People Matters (West Yorkshire)

People Matters

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?	Requires Improvement

Summary of findings

Overall summary

A comprehensive inspection of People Matters, took place on 30 October and 1 November 2018. This inspection was unannounced.

People Matters is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to children 13-18 years, children 4-12 years, people with a learning disability or autistic spectrum disorder, physical disability, older people and younger adults.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Not everyone using the service receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection there were four people in receipt of personal care from the service. The provider registered with the CQC on 1 November 2017 and this was the providers first inspection

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the CQC 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.

Medicines were not managed safely. On day one of the inspection one medicine was being administered but no records of administration had been completed and some staff administering this had not been trained in medicines management. Appropriate actions had been taken on the second day of the inspection to ensure safe management of medicines.

The provider had robust systems and procedures in place to keep people safe and staff were competent in their knowledge of what constituted abuse and how to safeguard people. There was a whistleblowing policy in place and staff knew how to raise concerns should this be required.

Risk assessments had been completed and reviewed regularly. Accidents and incidents were managed effectively and actions taken to mitigate future risks.

Staffing levels were sufficient to meet people's needs and safer recruitment procedures were being followed to ensure people were of suitable character to work with vulnerable people.

Staff carried out training to ensure they had adequate skills and knowledge to meet people's needs.

However, we found staff carried out certain tasks when they had not completed training to ensure their competence. Appropriate action had been taken on the second day of the inspection and the registered manager told us only trained staff would administer medicines.

Staff were supported with regular supervisions and appraisals. Staff told us they felt supported by the manager and were encouraged to develop their skills and knowledge by completing specialist training or education.

Staff were caring, kind and respected peoples wishes. We saw people were encouraged to remain as independent as possible. We found examples of how people had increased their independence following support from staff.

Care records showed people's needs were assessed before they started using the service and care plans were written in a person-centred way. Reviews were regularly carried out with people and their relatives.

Care plans included people's preferences, likes and dislikes. We found people made choices about their care and support. Activities took place with people accessing the service to prevent social isolation.

People were supported to prepare their meals and to maintain a healthy balanced diet. Health professionals were involved in people's care when required. Staff supported people to appointments and supported them in advance of these to reduce some people's anxieties.

People's privacy and dignity was respected. People were involved in their care planning and staff provided explanations to obtain consent from people.

We found that staff and the management understood their responsibilities under the Mental Capacity Act 2005. Capacity assessments were carried out when required. However, we found one capacity assessment which had not been updated since 2014. The provider told us they would ensure this was updated.

The registered manager was aware of the provider's complaints policy and procedures. No Complaints had been received and people told us they knew how to complain. There was an easy read complaints process in place for people to use.

Staff told us they felt supported by the management and felt confident to raise any concerns. The provider had positive community links. Some of these community links helped the provider to improve practice and embed new ideas into the service to drive improvements.

Regular meetings took place with people and staff within the provider's company to obtain feedback and inform people of changes within the organisation.

The provider had their own values which were imbedded within the service and followed by staff.

We found the provider had incomplete governance systems in place and these could not ensure the quality and safety of the service. We made a recommendation for the provider to put additional governance systems in place to ensure all areas of care are monitored.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Risk assessments were carried out and reviewed regularly. Incidents and accidents were managed effectively to mitigate risks.

People said they felt safe and the provider's safeguarding policy was followed by staff.

Staffing levels were sufficient to meet people's needs and recruitment processes were robust.

Is the service effective?

Good

This service was effective.

The provider followed the Mental Capacity Act 2005 (MCA) guidance.

Training was completed by staff to ensure their skills and knowledge were relevant to support the needs of the people they cared for. Medicines training needed to be completed by some staff.

People were supported to prepare their meals and supported to maintain their health and wellbeing.

Is the service caring?

Good

This service was caring.

Staff were kind and caring towards the people they cared for.

People's privacy and dignity was respected at all times and they were encouraged to remain as independent as possible.

People were involved in their care and regular reviews took place to ensure their needs were continuously met.

Is the service responsive?

Good

The service was responsive.

People received individualised care and support. They and the people that mattered to them, had been involved in identifying their needs, choices and preferences and how these should be met.

Reviews of people's experience had been recorded at each visit to ensure their needs were being met and to drive improvement.

A complaints procedure was in place which the registered manager was knowledgeable about and people said they knew how to complain.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The provider did not have complete systems in place to monitor all areas of care being provided.

People spoke positively about the management and felt they were supportive and approachable.

Meetings and reviews with people were carried out to gather people's views.

People Matters

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 checked 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 was a comprehensive inspection. This inspection took place on the 30 October and 1 November 2018 and was unannounced. This inspection was carried out by one adult social care inspector.

