any action to be taken. We saw records of previous complaints included

copies of responses to the complaint, details of meetings with the complainant and the result of the complaint.

People who used the service were made aware of how to make a complaint via the service user guide and people had a copy of the concerns and complaints policy in their own copy of the care records. People we spoke with did not have any complaints about the service. This showed the provider had an effective complaints policy and procedure in place.

Good

# Is the service well-led?

## Our findings

At the time of our inspection visit, the service did not have a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. The service did have a manager in place who had applied to CQC to be registered.

The service had a positive culture that was person-centred, open and inclusive. People who used the service told us, "They [management] are always at hand. They are very good in the office", "It seems to be managed fine. If I ever have to ring, it always works out fine" and "[Name] from the office and the senior [staff member] do spot checks. They ask if I'm happy".

The manager told us they had an open door policy. Staff we spoke with felt supported by the manager and told us they were comfortable raising any concerns. They told us, "[Manager] is unbelievable. [Manager] sorts stuff out and never ignores their phone", "I feel comfortable with [manager]", "I've got a fantastic relationship with [manager]" and "Even out of hours, [manager] is happy to pick up the phone".

We looked at what the provider did to check the quality of the service, and to seek people's views about it. Audits of care records, communication sheets and MAR charts were carried out on a monthly basis. Action plans were put in place for any identified issues and individual areas for improvement were discussed at staff supervisions.

The manager carried out quarterly spot checks on staff. These included checking to ensure the member of staff arrived on time, was wearing the correct uniform and personal protective equipment (PPE), was courteous and polite to the person who used the service and documentation was completed correctly.

Staff were regularly consulted and kept up to date with information about the service. Memos were sent out on a monthly basis to inform staff of any updates or important information. For example, a memo was sent to staff in June 2016 following an audit of documentation, specifically regarding completing communication sheets and MAR charts. The manager informed staff that correctly completing documentation was the responsibility of all staff and it was being monitored via audits.

We saw records of group supervision sessions. We looked at the minutes for the meeting in March 2016 which discussed medicines and MAR charts, people who used the service, safeguarding, health and safety, staff sickness and any other business. Senior care staff team meetings also took place regularly.

The manager completed monthly updates on the provider's annual development plan. This included checking whether scheduled supervisions, spot checks and appraisals had been completed, a review of the training matrix, a review of care records, recruitment and review of policies.

We saw an annual quality assurance survey took place. The most recent took place in February 2016 and 41 questionnaires were sent out to people who used the service. 14 questionnaires were returned. People were asked to provide feedback on communication, punctuality of staff, promoting independence, delivery of

care, continuity of care and overall feedback. Responses were positive in all areas, particularly with regards to staffing, promoting independence and delivery of care.

This demonstrated that the provider gathered information about the quality of their service from a variety of sources.