

Care Matters UK 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?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This announced inspection took place on 28 April, 3 and 4 May 2016. Care Matters UK Limited is a domiciliary care service providing support to people living in their homes. At the time of our inspection 82 people were using the service.

There was not a registered manager in post. A registered manager is a person who has registered with the care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. 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 new manager in post at the time we visited and their application with CQC for registered manager was in progress.

At our last inspection in May 2013 the service was meeting the regulations inspected. At this inspection we found three breaches of legal requirements in respect of unsatisfactory staff background checks, medicine management was not robust, staff were not supported through supervision and appraisal. The quality assurance system and processes in place were not effective. You can see what action we told the provider to take at the back of the full version of the report.

People who used the service told us they felt safe with the staff. The service had clear procedures to recognise and respond to abuse. All staff completed safeguarding training. The service completed risk assessments for every person who used the service. However, some improvement was required in the recording of plans to minimise risk and provide sufficient guidance to staff. The service had a system to manage accidents and incidents to reduce reoccurrence.

The service had enough staff to support people.

The service provided an induction and training to staff. However, refresher training were outstanding and this required improvement.

People's consent was sought before care was provided. The provider considered every person currently using the service to have the capacity to make decisions for themselves.

Staff supported people to eat and drink sufficient amounts to meet their needs. People's relatives coordinated health care appointments and health care needs, and staff were available to support people to access health care appointments if needed.

People told us they were consulted about their care and support needs. Staff supported people in a way which was caring, respectful, and protected their privacy, dignity, and human rights.

Staff prepared care plans for every person to meet their individual needs and eight of the nine we saw were

up to date.

The service had a clear policy and procedure about managing complaints. People knew how to complain and would do so if necessary.

The service sought the views of people who used the services and their relatives. Staff felt supported by the manager.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some aspects of the service were not safe.

The service had not carried out satisfactory background checks for all staff before they started working.

The medicines were not managed safely.

Senior staff completed risk assessments for every person who used the service but there were no risk management plans to reduce the risks and this requires improvement.

The service had a system to manage accidents and incidents to reduce reoccurrence.

People who used the service told us they felt safe and that staff treated them well. The service had a policy and procedure for safeguarding adults from abuse. Staff understood the procedures to follow when needed.

The service had enough staff to support people.

Requires Improvement ●

Is the service effective?

An aspect of the service was not effective.

The service had not supported staff through supervision and yearly appraisal in line with the provider's policy to help them undertake their role.

The service provided an induction and training. However, records showed staff did not update their refresher training..

People who used the service commented positively about staff and told us they supported them properly.

The provider and staff knew the requirements of the Mental Capacity Act 2005 and acted according to this legislation.

Staff supported people to have enough to eat and drink.

People's relatives coordinated health care appointments and

Requires Improvement ●

staff were available to support people to access health care appointments if needed.

Is the service caring?

Good ●

The service was caring.

People who used the service told us they were consulted about their care and support needs.

Staff treated people with respect and kindness, and encouraged them to maintain their independence.

Staff protected people's privacy, dignity and human rights.

Is the service responsive?

Good ●

The service was responsive.

Staff assessed people's needs and prepared care plans to meet each person's needs. Care plans included level of support people needed and what they could manage to do by themselves.

People knew how to complain and would do so if necessary. The service had a clear policy and procedure about managing complaints.

Is the service well-led?

Requires Improvement ●

Some aspects of the service were not always well-led.

The service did not have an effective system and process to assess and monitor the quality of the care people received. The service had not used these checks to learn how to improve and what action to take.

The service had a positive culture, where people and staff felt the service care about their opinions and included them in decisions.

People who used the service and their relatives commented positively about staff and the manager.

Care Matters UK 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.

Before the inspection we looked at all the information we held about the service. This information included the statutory notifications that the service had sent to Care Quality Commission. A notification is information about important events which the service is required to send us by law.

This inspection took place on 28 April, 3 and 4 May 2016 and was announced. The provider was given 48 hours' notice because the service is a domiciliary care service and we needed to be sure that the provider would be in. The inspection was carried out by one inspector and an expert by experience carried out phone calls to people and their relatives. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During the inspection we looked at 12 people's care records, nine staff records, quality assurance records, and policies and procedure. We received feedback about the service from the local authority commissioning team. We visited seven people's homes and spoke with 19 people who used the service and seven relatives about their experience of using the service. We also spoke with the provider, the manager and nine members of staff.

Is the service safe?

