

Care Matters (Homecare) Limited

Care Matters Teesside (Homecare) Limited

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

About the service

Care Matters is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to children, younger and older adults. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is to help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection they were 136 people receiving personal care.

People's experience of using this service and what we found

Overall the feedback we received from people and relatives was complimentary. However, we found continued concerns about the aspects of managing risks, medicine records and the governance of the service. Although there had been some improvements, legal requirements were still not consistently met.

Risks associated with people's care continued to not always be detailed in their care plans, which meant staff may not always know how to support them safely and with continuity. One person had a specific care need and external healthcare professionals (HCP) had detailed how this need was to be carried out. The person's care plan did not record these specific details, however, staff we spoke to were following the HCPs record rather than the care plan, which meant this was more down to records rather than unsafe practice and we found no evidence that people had come to harm.

People told us they felt safe when staff entered their homes and said the care workers generally arrived on time. Staff were knowledgeable about what action to take if they suspected someone was being abused, mistreated or neglected. The provider had a system in place for auditing and monitoring accidents and incidents.

Staff had received training to understand how to support people well. Staff felt supported in their role and received regular supervisions and spot checks.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; systems supported this practice. The registered manager ensured care was based upon good practice guidance to help ensure people received an effective service.

People said the care workers were very caring. One person said, "I think the carers are very optimistic, jolly and very caring in nature when they see me."

Care records provided information in relation to people's backgrounds, interests and care needs. People were provided with information in a way they could understand. Complaints were fully investigated with an outcome.

People said they would recommend Care Matters to other people. One person said, "Care Matters have proved effective in the time I've used them, and I would be confident in continuing to use the service even if my care needs increase."

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 23 February 2019). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection enough improvements had not been made and the provider was still in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

Enforcement

We have identified breaches in relation to the management of risk, records and governance.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

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Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

The provider was not asked to complete a provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We requested feedback from the local authority and they did not share any concerns with us about the care provided. We used this information to

plan our inspection.

During the inspection

We spoke with 10 people who used the service and one relative. We spoke with six members of staff including the managing director, registered manager, care co-ordinator and support workers.

We reviewed a range of records. This included four people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management.

- At the last inspection we found risks had not always been assessed and recorded appropriately. At this inspection we found some improvements had been made but further work was needed. For example, one person was prone to and had pressure sores, yet there was no care plan or risk assessment for caring for or preventing pressure sores.
- There was limited detail to support staff when one person demonstrated particular behaviours and aggression. A generic risk assessment was in place; However, this was not tailored to the individual person and provided no information to mitigate these behaviours.
- There was limited information available to follow and no corresponding risk assessment in place when staff were using specialist techniques, such as a percutaneous endoscopic gastrostomy (PEG)..

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- At our last inspection the amounts of medicines received were not recorded. At this inspection we found these were still not recorded.
- People received their medicines safely but records relating to safe administration of medicines via PEG were not fully completed. Staff we spoke to could explain in detail how they administered the medicines..
- Where staff needed to crush a medicine to administer via a PEG, the service had not kept any records to show they had permission to do this. The registered manager was working with the person's GP to arrange for this to be in place.
- Medicine audits needed to be more detailed and to show what had been looked at during the audit. For example, the audits were not picking up when time specific medicines such as Paracetamol had been administered before the 4-hour gap.

We found no evidence that people had been harmed however, records were not robust enough. Whilst we did not find people had come to harm, not having records in place placed people at risk of harm. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- People were supported by staff who had been safely recruited and had appropriate pre-employment checks in place to help make sure they were suitable for the role..
- There were enough staff to meet people's needs and on the whole staff arrived as expected and people were contacted if there were unforeseen delays. Comments included, "The carers are very punctual and I've never encountered them ever being late since I used the service from November last year", "95% of the carers are on time and 5% they are late, they do apologise when they are late, it tends to be the same ones that are late, but I know that one has to walk" and "I have a rota and this keeps me on track. Occasionally I get to know from the office if there's going to be a change of carer, but this rarely happens."

Systems and processes to safeguard people from the risk of abuse

- Staff were trained in safeguarding and had the skills and knowledge to identify and raise concerns. Staff told us they were confident any concerns they raised would be acted upon.

Preventing and controlling infection

- There were systems in place to ensure people were protected from the risk of infection and staff had access to a plentiful supply of personal protective equipment.

Learning lessons when things go wrong

- There was an accident and incident management procedure in place. All accidents and incidents were logged and analysed monthly and quarterly to see if any follow up actions were required.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- Not everyone's care plans, where needed, contained information about their mental capacity to make decisions. The registered manager showed us a new assessment form they had devised to address this.
- At the last inspection staff did not demonstrate a clear understanding of MCA. At this inspection staff could fully explain their understanding of MCA.
- Staff told us they always gain consent from people before supporting them. One person said, "The carers always ask for consent before carrying out my care."

