

Care Matters (Wiltshire) Limited

Care Matters (Wiltshire) Ltd

Inspection report

68-70 Market Place
Warminster
Wiltshire
BA12 9AW

Tel: 01985218055

Date of inspection visit:
05 January 2017

Date of publication:
31 January 2017

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 was carried out on 5 January 2017 and was announced.

The service supports people in their own home who require personal care. At the time of our inspection there were 21 people receiving support with personal care.

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.

There was a welcoming and friendly atmosphere throughout the inspection. The registered manager promoted an open and honest culture that respected people, relatives and staff. The registered manager was passionate about the service. They believed in investing in staff to support staff development and career progression.

People and relatives were positive about the service and the caring approach of the registered manager and staff. Staff knew people well and had developed positive relationships. Staff understood the importance of promoting independence and the value of social interactions for people living in their own homes.

The service was responsive to people's changing needs and supported them to access health professionals when needed.

Complaints were managed effectively and people were confident any concerns raised would be taken seriously.

Staff had the skills and knowledge required to support people's needs. Staff were supported through regular supervision and had access to support at all times. Staff understood their responsibilities to report concerns in relation to safeguarding vulnerable adults.

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). People and their relatives were involved in decisions about their care and how needs would be met. People were given choices and choices were respected. People were complimentary about staff ability to provide support in the way people wanted.

Care plans were in place and gave guidance to staff about how people's needs should be met. Care plans included risk assessments and support people required to manage risks.

There were systems in place to ensure staff were deployed effectively to make care calls. There had been no missed visits and action was taken to notify people if care calls were going to be late.

There were effective systems in place to monitor and improve the service. Annual surveys were carried out and used to identify areas of improvement.

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 were supported by staff who understood how to keep them safe and report concerns.

Risks to people's health and well-being were assessed and care plans guided staff in how to manage the risk.

Staff were deployed effectively to ensure people's needs were met.

Is the service effective?

Good ●

The service was effective

Staff were trained and their practice monitored to ensure they had the skills and knowledge to meet people's needs.

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA)

People were supported to access health and social care professionals.

Is the service caring?

Good ●

The service was caring

People were supported by staff who were kind and compassionate.

Staff encouraged people to maintain and improve their independence.

People were treated with dignity and respect.

Is the service responsive?

Good ●

The service was responsive

People's care needs were regularly reviewed.

Care plans encouraged people to maintain their independence.

Complaints were investigated and responded to in line with the provider's complaints policy.

Is the service well-led?

Good ●

The service was well-led

The registered manager promoted an open and honest culture.

Staff were valued and listened to.

There were systems in place to monitor and improve the service.

Care Matters (Wiltshire) Ltd

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 5 January 2017 and was unannounced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office.

The inspection was carried out by one inspector.

Prior to the inspection we looked at information we had about the provider. This included previous inspection reports and notifications. Notifications are specific events providers are required to notify us about by law.

We looked at three people's care records, three staff files and records relating to the management of the service. We spoke with two people and three relatives. We also spoke with the registered manager, the care coordinator and three members of the care team.

Is the service safe?

Our findings

People felt safe with the service. One person told us, "I feel so comfortable with them [staff]. We are happy having care". Relatives were equally confident that people were safe. Comments included; "Very safe. I know they are going to turn up" and "Yes, very safe".

One person told us how the registered manager had been concerned about the person's safety as their door was not being locked when care staff left. The registered manager had discussed this with the person and with their agreement had arranged for a key coded lock to be fitted which enabled staff to gain entry to the property and lock the door when they left. The person told us, "I needed to make the door safer and [registered manager] arranged for a key safe to be put in".

Staff had completed safeguarding training. The registered manager had given all staff a copy of the local authority flow chart for safeguarding vulnerable adults to ensure staff knew what action they needed to take and who they should contact. Staff we spoke with confirmed they had received the information. Staff had a clear understanding of their responsibilities to identify and report concerns. Staff knew the details of outside agencies they could report to if they felt action had not been taken. For example, they would report to the local authority safeguarding team and the Care Quality Commission. One member of staff told us, "I would report immediately to the manager on call. I can also report to Wiltshire Council safeguarding team if necessary".

