

Matn Limited

# Matn 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

Matn Limited is a domiciliary care agency providing support for people in their own homes. Not everyone using the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection there were 9 people using the service.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

### Right Support

Systems to monitor and review how people are supported with their medication required improvement. There were enough staff to meet people's needs. People were involved in developing their care plans. Staff supported people in the least restrictive way possible and in their best interests. People were encouraged to maintain their independence.

### Right Care

Care was person-centred and people were happy with the support they received. People's dignity and privacy was maintained and promoted by the service.

### Right Culture

Governance arrangements for the service required improvement. Staff did not always follow its systems and processes effectively. The registered manager had a clear vision about the service would grow and develop. The provider was able to demonstrate a culture of emotional support for people including members of staff.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 8 December 2021 and this is the first inspection.

### Why we inspected

This inspection was prompted by a review of the information we held about this service. You can see what

action we have asked the provider to take at the end of this full report.

#### Enforcement and Recommendations

We have identified a breach in relation to the governance of the service at this inspection.

We have made recommendations regarding recruitment and staff training.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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** ●

# Matn Limited

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

This inspection was carried out 'using remote technology'. We used electronic file sharing to gather information and phone calls to engage with people using the service as part of this performance review and assessment. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. We visited the service's office to have a conversation with the management team.

#### Inspection team

The inspection was carried out by 1 inspector.

#### Service and service type

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

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with CQC to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave short notice of the inspection in order for the registered manager to provide us with the documentation we needed to look at.

Inspection activity started on 14 February 2023 and ended on 30 March 2023. We visited the service's office

on 28 February 2023 and had a video meeting with the management team on 30 March 2023.

#### What we did before the inspection

We reviewed information we had received about the service since it was registered. We used information gathered as part of monitoring activity that took place on 18 January 2023 to help plan the inspection and inform our judgements. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 3 people who used the service. We talked with the registered manager (who was also the nominated individual), the care co-ordinator and 3 members of staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 3 people's care records and 3 staff files. We reviewed records relating to the management of the service, including audits and policies and procedures.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. 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.

### Using medicines safely

- Staff did not always record when they had administered some people's medicines.
- An effective system to audit care notes around medications was not in place.
- The registered manager carried out spot checks to assess the competency of staff to administer medication.

### Staffing and recruitment

- Disclosure and Barring Service (DBS) checks were carried out for members of staff but there was one instance where a standard check was completed rather than an enhanced check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

We recommend the provider reviews its systems and processes for carrying out recruitment checks and updates its practices accordingly.

The registered manager took immediate action following the inspection to ensure the correct recruitment checks were completed.

- People told us there were enough staff to meet their needs. One person said, "I get the same, regular staff."

### Systems and processes to safeguard people from the risk of abuse

- Not all staff had completed safeguarding training to protect people from the risk of abuse. We recommend the provider reviews its systems and processes for staff training and updates its practices accordingly.
- Staff who had accessed safeguarding training confirmed they knew what to do raise an alert, "I would inform my manager and raise an alert by completing a Safeguarding Adult form and pass it on the Local Authority."
- People told us they felt safe with the carers. One person said, "[The carers] make me feel safe and they look after me."
- The service had appropriate safeguarding policies and procedures in place.

The registered manager took immediate action follow the inspection to address staff training.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The registered manager confirmed there was no process to share learning across the staff team when things went wrong. The registered manager took immediate action following the inspection to address this.
- Risk assessments were completed in people's care plans. They provided a description of the identified risks and how care and support should be delivered.
- A risk assessment policy was in place and reviewed annually.

#### Preventing and controlling infection

- Staff knew how to prevent and control infection. One member of staff told us, "I make sure that I use sanitiser to kill germs and practice safe ways of doing things like washing my hands and changing gloves and aprons."
- Staff had access to supplies of personal protective equipment (PPE) including masks, gloves and aprons and people confirmed PPE was used appropriately in their homes. One person told us, "Yes, [staff] wear gloves, aprons and masks. When they have finished with them, they put them in the bin outside."
- The service had infection prevention and control policies and procedures in place and staff demonstrated they understood them.



# 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.

This is the first inspection for this newly registered service. This key question has been rated 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.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The provider had records in place for obtaining people's consent to care and support.
- Staff demonstrated that they understood the principles of capacity and consent. One member of staff told us, "I complete a mental capacity assessment to confirm the person can consent. I record that consent in the care plan."

