

People Matter Support Services 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 

Overall summary

This inspection took place on 8 July 2015 and was announced. We gave the registered manager 48 hours' notice as it is a small service and we needed to make sure someone would be in the office.

People Matter Support Services Limited provides a service to people living in their own homes in Berkshire. At the time of this inspection they were providing a service to four people. Three of the people received a

total of 28 hours support per week between them. The fourth person received one four hour sitting service every eight weeks. For two of the three people receiving weekly visits, their time was primarily used going out in order to promote community integration and social activity. For the third person their time was used to enable and support the person to live independently.

Summary of findings

The service has had a change of registered manager since our last inspection. The new manager registered with the Care Quality Commission in December 2014. The previous registered manager remains working for the service in a supportive role providing on-call emergency cover. They also sometimes provide personal care while covering holiday and sick leave. 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.

At the last inspection on 16 July and 1 August 2014 we asked the registered person to take action to make improvements to the care plan records for people who use the service. We found the registered person had taken appropriate action and had met the requirements of the regulation.

People were protected from the risks of abuse. Staff promoted and encouraged people to make their own decisions. People benefitted from a consistent service and always had the same staff carrying out their visits. Relatives confirmed people were encouraged and supported to maintain and increase their independence.

People received effective care and support from staff who knew the people well and were well trained. Relatives told us the staff had the training and skills they needed when working with their family members.

People were treated with care and kindness. They were consulted about their support and could change how things were done if they wanted to. People were treated with respect and their dignity was upheld. This was confirmed by relatives we spoke with.

People's right to confidentiality was protected and they received support that was individualised to their personal preferences and needs. People's diversity needs were identified and incorporated into their care plans where applicable.

Relatives knew how to complain on behalf of people and the process to follow if they had concerns. They confirmed they felt the service would act upon any concern raised.

Staff were happy working for the service and people benefitted from staff who felt well managed and supported. Relatives told us the service was well-led, which was also confirmed by a local authority care manager.

People benefitted from a service which had an open and inclusive culture and encouraged suggestions and ideas for improvement from people who use the service, their relatives and staff.

Summary of findings

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 safe. People were protected from abuse and supported to make their own choices. Risks were identified and managed effectively to protect people from avoidable harm.

People were supported by staff who had the necessary skills to meet their individual needs and who knew them well.

Good



Is the service effective?

The service was effective. People were supported by staff who received induction and training suitable for their roles. People benefitted from staff who were supervised and supported in carrying out their work.

Staff promoted and encouraged people's rights to make their own decisions. The registered manager had a good understanding of their responsibilities under the Mental Capacity Act 2005. The registered manager was aware of the requirements under the Deprivation of Liberty Safeguards, although not applicable to the people currently using the service.

Good



Is the service caring?

The service was caring. People were treated with kindness and respect. Their privacy and dignity was promoted and upheld.

People were fully involved in planning the support they received and led the activities undertaken during their visits. People were supported to maintain and build on their level of independence and encouraged to try new activities to broaden their experiences.

Good



Is the service responsive?

The service was responsive. People received personalised support that put them at the centre of the service they received. People were supported to take part in activities that were in line with their likes and preferences. People's care plans reflected the support they received.

Good



Is the service well-led?

The service was well-led. The provider had introduced an effective system to enable them to assess, monitor and improve the quality and safety of the service provided.

People benefitted from a staff team that worked well together and felt supported by their managers.

Good



People Matter Support Services 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 8 July 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and the office is not always staffed; we needed to be sure that someone would be in.

The inspection was carried out by one inspector. We looked at all the information we had collected about the service. This included the previous inspection report and any notifications the service had sent us. A notification is information about important events which the service is required to tell us about by law.

The registered manager worked part time and was not able to be present at our inspection. We were assisted by the deputy manager on the day.

As part of the inspection we spoke with relatives of two of the four people who use the service. We spoke to relatives as those people were unable to speak with us on the phone. We were unable to speak with the remaining two people. We spoke with the deputy manager and one of the two support workers. We had contact with the registered manager who provided additional information after the inspection. We received feedback from one local authority care manager and the local authority safeguarding team.

We looked at all four people's care plans, three staff recruitment files and staff training certificates. We saw a number of documents relating to the management of the service. These included: a staff training matrix, staff supervision records, recent quality assurance survey forms and the staff handbook.

Is the service safe?

Our findings

People were protected from the risks of abuse. Staff had received safeguarding training and the registered manager and deputy were both safeguarding trainers. Staff knew how to recognise the signs of abuse and knew what actions to take if they felt people were at risk. Staff were aware of the company's whistle blowing procedure and knew who to talk with if they had concerns. Staff were confident they would be taken seriously if they raised concerns with the management. Relatives told us people felt safe with the staff and were confident action would be taken if they raised any concerns. A local authority care manager felt the service managed risks to people to ensure they were protected from harm.