The provider had a safeguarding policy and procedure in place. Records showed that all reported concerns had been taken seriously and investigations completed. Appropriate action had been taken to protect people from harm. The registered manager had notified and involved outside agencies appropriately.

There was a system in place to enable staff to be deployed effectively to meet people's needs. The scheduling system enabled the registered manager to ensure each person was supported at their preferred time. Each visit was scheduled for the appropriate length of time. Where people required two members of staff to support them we saw this happened. People were sent a weekly schedule so they were aware which staff members would be supporting them. People told us that if there were any changes to the schedule they were usually informed.

Nobody we spoke with had experienced any missed visits. People and relatives told us staff were reliable and arrived at the time allocated. In the event of any delays people were advised of the delay by telephone. People's comments included; "No I've never had a missed visit. If they're going to be late they let me know" and "I've had no missed calls. They are rarely late but if they are running late they will let me know".

People's care plans included risk assessments. Risk assessments included risks associated with: the environment; mobility; personal care; medication and equipment. Where risks were identified the care plan detailed the support people required to manage the risk. For example, one person's mobility care plan stated the person walked with a walking stick but could be unsteady on their feet when showering. The care plan guided staff to support the person to take their time when getting in and out of the shower.

Where people required support with their medicines this formed part of their care plan. Care plans stated where medicines were stored and whether the person had a monitored dosage system (MDS). Medicine administration records (MAR) showed how many prescribed medicines were in the MDS. Staff signed to confirm the correct number of medicines had been administered. The registered manager had recently introduced a separate MAR chart for medicines not in the MDS to make it clearer for staff. Staff told us this was effective and we saw the new form was being completed.

Staff received medicines training and had their competency checked before being allowed to administer medicines unsupervised. Competency was checked annually to ensure staff were safe to administer medicines.

The registered manager had recently reviewed and updated the medicines policy and staff were aware of the changes to the policy and their responsibilities in relation to the safe administration of medicines.

The provider had effective recruitment systems in place. Staff records showed checks had been carried out to ensure staff were suitable to work with vulnerable people. Checks included Disclosure and Barring Service checks (DBS) and references from previous employers. These checks enabled the provider to make safer recruitment decisions and prevent unsuitable staff from working with vulnerable people.

Is the service effective?

Our findings

New staff completed an induction when they started working at the service. The induction included training with the registered manager. The registered manager told us this enabled them to gauge staff understanding and could be individualised to staff learning needs. Staff shadowed experienced staff before working alone to ensure they were confident. One member of staff told us, "I did induction training and then shadowed other staff for four to five weeks. I felt very confident when I went out alone".

Staff completed a range of training which included: moving and handling; health and safety; infection control; medicines; the role of the care worker and first aid awareness. This ensure staff had the knowledge to meet people's needs. The registered manager monitored staff training through an electronic system which enabled them to identify when staff training was due for updating. Staff were encouraged and supported to complete national qualifications in health and social care. All staff we spoke with had either achieved or were working towards a qualification. This included diplomas at level two, three, four and five. Staff were positive about the opportunities given to them to achieve qualifications. One member of staff said, "[Registered manager] is very good at encouraging us to do qualifications".

Staff were supported through regular supervision. Observations of staff practice were also completed and enabled the registered manager to ensure staff skills and knowledge were up to date and staff were competent to fulfil their role. Staff comments included: "I get supervision every 6 months and we have a spot check before supervision".

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). 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.

The registered manager understood their responsibilities in relation to MCA and made sure people were supported in line with principles of the Act. Staff had completed MCA training and had a prompt sheet to remind them of the principles of the Act. Staff were clear that they would respect people's choices and gave clear examples of how they would maximise people's capacity to make decisions. One member of staff told us, "We cannot force people to do things. We can encourage. We can give them smaller choices like 'would you like a bath or a shower' or make suggestions about what they would like to eat".

