

Care Matters (Homecare) Limited

Care Matters Teesside (Homecare) Limited

Inspection report

Unit 2
Orde Wingate Way
Stockton On Tees
Cleveland
TS19 0GA

Tel: 07841507796
Website: www.carematters.co.uk

Date of inspection visit:
23 January 2019

Date of publication:
22 February 2019

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 23 January 2019.

Care Matters Teesside (Homecare) Limited is a domiciliary care agency. It provides personal care to people living in their own houses. All 46 of the people supported by the service at the time of the inspection received support with their personal care.

The service had a registered manager. The registered manager had been in post since September 2018. 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.

This was the first inspection of the service since it registered with the Care Quality Commission (CQC) in July 2018.

We found that some risks to individuals were documented but information was missing or contradictory around other risks. People's plans of support did not always contain accurate up to date information. Support plans required review as some information was missing and some of the information recorded was contradictory.

We identified some gaps in medicine records and a lack of information relating to people's health conditions.

The registered manager had implemented some quality assurance checks however these were not yet robust and required further development. Whilst accidents and incidents were recorded there was no evidence of a system in place for analysing these to identify any themes and trends.

We identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to good governance.

You can see what action we told the provider to take at the back of the full version of this report.

We found that staff members knowledge of safeguarding was variable and they had not all received safeguarding training. However, this had been scheduled to take place.

People told us that staff sought consent before carrying out tasks with them. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. However, staff did not receive any specific training in the Mental Capacity Act 2005 (MCA) and some staff lacked knowledge of the actions to be taken if

a person lacked capacity to make a decision for themselves. We have made a recommendation about staff training on the MCA to improve their knowledge.

Records showed that people's relatives signed some plans of support when there was no evidence available that they had the legal authority to do this.

Recruitment policies minimised the risk of unsuitable staff being employed and checks were carried out before staff commenced work. However, we found that there were some gaps in recruitment records related to references. This had been identified and was being addressed by the registered manager.

Sufficient staff were employed to meet people's needs. Staff were supported through their induction and had regular supervision meetings.

Staff did not always show an up to date knowledge of people's nutritional needs and information relating to these was not always available in people's files.

People's needs were assessed on admittance to the service. The registered manager told us they had recently developed an improved pre-admission assessment to ensure people's needs could be met fully prior to their support from the service commencing.

Staff supported people to maintain their health and access healthcare services when needed. Most people and their relatives told us that staff were kind and caring and promoted their dignity. Feedback from people, relatives and staff about the service had been sought and was generally positive.

Staff told us how they respected people's rights and maintained their privacy. People and relatives told us staff were very respectful. Further information needed adding to some care files to ensure all support plans were person centred.

People and their relatives told us they knew how to complain. A complaints policy and procedure was in place. Complaints that had been received had been managed appropriately.

Staff knew how to support people with end of life care in a compassionate way.

Infection control policies and procedures were followed to support the control of infection.

Contingency plans were in place to ensure people's needs could be met in the event of an adverse incident.

The people and the staff we spoke with were positive about the leadership and management of the service. The service was working in partnership with other agencies to meet people's needs.

This is the first time that the service has been rated as Requires 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?

Requires Improvement 

The service was not always safe.

Risks associated with people's care and medical conditions were not always documented.

Medicines were not always recorded appropriately.

There were some gaps in recruitment records.

Staff knew how to recognise and report any safeguarding concerns.

Is the service effective?

Requires Improvement 

The service was not always effective.

Staff did not always show an understanding of the requirements of the Mental Capacity Act 2005.

People's nutritional needs were not always recorded appropriately. Staff were not always clear about people's nutritional needs.

Staff told us they were supported through induction and regular supervision.

Is the service caring?

Good 

The service was caring.

People and their relatives spoke very positively about care staff.

Staff displayed caring attitudes towards people and understood the importance of maintaining people's dignity.

Feedback was sought from people and their relatives

Is the service responsive?

Good 

The service was responsive.

The service was flexible in meeting the needs of people

People knew how to complain if they chose to do so.

Staff knew how to support people who were coming to the end of their lives with compassion.

Is the service well-led?

The service was not always well led.

Quality assurance processes were not robust.

We saw that the management team had a shared vision to improve and develop the service. They responded positively to our feedback on the day of inspection and were open to making changes to improve the service.

Staff told us they felt supported and could approach the new registered manager if they needed to.

Requires Improvement 

Care Matters Teesside (Homecare) Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We gave the service 48 hours' notice of this comprehensive inspection because the location provides a domiciliary care service and we needed to be sure that someone would be at the office to assist with the inspection. We visited the office location on 23 January 2019 to see the registered manager and office staff; and to review care records, policies and procedures. We spoke with eight people who received personal care from the service and five of their relatives on the telephone on 23 January 2019.