Risk assessments were carried out to identify any risks to people, or the staff, when providing the package of care. Identified risks were incorporated into the care plans and included guidance to staff on what to do to minimise any risk. For example, one care plan set out guidelines for staff to follow when the person crossed roads. The guidance was designed to maximise the person's independence while managing the risk of harm. The person and their relative had been involved in drawing up the guidance, which was based on the way they normally did things. Care plans documented what actions needed to be taken by staff to reduce or remove risks to themselves. For example, one person had a risk of falling and their care plan included clear instructions on how to reduce the risk of a fall but also what staff should do to protect themselves if the person did fall.

Staff were clear on what action they needed to take if they saw any signs of potential health problems. For example, if

they were out and someone became unwell. Staff told us they would call an ambulance if needed, notify the office and the person's relatives. All staff had received training in basic first aid as part of their induction training.

Emergency plans were in place. For example one staff member explained how, in adverse weather, they would check the road conditions and consult with their manager before going on a visit. The deputy manager explained one of the managers had a four wheeled drive vehicle that could be used to provide transport for staff if needed.

The service provided all staff with a handbook that they were required to read and adhere to while working for the service. The handbook included the company's expectations of staff and included protecting people's human rights, For example, data protection and confidentiality, equal opportunities and diversity needs.

People benefitted from a consistent service and always had the same staff carrying out their visits. The registered manager, deputy manager or previous manager covered sickness or annual leave. Relatives told us staff never missed a visit, turned up on time and always completed what they were supposed to do. One relative said: "They are normally early." Another told us "They phone if they are going to be late due to traffic for instance. They have been ever so good."

There had been no new staff recruited since our last inspection. The service's procedure for staff recruitment included carrying out the checks required of the regulations. The service did not provide support to any people in relation to their medicines.

Is the service effective?

Our findings

At the last inspection on 16 July and 1 August 2014 we asked the registered person to take action to make sure the care plan included sufficient information to meet the needs of people who use the service. At this inspection we found the registered person had taken appropriate action and had updated all care plans with detailed information for staff to follow. This met the requirements of the regulation.

People received effective care and support from staff who knew the people well and were well trained. Minimal levels of personal care were provided by the staff. The majority of support provided related to supporting people to live independently and helping others participate in social activities.

New staff were provided with induction training. This included introduction to the people they would be working with, familiarisation with their care plans and needs and the company's policies and procedures. Induction training followed the Skills for Care Common Induction Standards (CIS). Staff told us they had never been asked to do something they were not confident to do. They felt they received training which enabled them to do their jobs safely and to a good standard. One member of staff described how they had been introduced to the person they were going to be working with. They explained that they had been supervised for the first few visits until the registered manager had been satisfied the staff member worked well with the person they were to support. One relative told us how their family member always had fun when out with the support staff and how they looked forward to their next support visit.

Ongoing staff training was provided to enable staff to continue to provide the support people needed. All staff had received training in health and safety topics such as: fire safety, first aid, moving and handling, infection control and food safety. Other training included safeguarding vulnerable adults, equality and diversity, autism, epilepsy and person centred planning. We saw best practice had been included in the care plans. For example, one care

plan emphasised how important it was for staff to stick to the person's routine as unplanned changes would lead to distress. Relatives told us the staff had the training and skills they needed when working with their family members. One relative commented: "I don't know where I'd be without them." Another said: "Everything is going along swimmingly according to [person's name]."

People benefitted from staff who were well supervised. Staff had regular one to one meetings (supervision) with their manager every two months to discuss their work. Supervision records showed staff discussed training needs and any training they would like to attend. Staff had the opportunity to discuss any other topics if they wanted to. Staff felt they were well supported by the managers and told us managers were always available by telephone whenever needed.

People's rights to make their own decisions, where possible, were protected. Care plans incorporated a section for people to sign to say they consented to the care plan. Relatives told us staff always asked consent from the person before providing any support. Staff received training in the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves. The MCA also requires that any decisions made in line with the MCA, on behalf of a person who lacks capacity, are made in the person's best interests. Staff had a good understanding of the MCA and their responsibilities to ensure people's rights to make their own decisions were promoted.

The registered manager was aware of the requirements of the Deprivation of Liberty Safeguards (DoLS). The DoLS provide legal protection for vulnerable people who are, or may become, deprived of their liberty. The DoLS did not apply to the people currently using the service. The service provided did not include responsibility for people's eating and drinking or for monitoring their health status. People were either independent in those areas or their relatives oversaw that support.

Is the service caring?

Our findings

People were treated with care and kindness. Relatives said staff were caring when they provided support. They told us staff knew how people liked things done and did them that way. One relative told us: "They are always chatting and friendly."

People were consulted about their support and could change how things were done if they wanted to. One relative told us how their family member decided what they wanted to do during each support visit. They confirmed the support worker would then support them to do whatever they wanted. One relative told us they felt confident that if they requested any changes, they would be made. One relative said if they wanted things changed they: "can just phone the office."