Before this inspection we reviewed information, we held about the service. This included reviewing statutory notifications that we had received from the provider. Statutory notifications are notifications of certain events and incidents that the provider has to inform the CQC by law. We used this information to help plan the inspection. We also contacted the local authority, local safeguarding team and Healthwatch to gather their feedback about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection we spoke with two people who used the service, one relative, the registered manager, the nominated individual and four staff members. We looked at a range of records including three staff files relating to recruitment, supervision, appraisal and training. We also looked at three people's care records which included care planning documentation, risk assessments and daily records. We viewed records relating to the management of the service, surveys, audits and a wide variety of policies and procedures.

Good

Is the service safe?

Our findings

People told us they felt safe when staff visited them in their homes and whilst out in the community. One person said they enjoyed the company of staff and felt safe. Staff were aware of how to keep people safe from possible harm or abuse. One staff member said, "We do safeguarding training. It's to make sure people are safe and not vulnerable." There was a safeguarding and whistleblowing policy which staff followed. There had not been any safeguarding incidents involving the people accessing services. However, the registered manager told us how they would manage these which included referrals to the local safeguarding team, investigations and notifications to the CQC.

One person using the service had their medicines administered. We asked the provider at the inspection whether anyone was administered medicines. We were informed on the first day of our inspection that no one received medicines. However, we found one care plan newly instructed staff to administer a cream. This medicine had been prescribed however, staff had not followed the provider's policy for administering medicines. We discussed this with the nominated individual and on the second day of the inspection a MAR for staff to complete had been put in place. We were also informed that only trained staff would administer this cream. There was no harm caused and no other people accessing care received medicines. We have addressed these concerns in the well-led domain.

Risk assessments were carried out, regularly reviewed and when levels of risk had reduced this had been recorded to show the improvements made. For example, one person previously displayed challenging behaviour toward others. However, this had significantly reduced in a two-year period after it was learnt that the person often became challenging when they felt rushed. The care plan had incorporated this information to instruct staff not to rush the person which had a positive impact on reducing their challenging behaviour.

Another person was at risk when in public as they would run off. A risk assessment was in place because the person had no safety awareness in public. Staff worked with the person to improve their knowledge of road safety. The person's relatives said, "Staff worked with them on this and they are now more aware of safety issues. They press the buttons and wait to cross the road. They hold hands with staff and they don't really run off now." This meant the support from staff had been effective as the risk had reduced.

Accidents and incidents had been managed effectively, when reported. The provider took action to address the administration incidents we found on inspection and appropriate actions were taken to ensure lessons were learnt. All other incidents had been recorded, investigated and actions taken to mitigate potential risks.

We found staffing levels were sufficient. People accessing care were provided with one to one support from staff at all times so their needs could always be met. Staff confirmed there was enough staff. One said, "Staffing levels are good. We have flexible working hours." Staff completed a one-page profile so people accessing care had the opportunity to find out about staff's likes, dislikes and interests. This meant people accessing care got to know the staff they were supported by.

The nominated individual told us they practiced safer recruitment. We looked at three staff files which confirmed checks had been carried out to ensure staff of suitable character were employed to work with vulnerable people. Checks included application forms, interview notes, confirmation of identity, two references and a Disclosure and Barring Service (DBS) check. These checks identify if prospective staff have a criminal record or are barred from working with children or adults at risk.

The provider had an infection control policy which staff followed to ensure everyone was safe from infectious diseases. One staff member said they always carried fresh gloves when supporting people to ensure they were equipped for any situation.

Good

Is the service effective?

Our findings

People and their relatives told us staff had sufficient skills and knowledge to support people accessing care. One relative said, "Yes the staff are well trained. They are brilliant. [Name] has the same three staff members."

There was a comprehensive induction programme for new staff. New staff had a probation period to ensure they were competent to carry out their work. New staff were also given a booklet about the provider, their values and information related to staff practice. New staff also completed the Care Certificate. The Care Certificate is an introduction to the caring profession and sets out a standard set of skills, knowledge and behaviours.

Staff were supported by the provider to develop their skills and knowledge. The nominated individual told us if staff wished to complete apprenticeships in health and social care they would financially support them to do this. Staff also said specific training based on individualised preferences were encouraged by the provider. For example, one staff member completed a course in Makaton sign language to improve their communication with a person using the service.

Staff carried out training that was arranged by the provider. Some of these courses included, safeguarding (adults and children), moving and handling, food hygiene and first aid. We found most staff had completed their training and when this was due to be updated the registered manager had arranged training. Staff said the training was effective and helped them to meet people's needs. Not all staff had been trained to administer medication. We discussed this with the registered manager as one person using the service newly required administration of their medicines. The registered manager told us they would ensure all staff administering medicines would be trained in the future to ensure safe practice.