The inspection team consisted of one inspector and an assistant inspector. An Expert by Experience spoke to people and their relatives by telephone. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed information we held about the service such as notifications of serious events. We contacted the commissioners of the relevant local authorities, the local authority safeguarding team and other professionals who worked with the service, to gain their views of the care provided.

As the service had been registered with CQC for less than a year at the time of this inspection they did not complete a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

We looked at five plans of support and four people's medicine records. We spoke with nine members of staff; the registered manager, a coordinator and six care staff. We also spoke with the registered provider. We reviewed five staff files, which included recruitment records. We also looked at records involved with the day

to day management and running of the service.

Is the service safe?

Our findings

We found that risks to people had not always been assessed and recorded appropriately. Staff did not always have the guidance they needed to help people remain safe. We found that one person's support plan stated they used a tripod aid to mobilise however another area of their plan stated that the person could no longer use mobility aids. This meant the person could be at risk of staff helping them mobilise incorrectly. Another person's social work assessment stated that they were at high risk of falls. The risk assessment completed by the service stated that the risk was minor. We discussed this with the registered manager who informed us that this was because the person was usually cared for in bed however the risk assessment and care file did not make this clear.

Records showed that some people had health conditions however there was a lack of information available to staff regarding these and no recorded guidance for staff in how to minimise the associated risks. For example, one person had diabetes but there was no information available for staff about the signs of high or low blood sugar and the actions they should take in the event of the person becoming unwell. A staff member told us, "We just have to read the care plan, we don't get training into individual conditions." We brought this to the attention of the registered manager who informed us they would address this matter to increase the guidance available to staff.

We looked at medicines management. People told us they received their medicines as prescribed. One relative said, "They always arrive at the right time to give [person's] medication, they make sure [name] has a drink available." However, improvements were required for record keeping in this area. Where people received 'as required' medicines there was no guidance for staff in the form of a protocol as to when these should be given. We found handwritten medicines administration records (MAR) were not signed by the person who had completed them. The amounts of medicines received were not recorded therefore audits could not always ascertain if the correct amounts remained in stock. We discussed these issues with the registered manager who told us they would ensure the required documentation was completed.

Whilst there was no evidence of people being adversely affected by the gaps we found in records they did increase the potential risk of harm or injury occurring to people. All except one person said they felt safe at the service. We passed on this person's concerns to the registered manager.

We spoke to some staff members and found their knowledge of safeguarding systems and processes was limited. However, all the staff we spoke with said that they would report any concerns and felt confident the registered manager would deal with issues raised appropriately. Safeguarding training for staff had been scheduled to take place shortly after the inspection.

Recruitment checks were carried out before staff started work, to ensure they were suitable to work with vulnerable people. This included seeking references from previous employers and a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and adults. This helps employers make safer recruiting decisions and minimise the risk of

unsuitable people from working with children and vulnerable adults. We found some gaps in recruitment records relating to references. We discussed this with the registered manager who was aware of the matter and was taking action to address it.

There were sufficient staff to meet people's needs. Senior staff were on call out of hours for staff on duty to contact if support was needed.

People and relatives told us they felt staffing levels were sufficient. Most people told us that their planned calls were on time. One person told us "They always try to send the same people." Staff informed us that there were enough people employed by the service to meet people's needs.

Training was provided to staff in the prevention and control of infection. They told us they had the equipment they needed made available to them such as gloves and aprons to undertake tasks safely.

The service had a business continuity plan which set out how people's needs would continue to be met in the event of an adverse incident such as severe damage to the office, bad weather or staff shortages.

Accidents and incidents were recorded however there was no evidence that these had been analysed to identify theme and trends.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.

We spoke to staff about how they followed the MCA in their day to day practice. We found that they were not always familiar with the principles and codes of conduct associated with consent. We discussed this with the registered manager who told us the MCA was 'touched on' in staff induction however there was no evidence of them receiving any specific training in this area. The registered manager recognised this was an area requiring development.

We saw that some people had signed their agreement to their plans of support however, we also saw that some relatives had signed on people's behalf when there was no documentation available to show that they had the legal authority to do so. We brought this to the attention of the registered manager who told us they would address this issue. We recommend that the service finds out more about training for staff, based on current best practice to improve staff knowledge in relation to the MCA.

The registered manager told us the service did not have any individual best interest decisions recorded for people. That this was because people currently supported could make their own decisions on a day to day basis. The registered manager understood their responsibilities in this area.