People were treated with respect and their dignity was upheld. This was confirmed by relatives we spoke with. One relative told us: "They treat [name] like an individual. They are nice people and [name] loves spending time with them." The local authority care manager told us people always spoke highly of the support they received. We asked if they thought the service promoted and respected people's privacy and dignity and they replied: "Yes, they do. We always ask people that when we check the service provision." Staff described how they always made sure, when assisting people with personal care, that they respected their rights to privacy. Staff told us that personal care was always carried out behind closed doors.

People were supported to be as independent as possible. One care package was provided specifically for that purpose. The care plan set out what the person could do for themselves and what they wanted support with. The person had morning calls to support them to meet their work commitments. Afternoon calls included support with activities of daily living such as shopping, menu planning and laundry. The person had been involved in deciding what help they needed and setting that out in their care plan. They had signed their care plan to indicate their agreement. The support meant the person was able to continue to live independently and maintain their job.

People's right to confidentiality was protected. Personal records were kept in a lockable cabinet in the office or on a password protected computer. In people's homes, the care records were kept in a place determined by the person using the service.

People's diversity needs were identified and incorporated into their care plans where applicable. The provider's initial assessment paperwork took into account people's diverse needs, such as language, religion and preferences in staff gender. For example, one person had identified they preferred male care staff and the rota showed the service made sure male staff were provided. The registered manager described how they had employed a Punjabi speaking member of staff to provide care to a person who was receiving a service last year and only spoke Punjabi.

Is the service responsive?

Our findings

People received support that was individualised to their personal preferences and needs. Relatives confirmed they had been visited prior to the service starting and a full assessment of what was needed had been discussed and then the details written up as a care plan. People's needs and care plans were kept under review and care plans updated as needs and support changed. All care plans had been reviewed between one and two months prior to our inspection.

People's individual likes and preferences were known to the staff. The care plans had been tailored to meet people's very specific support requirements. For example, two people received set hours support a week to attend social activities of their choice. Another person received weekly support to enable them to live independently and fulfil their work obligations. Care plans set out the specific support needs and daily records were kept that recorded activities undertaken.

In one person's daily notes we saw how familiar activities were attended but also how staff had supported the person to try activities they had not tried before. The variety of activities and support was discussed with this person's

relative and they confirmed that the person always looked forward to the support visits. They also commented: "[Name] always tells me what they have been doing and how it went. He is very happy with things."

People were supported to make choices regarding the support they received. One relative described how each visit started with the support worker asking the person what they wanted to do that day. Often activities for the next week's visit would also be discussed and planned for in advance if needed.

Relatives knew how to complain and the process to follow if they had concerns. They confirmed they felt the service would act upon any concern raised. One person described a minor concern they had raised and how it had been dealt with immediately and to their satisfaction. One relative told us they had never had to complain and said they had: "Never had a problem with them."

Relatives confirmed they were asked their opinion on how things were going. This could be in telephone calls or during visits to their homes.

A local authority care manager confirmed the service was responsive to people's needs and felt the company provided a personalised service.

Is the service well-led?

Our findings

People benefitted from receiving a service from staff who worked in an open and friendly culture. Staff told us they got on well together and that management worked with them as a team. A relative told us: "Everyone is very open. I think they are great. I wouldn't be without them."

People benefitted from a staff team that were happy in their work. Staff told us they enjoyed working for the service. They were confident they could take any concerns to the management and would be taken seriously, with action taken where appropriate.

Staff told us managers were open with them and always communicated what was happening at the service and with the people they support. They felt well supported by management with one staff member saying managers: "are available all the time on the telephone." Another told us: "They listen."

As the staff team was small, there were no formal staff meetings held. Managers had contact with the two support workers weekly and necessary information and feedback was provided during that contact. Staff felt they were kept informed of any changes in the support people received. Relatives also confirmed they were kept up to date.

Staff felt they were included in taking the service forward and told us management "always" asked for suggestions on how to improve the service provided. Relatives confirmed they had been asked for suggestions on improvements they thought would be useful.

Care plans, daily records and risk assessments were reviewed on a monthly basis. Staff checked the care plans each visit and managers checked them when they provided cover or visited people. The registered manager oversaw and monitored staff training and kept a log of what training people had received or needed to be booked.

Quality assurance survey forms were sent to people and their families annually to assess their satisfaction with the service. The forms asked questions relating to different aspects of the service provided. For example, whether people were involved in planning their care; how staff communicated; whether staff treated them with dignity and respect and whether staff met their needs. We saw the latest survey forms from three of the people who use the service. All the responses to the questions on the survey forms were positive.

A local authority care manager confirmed they felt the service was well-led and worked well with them. They commented: "They always return my calls and always co-operate with any changes." Relatives also felt the service was well managed. One relative commented: "They are very professional, I think they are very good."

All of the service's registration requirements were met and the registered manager was aware of incidents that needed to be notified to us. Records were up to date, fully completed and kept confidential where required.