Our findings

People who used the service told us they felt safe and that staff treated them well. One person told us, "Oh yes I feel very safe, I have no concerns whatsoever." Another person said, "I have been with them [Care Matters] for a long time and have no problems. The carers are pretty regular." A relative told us, "My husband and I are quite happy with everything." Another relative said, "We feel very safe and satisfied." We saw people appeared comfortable with staff when we visited them in their homes. Although people felt safe using the service, some improvements were required around staff background checks, medicine management and managing risks.

The service had not carried out satisfactory background checks of all staff before they started working. For example, three of the nine staff criminal records checks were carried out by their previous employer and two of the nine staff member's evidence of identification were unsatisfactory, and these details had been passed on to relevant authorities. The provider told us they would arrange for new criminal records checks for the three members of staff. However, we were not able to verify these actions at the time of the inspection. This meant staff checks were not adequately carried out to reduce the risk of unsuitable staff working with people who used the service.

This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

The service had carried out satisfactory background checks for the remaining staff we looked at. These checks included qualification and experience, employment history and any gaps in employment, references, criminal records checks, health declaration and proof of identification.

Medicines were not managed safely. One person told us, "My daughter picks up the medicine from the pharmacy and the carer gives me tablets." Another person said, "She [staff] gives me tablets, I have them in the morning." However, staff ticked the boxes for AM, lunch, tea time, and evening time as given or refused medicine on the Medicines Administration Records (MAR). However, the MAR chart did not show which medicines were prescribed for the person, when they must be given, what the dose was and any special information, such as giving the medicines with food. The MAR charts did not show that people received their medicine as prescribed. Staff authorized to administer medicines were trained but their competency was not assessed, to ensure medicines were administered safely.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

Medicines prescribed for people who used the service were kept securely and safely.

Risks to people were identified but some improvement was required to ensure staff had enough guidance in relation to these risks. The senior staff completed risk assessments for every person who used the service. We reviewed 12 people's care records and found three of the 12 did not have risk management plans to

reduce any identified risks. These risks included, for example, a specialist feeding technique called percutaneous endoscopic gastrostomy (PEG) feed, pressure sore prevention, catheter care, transfers and hoisting. The provider told us all staff were trained to manage risks and staff team leaders monitored to ensure safe care. Staff we spoke with and records we saw confirmed this. One relative told us "Staff are trained by dietician team about PEG feed, there was no problem whatsoever." Another relative said, "Staff are good with catheter change and hand washing. Mum seems to be very happy, we feel safe." One member of staff told us about a risk one person faced in relation to hoisting. They told us how they followed the procedures for hoisting a person, so that they were safe. However, one person told us "When the carers hoist me I feel uncomfortable, when they start to rise me up it hurts me on my legs." We saw a senior carer immediately checked the size of the sling and told us they would make arrangements for a correct sling with the local authority.

The provider further told us they would complete all the risk management plans in the next three weeks and confirmed with us that they have spoken with the local authority for a reassessment by an occupational therapist to make arrangements for a correct sling. We could not assess the risk management plans and correct size of the sling, as they were not completed at the time of the inspection.

The service had a policy and procedure for safeguarding adults from abuse. The manager and staff completed safeguarding training. All staff understood what abuse was, the types of abuse, and the signs to look for. Staff knew what to do if they suspected abuse. This included reporting their concerns to the manager and the local authority safeguarding team. Staff told us there was a whistle-blowing procedure available and they said they would use it if they needed to.

The service had sent one safeguarding alert to the local authority safeguarding team since our inspection in May 2013. The service maintained records of safeguarding alerts and monitored their progress to enable learning from the outcomes when known. The manager implemented performance improvement plans for staff to make sure they used the incident as an opportunity for learning. The service worked in cooperation with the local authority in relation to safeguarding investigations and they notified the CQC of these as required.

The service had a system to manage accidents and incidents safely and to reduce reoccurrence. Staff completed accident and incidents records, which included action staff took to respond and minimize future risks, and who they notified, such as a relative or healthcare professional. For example, when a member of staff found a bruise on a person, they contacted a relative and healthcare professional, and recorded this.

The service had enough staff to support people. The manager told us they organized staffing levels according to the needs of the people who used the service. People told us staff were reliable and there were no problems in the service providing another staff member if someone was not able to work. One relative told us, "If we need to change the time of carer's visit for an emergency, we ask the company and they change." A person told us, "I have the same care [staff]. They [office] let me know and would send someone else, if they can't make it. They are pretty good." Another person said, "I am happy with the carer, she is here 7'o clock every morning, right on time." The service had an on call system managed by the staff team leader to make sure staff had support outside the office working hours. Staff confirmed this was available to them at all times.

Is the service effective?