People received regular supervisions and annual appraisals which supported their to develop their practice. One staff member said, "The manager is so understanding and supportive. The manager supports us on every aspect of the job and always there for you and has such knowledge. I get monthly supervisions."

Not all of the people who used the service had the mental capacity to make informed choices and decisions about all aspects of their lives. 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We discussed whether anyone in receipt of care from the service had a granted authorisation in place from the Court of Protection, to lawfully deprive them of their liberty in a community setting. The registered manager told us that to their knowledge none of the people they supported had such authorisations in place but should such authorisations be necessary in the

future, they would pursue this with the relevant parties.

We checked whether the provider was working within the principles of the MCA and found that staff and the management understood their responsibilities under the Act. However, we found one capacity assessment which had not been updated since 2014. This assessment had not been carried out or reviewed by the provider. The registered manager told us the persons lack of capacity remained the same, but agreed to a review of the persons assessment to reflect an up dated account.

Staff told us they always asked for consent before carrying out personal care. Care plans recorded people's communication needs to instruct staff of the best way to ensure people understood their care. For example, one care plan stated, '[Name] has good verbal skills however, can say they understand when they don't so skilled questioning is required to ensure they understand.' One staff member said, 'Some people can make some decisions. I would try to ask questions in different ways to see if people can understand it. If I felt a person couldn't consent, I would have a meeting with all the people involved in the persons care. Previously I have sought advice from citizens advice (regarding MCA).'

The nominated individual told us that no person currently accessing care required support with their nutrition needs. People were independent with their dietary and fluid intake. Some people were supported to prepare/buy food and staff encouraged people to have healthy, balanced meals.

People were supported to health appointments when required. We found staff worked with people to ensure they felt safe when attending appointments as some people experienced high levels of anxiety when accessing hospitals. For example, staff worked with one person to reduce their anxiety levels in preparation for a hospital appointment. Staff accompanied the person to the hospital in advance of their appointment to support them in getting used to the environment. The nominated individual said this had been effective as the person was used to going to the hospital. Their anxiety levels did not increase which meant they could access the health care needed.

Good

Is the service caring?

Our findings

We observed people using the service interacting with staff in the office. People appeared relaxed and comfortable in the company of staff members. There was positive interactions and staff knew people well. Relatives also told us staff were kind and caring. One relative said, "They (staff) are brilliant. They (staff) are easy to talk to and you can tell them your views." One person said they like going out with staff.

Staff were aware of people's individual preferences. Some people accessing the service had specific religious beliefs and values that were respected by staff. For example, one person regularly attended the mosque with their family members as this was important to them. Staff supported the person to the mosque and respected their beliefs. The care plan instructed staff of what was required when supporting the person including shoes being removed when entering the mosque. This ensured staff respected people diverse needs.

People were involved in all aspects of their care planning with staff. One relative said, "They liaise with me and offer choice about when they support [Name] and there is good communication." The provider's Board of Trustee's was inclusive of staff, relatives and people accessing the service. These meetings were held every six weeks and the minutes of these were published for all to see and to keep updated with any organisational changes.

We observed staff explaining to people about why we were present at the main office and the reasons for our visit. One person did not wish to go into another room to speak with the inspector in private and the staff member respected this wish and returned with the person to the main office.

Staff understood and respected people's privacy and dignity. Some people using the service required support with their toileting. To respect people's dignity, staff were encouraged to support people without embarrassment. One care plan instructed staff to support people to use toilets available for people with learning disabilities so they could be supported in private. Staff told us they carried a 'radar' key which allowed access to these facilities in the community. Another person was encouraged by staff to change their clothes if they were not clean prior to going out to promote positive wellbeing.

People were supported to be as independent as far as possible. We found care plans instructed staff on how to support people to be independent and this was followed. For example, one staff member said they previously supported a person in the community with their toileting needs. They said that with support from staff, they have now learnt to become more independent and use the toilet facilities while staff waited outside. This meant the person was more independent and gave them privacy.

The provider told us they did not have any person who had an advocate at the time of our inspection. An advocate is a person who can support others to raise their views, if required. The nominated individual told us that should anyone wish to have an advocate they used a local agency which people had access to.

Information about people was kept securely in locked cupboards at all times and the provider was

compliant with the Data Protection Act. Staff told us they were aware of keeping personal information confidential and they knew how to access this information. The nominated individual told us they were the lead for ensuring they followed the data protection act and this was discussed at every board meeting.

Good

Is the service responsive?

Our findings

Initial assessments were carried out by the local authority before people received care. This was to ensure their needs could be met before using the service. Care plans were detailed and instructed staff on how to support people. We found people's individualised needs and preferences had been recorded. For example, one person preferred to be called another name to that of their birth name. We saw the care plan was written in their preferred name and staff referred to them in their preferred name.