Records regarding people's nutrition were not always comprehensive and staff were not always aware of people's nutritional needs. One person's support plan stated that they required a soft diet. A staff member who had worked with the person recently told us that the person did not have any specific dietary needs. The person's file noted they had received some input from the speech and language therapy team however this there was no additional information about this or advice from the team recorded. We discussed this with the registered manager who informed us that there had been no impact on the person and they would discuss the matter with staff and update the persons file.

People's care files included important information about the person, their desired outcomes and plans of support. Support plans covered areas such as communication, health needs and personal care. The level of detail in the information recorded in people's care files was variable and some required improvement. The registered manager told us that they were aware this was an area requiring development and that now they were settling into their post they would like to start them all over again "from scratch".

Following an issue with one person's equipment the registered manager told us they had recently implemented a new pre-admission assessment to ensure people's needs could always be fully met by the service prior to the person's package of care commencing.

Newly recruited staff completed an induction and some training before they supported people. They also

shadowed more experienced staff until they felt confident. One staff member told us, "I shadowed for a week, they [management] said shadow until you feel comfortable."

Staff told us they were supported through regular supervision meetings with their line manager. One staff member said, "I had a one to one supervision session last week. The manager asked if I had any problems or if there was anything I need to speak about." A staff member told us, "Every time we come into the office [name of registered manager] asks us if there is any training we want to do."

Most people and their relatives told us they thought staff had the skills and knowledge needed to provide effective support. One person told us, "All the staff know what they are doing, if there is a new member of staff they come with experienced staff to be instructed how to care for me." Another person said, "I use a wheelchair, I am paralysed, they have to move my legs, I need to know that they are doing it properly, I've been with this agency for two years, they are the best."

Spot observations of staff practice took place including how they completed tasks and their interactions with people. This helped ensure staff were competent and professional in their roles.

People were supported to access external professionals to monitor and promote their health. Care records contained evidence of collaborative working with healthcare professionals such as with GP's and district nurses.

Is the service caring?

Our findings

All the people we spoke with except one were very positive about the support they received from staff at the service. One person told us, "They make me feel special, they never say no, if they can do it they will. They go above and beyond; this company is one of the best."

A relative said, "I can't praise the staff highly enough, other companies have been horrendous. I have never felt so relaxed, knowing that [person] is being well cared for." Another relative told us "My [relative] has no communication but when the carers walk in [person's] eyes light up, they are so relaxed with the care they give."

People and their relatives said staff treated them with respect and helped them to maintain their dignity and independence. One person told us "They always close the curtains before changing me." A second person said, "They always involve me in choosing my clothes, they protect my dignity by covering me up when I'm being changed." Another said, "I wear pads and they can be very uncomfortable, they [staff] just don't put the pad on me, they make sure they get it just right for me, they take their time."

One person told us that they liked to be as independent as possible, they said, "The carers know I like to be independent, if I am struggling they will help otherwise they encourage me to do it myself." Another person said, "I like to do my own shopping, the carers come with me, I write the list but they carry the shopping and put it away when we get home."

One relative told us, "My [relative] has bone cancer, they are very careful when they wash him, they are also very gentle, my main priority is that they care for him safely."

We saw that compliments had been received on the caring nature of the staff team.

The service had a policy on equality and diversity. Staff knew people's communication needs well.

People told us that the registered manager sought feedback from them. One person said, "I have spoken with the manager, they always ask if things are running smoothly." Another person said, "I have a say on most things, I do like to have a voice, they always listen."

We saw during this inspection that people's confidential information was stored securely when not in use.

Advocacy information was available for people if they required support or advice from an independent person. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known.

Is the service responsive?

Our findings

People told us that staff provided care and support in line with their personal preferences, wishes and needs. People were allocated individual packages of care to meet their needs. One person told us, "I have a care plan, I do it with my care coordinator, we have regular reviews, I'm very vocal, they listen to what I say."

Most people and relatives told us the service was flexible. One person commented, "I do some voluntary work, staff look at my allocated hours and work around my commitments."

People told us staff were responsive to their needs. One person told us, "They look at my notes before they do anything they always ask how I am feeling." Another said, "The first thing the carers do when they come is read my care plan to check if anything has changed."

A staff member told us they were about to support a person with a social call. They said, "That's why I'm not in uniform, that's why I'm in black and have my ID badge as [person] doesn't feel comfortable going out with someone who looks like they are in a nursing uniform. It's the person's choice."

People accessed local facilities such as hairdressers and shops with staff. One person was accompanied each week to their local supermarket to buy food. Staff then aided the person to make a meal for themselves and their family. People had social visits into the local town to help minimise social isolation. Staff supported people to use sensors and pendants to help them stay independent in the community.