Our findings

People who used the service told us they were satisfied with the way staff looked after them and staff was knowledgeable about their roles. A relative told us, "They [staff] come and do the job; they do it properly, no problems whatsoever. I'm very impressed with the care, Mum is clean." One person told us, "I have two very nice carers, they know me well. Never let me down." Another person said, "She [staff] is wonderful, I have a good wash down every day, gets me dressed, I sign the time sheet, I wouldn't sign it if she didn't do it, I am happy with her."

However, the service did not support staff through supervision and annual appraisal in line with the provider's policy. For example, of the nine staff records we looked at all the nine of the staff had not received their yearly appraisal. The provider's policy said staff would receive two supervisions in a year. However, records showed supervision did not take place this frequently. For example, five members of staff had not received supervision in the last 15 months and four for nine months. Staff further confirmed this.

This was a breach under Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider told us that they were aware of this concern and told us following the inspection how they planned to provide staff supervisions and annual appraisal in line with the provider's policy. We could not assess the impact of this action at the time of our inspection.

The service trained staff to support people. Staff told us they completed an induction when they started work. The induction included topics such as the staff roles and responsibilities, health and safety, first aid, food hygiene, infection control, and a period of shadowing with an experienced staff member. The manager told us all staff completed 13 modules of mandatory training. The training covered areas from basic health and safety in people's homes to moving and handling and the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff told us the training programmes enabled them to deliver the care and support people needed, and they worked as a team and were able to approach their line manager at any time for support. However, records showed staff did not update their refresher training and this required improvement. The provider told us following the inspection they sought help from an external provider to offer refresher training to all members of staff at the beginning of June 2016.

The service had systems to look for and record whether people had capacity to consent to care. One person told us, "Yes, they [staff] always ask my consent before providing care." Staff recorded people's choices and preferences about their care and support needs. Staff understood the importance of asking for consent before they supported people. Staff told us they took verbal consent from every person prior to care delivery.

The manager considered every person currently using the service to have the capacity to make decisions for themselves. 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. We checked whether the service was working within the principles of the MCA.

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. The provider was aware of the Supreme Court ruling and the need to ensure the appropriate assessments was undertaken so that people who used the service were not unlawfully restricted and that any applications for authorisations would be made to the Court of Protection if required.

Staff supported people to eat and drink enough to meet their needs. One person told us, "I will tell her [staff] what I want to eat, she makes it for me and keeps the kitchen clean, and she is very good." One staff member told us, "People who used the service make choices of food, I only prepare."

People's relatives coordinated healthcare appointments and health care needs, and staff were available to support people to access healthcare appointments if needed. One relative told us, "We coordinate with healthcare professionals such as chiropodist, dietician and nurse every eight weeks." People's personal information about their healthcare needs was recorded in their care records. We saw contact details of external healthcare professionals and GP in every person's care record. Staff told us how they would notify the office if people's needs changed and they required the input of a healthcare professional.

Is the service caring?

Our findings

People told us they were happy with the service and staff were caring. One person told us, "The staff is very good and caring, she will give me extra time if I need it." Another person said, "They [staff] are very kind and caring and respectful." A relative told us, "The rapport the girls have is very good, they communicate with my Mum very well, they know exactly what she wants and what she doesn't, they know with her sounds and signs."

People told us they were consulted about their care and support needs. One relative told us, "Yes, I am involved in Dad's care plan and it is reviewed regularly." One person said, "My son and daughter are involved in my care plan." People's care records showed that they were involved in planning their care.

Staff we spoke with showed an understanding of equality and diversity. They understood how to meet people's needs and preferences in a caring manner. One person told us, "Staff are very polite, very nice, and caring. They are friendly, everything is good and we are really happy." Another person said, "Carer and Mum have a very happy relationship." Staff could tell us a person's preferred form of greeting and how some people requested them to use their preferred first name. These names were recorded and used by staff. We saw interactions that confirmed the caring nature of staff. Our observation showed the staff to have good communication skills and they were kind, caring and compassionate. They spoke with people in a dignified manner and gave people time to make decisions for themselves.

Staff encouraged people to maintain their independence and was recorded in their care plans. One person told us, "I self-administer medicine." Another person said, "The staff help me do things for myself."

Staff respected people's privacy and dignity. One person told us, "They [staff] always respect my privacy and dignity." One relative said, "They always maintain privacy and dignity, I have been using them for seven years, I am very happy with them." The service had policies, procedures, and training to help staff protect people's privacy, dignity and human rights. Staff described how they respected people's dignity and privacy and acted in accordance with people's wishes. For example, staff did this by ensuring people were properly covered and curtains and doors were closed when they provided care. Staff spoke positively about the support they provided and felt they had developed good working relations with people they cared for. Staff kept people's information confidential. One staff member explained to us how they kept all the information they knew about people confidential to respect their privacy.