The service supported people living with dementia. Care plans recognised people could be 'forgetful and confused', however there was no one being supported who was assessed as lacking capacity to make decisions relating to their support needs. One member of staff said, "People might get confused but they can make choices and can consent. It's about how we approach them".

Where people's support included meeting nutritional needs this formed part of their care plans. For example, one person's care plan stated the person needed to be supported to prepare a meal.

People were supported to access health professionals when needed. For example, one person had required support to access new equipment related to moving and handling. The registered manager had contacted the occupational therapist for the person to ensure appropriate equipment was provided.

Is the service caring?

Our findings

People were extremely complimentary about the caring attitude of the staff supporting them. Comments included; "They're wonderful. We couldn't do without them. They're cheerful, caring and will do anything to help" and "I can't fault them on anything. They'll do anything for me". Relatives were equally complimentary about the care staff. One relative told us, "They are very kind. I hear them having a laugh which is lovely. [Person] has a good sense of humour and they know that". Another relative said, "They are all absolutely charming, helpful and friendly. I can't fault them at all".

It was clear there was a caring ethos amongst the staff. We heard staff speaking with kindness when speaking about people. Staff visited the office throughout the day. They updated the registered manager on people's conditions and showed genuine concern when people were unwell. All visiting staff asked about the condition of a person who had gone into hospital. Another person was being supported to come out of hospital to be cared for at the end of their life in their own home. Staff showed empathy and compassion when asking about the person and their family.

People were treated with dignity and respect. One person told us, "They always treat me with dignity. I'm not embarrassed and I don't mind whether I have a male or female help me. I was given a choice but I don't mind". One relative said, "They always ask how [person] wants things done. They will close the door but they always ask first". Another relative told us, "They [staff] are totally respectful".

People were supported to maintain and improve their independence. One relative told us, "They [staff] are very good at encouraging. They let [person] do buttons, which he finds difficult but they give him time". Staff understood the importance of promoting people's independence. A member of staff told us about one person whose ability had greatly improved following staff support and encouragement to do things for themselves. The member of staff said, "We encouraged [person] to do things. We reminded them they could do it. [Person] has improved massively".

People were involved in decisions about their care. One person told us, "They always ask how we want things done. They do everything the way we want it". Relatives were also involved where this was appropriate. One relative told us, "I was very involved at the beginning. It runs very well so I don't have to worry".

The registered manager and staff understood their responsibilities in relation to confidentiality of information. Records containing confidential, personal information were stored securely. For example, care plans were stored in a locked cupboard and only accessed by people with authority to access them.

Is the service responsive?

Our findings

People were assessed prior to starting the service to ensure their needs could be met. The assessment was used to develop a care plan providing staff with clear guidance in relation to the support people required. The registered manager or care coordinator completed the first care visits to ensure the assessment and care plan were accurate and reflected people's needs.

Care plans were detailed and emphasised the importance of people being supported in the way they chose. For example, one person required support with continence. The care plan stated how staff should respect the person's method of managing their continence and what support the person required to continue to manage it in this way. Staff we spoke with understood the importance of this person being supported to feel in control of their care.

People's care plans promoted independence and how staff should support and encourage people to maintain and improve their independence. For example, one person's care plan stated "Empower [person] to do as much for herself as possible. Help [person] to cook microwave meal. Put meal on trolley and encourage [person] to use the trolley".

There was limited information relating to people's personal histories, likes, dislikes. Staff we spoke with had clearly developed close relationships with people and knew about their histories, likes and dislikes. We spoke with the registered manager who told us people were supported by consistent staff who got to know people very well. New staff worked with experienced staff until they got to know people. The registered manager told us they would review assessment and care plan documents to ensure they reflected a more personalised approach.

Daily records of the support provided to people showed that staff understood the importance of social interaction to people's well-being. There were many entries showing staff spent time chatting with people. For example, one person's record had statements which included, "Had a lovely chat" and "Watched TV and chatted". Staff told us they always stayed for the full allocated time and that where possible spent time talking with people.