Following each visit, people using the service and staff completed a '4+1' document which focussed on feedback from people about their time spent with staff, whether this had been effective and what could by improved in the future. This meant staff were continuously looking at ways to meet people's needs and ensure they received person-centred care.

Staff were knowledgeable about people's likes and ensured activities were carried out to meet their preferences. We found people's interests had been recorded in their care files so staff knew what they enjoyed. For example, one person's care file said what they enjoyed. Another recorded a person choose to go to Blackpool and decided which staff they wanted to go with them. This person is now planning another trip away. People accessing care also attended evening groups which provided activities such as trampolining, swimming, cinema trips, climbing wall and bowling.

We found staff were aware of people's individualised preferences. For example, due to a person's religious beliefs, it meant Christmas was not part of their annual celebrations. However, the person enjoyed this holiday and wished to celebrate it. Staff supported the person to do this. We spoke with the person who said they were excited for Christmas and said they were planning to go out for dinner to celebrate this. The staff told us they supported the person to do this because it was something they enjoyed and had made this choice themselves.

The manager was aware of the Accessible Information Standard that was introduced in 2016. This standard aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand. They told us they provided and accessed information for people that was understandable to them. We found the 'members guide' given to people accessing care, had been provided in an easy read format and pictures to support people to understand the service. There was also information relating to complaints available in an easy read format.

The nominated individual told us that no complaints had been received. They were able to explain the process used to investigate any complaints and had a policy to follow should they need to use this. People using the service told us they felt they could discuss any concerns with the provider. Staff also said they felt confident to raise concerns or to record and inform the registered manager should people have any issues.

The service did not support anyone who was approaching the end of their life.

Requires Improvement

Is the service well-led?

Our findings

We found no medicine audits had been carried out which meant there was no oversight to ensure staff followed the providers medicines policy. We found staff had administered a cream for a period of two weeks with no record of administration. There were no medicines administration records (MARs) for when this cream had been applied and at what dose. One member of staff had administered the cream who had not received medicine administration training on two occasions.

Governance systems were in place to ensure there was oversight of some parts of the service. This included regular board meetings which discussed health and safety matters, safeguarding issues, data protection and ongoing improvements within the organisation. Observations of practice and occasional desk reviews were completed. However, specific audits were not carried out. We discussed the lack of complete monitoring with the provider as this may have highlighted the issue of the medicine being given without the policy having been followed. The registered manager and nominated individual said they would look at implementing a more comprehensive system to ensure all areas of regulated care are monitored.

Most reviews had been carried out annually with people and their relatives. We found one review which had not been carried out since 2016. We discussed this with the registered manager who agreed this was an oversight and would arrange a review immediately.

We recommended the provider implements additional governance systems to ensure all areas of care are monitored to ensure the quality and safety of the service.

The nominated individual told us that the service was a charitable incorporated organisation that supported people with learning disabilities. The provider had their own values which were imbedded within the service and followed by staff. The values included being flexible, inclusive and understanding that people matter. Working together to build a strong team and create relationships. To be honest, treat people with respect and be committed to ensuring people's success. To make adaptions to meet people's needs and helping to solve problems.

People using the service, relatives and staff were complementary about the leadership of the service and the supportive management. Comments included, "The manager is second to none, you can't fault them" and "The manager is the best manager I've ever had. Always answering calls or texts at any time, mega supportive. The manager is very fair and always come up with practical solutions. We all work as a team, we have a good support network. We help each other out and inform each other with anything new."

The provider continually looked at ways to drive improvement and encouraged change to provide high quality care. There was an improvement action plan in place based upon self-assessment within the provider information return process. There was an enablement and empowerment policy in place. This focused on the need for person-centred care by staff and enabling outcomes that have an impact upon people's lives. Annual reports were published which included details of people's stories who had accessed the service and improvements made. One of these was the 'theory of change' which showed how the

provider had now incorporated support for people to access employment and build upon their life skills to promote independence.

The provider had positive community links. They were apart of 'through the maze' which was an information service for people with learning disabilities. The provider was also a member of the Leeds learning disability partnership board and had been involved in the development of new strategies for the city. Actions from this had been embedded into their service. For example, they have recently devised a new employment service to help prepare people for employment. People accessing care were also included in the events put on by the organisation.

Meetings were held with people using the service, staff and relatives. Staff meetings discussed case studies and how accessing the providers services has had a positive impact on their life. For example, a person felt lonely and didn't go out very much. With the support from the service they are now involved in a variety of activities within the community, made friends and was now more independent.

Surveys had been carried out however, these were not specific to the service and reflected the views from people in the providers other services.