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

- People's needs were assessed and care plans were developed using information gathered during initial assessments but some care plans lacked detail.
- People and their relatives were involved in completing their care plans. One person told us, " Yes, I was involved in developing my care plan."
- There was an electronic visit monitoring system which kept a record of the time and duration of care calls. People confirmed that carers arrived on time and stayed for the length of time agreed in their care plan.

Staff support: induction, training, skills and experience

- Staff confirmed they accessed a range of face-to-face training courses as part of the induction process into the organisation. With the exception of safeguarding, staff received sufficient training to prepare them for the role.
- Staff told us their induction programme covered everything they needed to work unsupervised confidently.
- Members of staff received supervision at least once a month and accessed additional support when

needed. Where staff told had not had any recent supervision sessions, they confirmed they could phone their manager for support whenever they needed it.

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

- Staff supported people with their nutritional needs and offered them choices when they prepared food and drinks at mealtimes.
- Some of the people who use the service required minimal support with their meals. One person told us, "They heat up meals for me and make me drinks. They don't do the shopping for me though, [relative] does this."
- Staff received training on food preparation and safety. Care notes evidenced provision of support for people living with diabetes.

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

- The registered manager worked with other agencies to ensure appropriate care for people they supported.
- Family members invited staff to meetings with professionals so they could provide information and updates about care and support.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- Staff carried out care tasks in a way that was respectful and upheld people's privacy and dignity.
- Staff supported people to maintain their independence and to make choices. One member of staff told us, "I would always try to help them to help themselves and give them choices. I encourage them do the tasks they are able to."
- People confirmed that carers were polite and respectful and that their privacy and dignity was respected. One person said, "They are all good. Overall, I am very happy."

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

- People were happy with the quality of support they received. One person told us, "The carers are very good. They are a credit to caring and they look after me."
- Staff told us that they treated people as individuals and made them feel valued, involved and appreciated.
- People's beliefs and cultural needs were recorded in their care plans.

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

- Staff demonstrated they understood the importance of listening to people's views.
- People confirmed they were involved in development and review of their care plans. One person told us, "Any changes are discussed with me."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- The provider ensured people were aware of how to complain or comment on the service.
- The registered manager dealt with complaints effectively but did not keep a record of formal complaints. One person told us, "I made a complaint and the manager sorted it out straight away. I was happy with what they did."

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

- Care plans showed that people's individual needs and preferences had been taken into account when they were developed.
- People's daily visits were planned with clear information about their care needs and routines.
- Staff told us that they had received training around person-centred care. A staff member said, "I put the person I support first."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were recorded in care plans.
- Staff communicated clearly with people they supported. Spot checks by their manager reviewed how well they talked and engaged with people.

End of life care and support

- Nobody received end of life care or support at the time of inspection.
- People's advanced decisions had been recorded in their care plan.

# 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.

This is the first inspection of this newly registered service. This key question has been rated requires improvement. 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; Continuous learning and improving care

- The registered manager confirmed there was no process to record lessons learned when things went wrong.
- Quality assurance and governance systems to monitor the quality and the safety of the service were not effective. The registered manager had not identified gaps in medicine administration record charts or recruitment and there was limited oversight to ensure staff accessed training to keep people safe.
- Records were stored in paper and electronic formats and not always well organised which contributed to a delay in retrieving information.

Effective systems to assess and monitor the quality of the service and record keeping had not been fully established. This included records relating to medicines management. This was a breach of regulation 17 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People received feedback forms as part of the introduction pack to their service when their care started. No forms had been returned at the time of the inspection but there were positive reviews and feedback about the service online.
- People were happy with the care and support they received. One person told us, "[The carers] come on time and stay for the right amount of time. They will do anything I ask them to do or anything I need help with."
- A member of staff told us they worked with other professionals to ensure the provision of effective care and support.
- The provider demonstrated a holistic approach to the provision of emotional support for staff to ensure their well-being.

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 responsibilities in relation to the duty of candour and encouraged an open and honest culture at the service.

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>Effective systems to assess and monitor the quality of the service and record keeping had not been fully established. This included records relating to medicines management.</p> <p>Regulation 17 (1)(2)(a)(b)(c)</p>