Relatives told us staff were responsive to people's changing needs and communicated any concerns promptly. One relative told us, "They [staff] always tell me they think [person] is not well".

People's needs were reviewed every six months or more frequently if required. Following reviews care plans were updated to ensure they were accurate. Where changes to people's needs were identified this was reflected in their care plans. For example, one person had recently had a review and their communication care plan had been updated as a result.

People and their relatives knew how to make complaint but had never needed to. One person told us, "I am quite happy to phone them [registered manager] if I need anything. Issues are always resolved quickly". The person went on to explain issues were not related to the service but more personal issues that they needed

help with.

The provider had a complaints policy and procedure in place. People were provided with a service user guide when they started using the service. The guide included a copy of the complaints policy and a complaints form. We saw that where complaints had been made they had been dealt with in line with the policy. Full inquiries had been carried out and the outcome communicated to the complainant.

Is the service well-led?

Our findings

People were positive about the service and the impact it had on their lives. One relative told us "I was desperate before they started coming in. The difference is marvellous". People described a service that was flexible to their needs and provided high quality care.

Staff enjoyed their jobs and were positive about the provider as an employer. Staff comments included: "I love my job. It is very rewarding"; "It is a great organisation, great fun. We have a really good team and we all work together"; "It's fab. It's smaller so everyone knows each other"; "Everyone has been so welcoming. It feels like my family" and "We have really good teamwork which is promoted by [registered manager]. Everyone gets on well and are nice to each other".

Everyone we spoke with was complimentary about the registered manager. Comments from people and their relatives included: "[Registered manager] is very helpful; very approachable. She will arrange extra help if I need it"; "[Registered manager] is very nice. Very efficient" and "I spoke to [registered manager], she was really helpful. It was all our choice and she really understood what we needed".

Staff were equally positive about the registered manager. Staff comments included: "[Registered manager] always asks if we're OK and is always at the end of the phone. She is there and always listens"; "I can bring anything to [registered manager] and she will sort it out" and "[Registered manager] is great, will always sort issues out".

The registered manager told us they always made some care calls themselves each week. This enabled them to get to know people and find out how they felt about the service and the staff supporting them. The registered manager was knowledgeable about all the people using the service and the staff. They told us this was important and that the service would not grow as they wished to maintain the closeness their involvement promoted.

There was a friendly atmosphere during the inspection and staff called in throughout the day. Staff received a warm welcome from the registered manager and other office staff. There was clearly an open culture that valued everyone as individuals. Staff were supported with personal issues. For example, one member of staff called the office to ask if they could take some time off to attend a personal appointment. The registered manager made immediate adjustments to the call schedule to ensure people received their care calls, whilst enabling the member of staff to attend their appointment.

Staff felt valued and listened to. There were regular staff meetings that were held at different times on the same day to enable all staff to attend. Staff told us they felt able to discuss any issues and that their opinions and ideas were valued and listened to.

There were effective systems in place to monitor and improve the service. An electronic system identified when risk assessments, care plans and assessments were due for review and we saw these had been completed. The registered manager monitored staff supervisions, appraisals and training to ensure they

were being completed.

Daily records and medicine records were checked as part of the staff observation and at reviews. We saw this was recorded and no issues had been identified.

The provider had a system in place to record accidents and incidents. When accidents occurred the record was stored in people's care plans. There was no system to monitor and analyse incidents and accidents. However, there had been no accidents recorded since the last inspection. We spoke to the registered manager who told us they would review the system for monitoring incidents and accidents.

The provider had systems in place to gather feedback about the service to enable them to improve the quality of the service. For example, annual quality surveys were sent out to people and relatives. The results from the 2016 survey were all positive. One person had commented about the punctuality of care calls and people being notified if staff were going to be late. Records showed this was discussed at team meetings and staff reminded to notify the office or people directly if they were running late. Everyone we spoke with told us they were notified if care staff were going to be late.