Is the service responsive?

Our findings

People told us they had care plans. One relative told us, "The manager did an assessment in the beginning and they review the care plan every year." One person said, "Staff assessed my needs and prepared a care plan before giving care." Another person said, "I have a care plan and a service user guide." Care records we saw at people's homes confirmed this.

Staff carried out a pre-admission assessment of each person to see if the service was suitable to meet their assessed needs. Where appropriate staff involved relatives in this assessment. Staff used this information as a basis for developing a care plan to guide staff on how to meet each person's needs. These contained information about their personal life and social history, their physical and mental health needs, allergies, family and friends, and contact details of health and social care professionals. They also included the level of support people needed and what they could manage to do by themselves.

Staff discussed any changes to people's needs with their line manager, to ensure any changing needs were identified and met. The manager updated care plans when people's needs changed. For example, when someone required a specialist feeding technique called percutaneous endoscopic gastrostomy (PEG) feed.

Staff completed daily care records to show what support and care they provided to each person. Care records showed staff provided personal care support to people in line with their care plan.

People told us they knew how to complain and would do so if necessary. One person told us, "I haven't had any issues that needed to be addressed yet." Another person said, "They [staff] are friendly, everything is good, and we are really happy." One relative told us, "We are genuinely impressed with Care Matters, we never thought of complaining. If we want to complain, we know what exactly we need to do." Another relative said, "There has been no need to complain, but I feel sure they would listen and respond." The provider had a clear policy and procedure for managing complaints. The provider told us they had not received complaints from people since the previous inspection in May 2013 and the records confirmed this. The manager told us the focus was on addressing concerns as they occurred before they escalated to requiring a formal complaint.

Is the service well-led?

Our findings

People who used the service and their relatives commented positively about staff and the manager. For example, one person told us, "Excellent service, I am very pleased." Another person said, "A week ago the office phoned me and asked is the carer good, are you happy. I said he is a nice fellow, he is good." A third person said, "They have sent a survey questionnaire, I am very happy with the care I get." A relative told us, "The manager spoke with me to check if everything is okay. The manager is always at the other end when required, she is very helpful."

However, the service did not have an effective system and process to assess and monitor the quality of the care people received and to learn how to improve and what action to take. For example, the provider had not identified the issues we found with the criminal records checks on staff. They did not conduct audits of home visit times to check staff were on time and stayed full length of the visit. The service had not conducted audits of the medicines management or shared any learning outcomes with staff to ensure people received their medicine safely. There were not quality checks on care plans to ensure they were up to date and that risk management plans were in place to ensure staff had enough guidance to reduce the risks.

This was a breach under Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider told us that the service completed a satisfaction survey in June 2015 by telephone and in September 2015 they had conducted a postal satisfaction survey of people who used the service. However, results of these satisfaction surveys were not accessible at the time of the inspection. Following the inspection the provider sent us a brief note to say that they were able access the survey information which showed that all responses received were satisfactory. However, the provider had not conducted an analysis of responses to all the questions asked and therefore there was no action plan to address any concerns or suggestions people may have made. This required improvement.

There was no registered manager in post as the previous manager left the service in August 2015. A senior staff member was appointed as an acting manager in August 2015 and then as a manager in October 2015. At the time of the inspection, the provider informed us that their application with CQC for registered manager was in progress. Records we saw confirmed this.

The manager and the office coordinator had detailed knowledge about every person who used the service and made sure they kept staff updated about any changes to people's needs. We saw they interacted with staff in a positive and supportive manner. Staff described the leadership at the service positively. One staff member told us, "If I need help, I contact the office they are very helpful." Another member of staff said, "When a person who received the service did swearing at me, I reported to the office, and they spoke with the person's family and care coordinator and sorted it."

The provider told us the service used induction and training to explain their values to staff. For example, the

service promoted a culture where people and staff felt the service valued their opinions and included them in decisions. The senior staff carried out random spot checks at people's homes and spoke with people to find out if their care was delivered satisfactorily by the staff. One person told us, "They [staff] come on scheduled time and spend the allocated time." One relative said, "They [staff] are always on time and spend enough time, and complete all the work they need to do." Records we saw confirmed this. The service responded to people's views in areas such as changes to staff visit times and additional tasks for staff to deliver.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The service had not managed medicines safely.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The service did not have an effective system and process to assess and monitor the quality of the care people received.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The service had not carried satisfactory background checks of all staff before they started working.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The service did not support staff through supervision and annual appraisal in line with the provider's policy.