Staff support: induction, training, skills and experience

- People were supported by staff who were trained with the required skills. Staff had completed training in safe working practices and to meet the specific needs of people which included PEG and catheter training.
- People said staff were well trained comments included, "The carer has the knowledge and the training to look after me and I feel if my health declined further, I would still be confident in using them" and "I think the training my carers have is sufficient for the care they carry out on me."
- Staff received supervision of their practice to ensure training was put into practice and ongoing competency was assessed. Staff told us they received full support from management.

Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain good health and were referred to appropriate health professionals as required. One staff member said, "If I see anything, such as redness on any pressure area, I contact the

district nurse straight away. We check pressure areas every day."

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported some people to maintain a diet of their choosing as not everyone required assistance in this area. Support was provided dependent on the person's requirements, whether this be support with shopping, eating and drinking or preparing meals.
- People were happy with the support they received. One person said, "Carers do anything I want, and they always check if I'm satisfied with my meals before they leave."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had their needs assessed and plans put in place to meet them. People told us they were involved in agreeing their care plans.
- Care plans were individual, and person centred. The service matched care workers to the people they supported as best as they could. One person said, "The care coordinators have been very good at finding carers I get on with well."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind and caring. Comments included, "The carers personality to my [loved one] is lovely" and "The carers are very optimistic, jolly and caring in nature when they see me."
- Staff spoke fondly about the people they supported and how much they loved their job.
- Staff were aware of equality and diversity and respected people's individual needs and circumstances. One care worker said, "One person I care for has dementia and they always wanted to go home, so I go for a walk with them, we see a certain shop that they recognise as near home, then we go back, this settles and comforts them."

Supporting people to express their views and be involved in making decisions about their care

- People we spoke with told us they had been involved in developing their care plan and were involved in subsequent reviews. Records we reviewed confirmed this. One person said, "I get involved with the care plans and I find them beneficial and now they are exactly what I want them to be."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity and could tell us ways they did this. People we spoke with said, "The carers are very sympathetic to me and there is no embarrassment (during personal care). They treat me with dignity and have loads of respect" and "They [care workers] are sensitive to my needs."
- Staff explained how they promoted people's independence. Comments included, "We always promote movement" and "We never take over in a call, unless they are struggling, use it or lose it I say."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had care and support plans in place which were reviewed regularly. However, further work was needed to make sure they were adapted when people's needs changed. The registered manager provided assurance that this would take place.
- Care plans provided staff with detailed guidance on how to respond to people's needs on each call. Some care plans were more detailed than others. One person said, "I get involved with the care plans and these have proved effective in tacking the care I receive, especially if anything needs to change."
- Care plans contained information about people's life history (where known), such as where they have lived, family and work life. One staff member said, "It is great having this information because it leads to conversations, I say for example oh you used to live at what is it like there."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed, detailed within their care plans and share with staff appropriately.
- One person used sign language to communicate and staff who know how to sign were always on this person's call. Sign language training had been offered to all staff and the majority had this planned in.

Improving care quality in response to complaints or concerns

- A complaints process was in place. Records showed that any complaints received were dealt with in line with the provider's complaints policy.
- People knew how to make a complaint if they needed to. Comments included, "I have never made any formal complaints except a couple of issues on the admin side more than the care" and "I've never raised any complaints except not receiving a rota, but when I rang the office they responded straight away and sent me one."

End of life care and support

- At the time of our inspection no one was receiving end of life care.
- The management team were working on ensuring all staff had received end of life care training.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires Improvement. At this inspection, whilst some improvements have been made, this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to robustly assess the risks to people's health and welfare, there were gaps in medicine records and quality assurance checks needed further development. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17

- Although some improvements had been made since the last inspection, systems were still not fully effective. Further work was needed to ensure records were fully completed and quality assurance checks needed to be more robust.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The management team demonstrated a commitment to provide care that met people's needs. Comments from people who used the service were, "I would say, try the service and you'll find everyone from the management to the carers provide good care and fulfil your needs", "I would recommend Care Matters, because it's well managed. Staff are very polite and very approachable if you have any problems" and "The staff are reliable, approachable and if you have any problems the manager will react positively."
- Staff were dedicated to providing personalised care and support and were committed to ensuring people received high quality care.
- Staff told us they enjoyed working for the service and felt valued.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their role in terms of regulatory requirements. For example, the provider notified CQC of events, such as safeguarding's and serious incidents as required by law.
- The registered manager engaged well with the inspection process and additional information was

provided promptly.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Working in partnership with others

- The provider had processes in place to communicate with people. This included monthly quality assurance phone calls and twice-yearly formal surveys.
- People were supported to engage in the local community, such as the gym and a local sensory room.
- The service worked in partnership with health and social care professionals who were involved in people's care.

Continuous learning and improving care

- The management team were committed to making the improvements to the service.
- The managing director and registered manager were open and responsive to our inspection feedback.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider was not always assessing the risks to the health, safety and welfare for the people using the service. Reg 12 (2) (a)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have robust systems in place to assess, monitor and improve the quality and safety of the service provided. Records were not always complete or up to date. Reg 17 (2) (a)(c)</p>