We found that some people's care files contained person centred information. Being person-centred is about focusing on the needs of the person rather than the needs of the service. Some files contained clear, person centred information about the person and how they wished to be supported. For example, one person's plan stated that their desired outcome was to stay at home as long as possible. They wished to maintain their independence and their plan noted, 'This can be achieved by letting me do what I can on my own. Others care files required improvement in this area as they focused on the tasks staff would carry out rather than what mattered most to the person. Following this inspection, the registered manager sent us an action plan to say that all plans would be reviewed.

Most people told us that staff supported them with their healthcare needs. One person told us that staff support them to attend GP appointments, they said "They [staff] come in early so I'm not late for my appointment."

The Accessible Information Standard requires staff to ask, record, flag and share information about people's communication needs and take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it. The support files we reviewed contained information on how the person communicated their wishes. The registered manager told us that information would be made available to people in alternative formats such as large print on an individual basis, as and when they needed it.

A complaints policy and procedure was in place. Records were in place to show the nature of the complaint, the action taken to resolve complaints and the outcomes. People told us they felt their complaints would be listened to and acted upon. One relative said, "Neither [name of relative] or me were getting a weekly rota and changes were being made without telling me, I rang the manager and it has been sorted."

At the time of the inspection no one was receiving end of life care. The provider informed us that they had policies and procedures in place for staff to follow to support people with end of life care should this be needed. Staff showed an understanding of how to care for people in a compassionate at this important time. We saw a thank you card that stated, 'I can't thank you enough...I will never get over losing [person] but thank you for the extra mile and making our last month's together more bearable.'

Is the service well-led?

Our findings

This announced inspection took place on 23 January 2019.

Care Matters Teesside (Homecare) Limited is a domiciliary care agency. It provides personal care to people living in their own houses. All 46 of the people supported by the service at the time of the inspection received support with their personal care.

The service had a registered manager. The registered manager had been in post since September 2018. 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.

This was the first inspection of the service since it registered with the Care Quality Commission (CQC) in July 2018.

We found that some risks to individuals were documented but information was missing or contradictory around other risks. People's plans of support did not always contain accurate up to date information. Support plans required review as some information was missing and some of the information recorded was contradictory.

We identified some gaps in medicine records and a lack of information relating to people's health conditions.

The registered manager had implemented some quality assurance checks however these were not yet robust and required further development. Whilst accidents and incidents were recorded there was no evidence of a system in place for analysing these to identify any themes and trends.

We identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to good governance.

You can see what action we told the provider to take at the back of the full version of this report.

We found that staff members knowledge of safeguarding was variable and they had not all received safeguarding training. However, this had been scheduled to take place.

People told us that staff sought consent before carrying out tasks with them. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. However, staff did not receive any specific training in the Mental Capacity Act 2005 (MCA) and some staff lacked knowledge of the actions to be taken if a person lacked capacity to make a decision for themselves. We have made a recommendation about staff

training on the MCA to improve their knowledge.

Records showed that people's relatives signed some plans of support when there was no evidence available that they had the legal authority to do this.

Recruitment policies minimised the risk of unsuitable staff being employed and checks were carried out before staff commenced work. However, we found that there were some gaps in recruitment records related to references. This had been identified and was being addressed by the registered manager.

Sufficient staff were employed to meet people's needs. Staff were supported through their induction and had regular supervision meetings.

Staff did not always show an up to date knowledge of people's nutritional needs and information relating to these was not always available in people's files.

People's needs were assessed on admittance to the service. The registered manager told us they had recently developed an improved pre-admission assessment to ensure people's needs could be met fully prior to their support from the service commencing.

Staff supported people to maintain their health and access healthcare services when needed. Most people and their relatives told us that staff were kind and caring and promoted their dignity. Feedback from people, relatives and staff about the service had been sought and was generally positive.

Staff told us how they respected people's rights and maintained their privacy. People and relatives told us staff were very respectful. Further information needed adding to some care files to ensure all support plans were person centred.

People and their relatives told us they knew how to complain. A complaints policy and procedure was in place. Complaints that had been received had been managed appropriately.

Staff knew how to support people with end of life care in a compassionate way.

Infection control policies and procedures were followed to support the control of infection.

Contingency plans were in place to ensure people's needs could be met in the event of an adverse incident.

The people and the staff we spoke with were positive about the leadership and management of the service. The service was working in partnership with other agencies to meet people's needs.

This is the first time that the service has been rated as Requires Improvement.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>2.(a) (b) (c)</p> <p>The provider had failed to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.</p> <p>The provider failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.</p> <p>The provider failed to maintain securely an accurate, complete and contemporaneous record in respect of each service user.</p>