Match Options Ltd

Match Options

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

Summary of findings

Overall summary

Match Options is small a domiciliary care agency that provides care and support to people in their own homes. The agency provides support to people with a range of care needs, which include older people, people living with dementia and people with physical disabilities. On the day of our visit there were two people using the service.

The registered manager has been registered since February 2013. 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 and associated Regulations about how the service is run.

At our previous inspection in June 2015, we rated the service overall, 'requires improvement'. We found breaches in Regulations 9, 11, and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because care records did not reflect changes in people's care needs and did not adequately reflect people or their representatives' views. Consent was sought from those who did not have legal powers to give it and systems in place to monitor the service were not robust.

During this visit we found the service had made improvements in the areas identified.

Relatives said their family members were protected from unsafe care. Comments included, "I have no real concerns" and "No problems in regards to staff."

People were kept safe from abuse because staff undertook relevant training and demonstrated a good understanding of what procedures to follow when they suspected abuse had occurred. We noted safeguarding policy and procedures were in line with current legislation. Safe recruitment practices were in place and the service ensured there were sufficient staff to meet people's care and support needs.

People received care from staff who received appropriate induction; training; and supervision. Staff encouraged people who lacked capacity to make specific decisions, to make choices. They told us they sought people's consent before care was delivered. Relatives we spoke with confirmed this. People received support with their nutrition and hydration needs. This was supported by care records viewed and what staff had told us. Care records were in place to meet people's specific health needs and these were regularly reviewed.

Relatives told us they were happy with the care their family members received. "They (Staff) are very professional and caring" and "[Name of staff] is very nice and considerate."

Caring relationships were formed with staff and the people they provided care and support to. People's privacy and dignity was respected; promoted and they were supported to maintain their independence.

Relatives said the care delivered was personalised because staff knew their family members well.

People were involved in care planning decisions. People were supported to participate in meaningful activities. Care records documented people were given information on how to make a complaint should the need arise. However, relatives said they had no need to do this.

Relatives gave positive feedback about how the service was managed and staff felt supported by the registered manager. Systems were in place to manage, monitor and improve the quality of the service. The service used various ways to obtain feedback from people and those who represented them.

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.

People were kept safe from abuse because staff undertook relevant training.

Staff demonstrated a good understanding of what procedures to follow when they suspected abuse had occurred.

Safeguarding policy and procedures were in line with current legislation.

Safe recruitment practices were in place and the service ensured there were sufficient staff to meet people's care and support needs.

Is the service effective?

Good

The service was effective.

People received care from staff who received appropriate induction; training; and supervision.

Staff encouraged people who lacked capacity to make specific decisions, to make choices.

People received support with their nutrition and hydration needs.

Care records were in place to meet people's specific health needs and these were regularly reviewed.

Is the service caring?

Good

The service was caring.

Caring relationships were formed with staff and the people they provided care and support to.

People's privacy and dignity was respected; promoted and they were supported to maintain their independence.

Is the service responsive?

Good

The service was responsive.

Relatives said the care delivered was personalised because staff knew their family members well.

People were involved in care planning decisions.

People were supported to participate in meaningful activities.

Care records documented people were given information on how to make a complaint should the need arise. However, relatives said they had no need to this.

Is the service well-led?

Good

The service was well-led.

Relatives gave positive feedback about how the service was managed and staff felt supported by the registered manager.

Systems were in place to manage, monitor and improve the quality of the service.

The service used various ways to obtain feedback from people and those who represented them.

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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 inspection took place on 30, 31 January and 1 February 2017 and was carried out by an inspector. The provider was given 48 hours' notice to inform them the inspection was going to take place. We gave this notice to ensure there would be senior management available at the service's office to assist us in accessing information we required during the inspection.

For this inspection we did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we already held about the service. This included statutory notifications we had received. A notification is information about important events which the service is required to send us by law.

During this inspection we spoke with two relatives of people who used the service. We spoke with the registered manager and two care workers, reviewed two care records, two staff records and records relating to management of the service.

Good

Is the service safe?

Our findings

Relatives said their family members were protected from unsafe care. Comments included, "I have no real concerns" and "No problems in regards to staff."

People were kept safe by staff who recognised signs of potential abuse and knew how to raise safeguarding concerns. We heard comments such as, "I will look at changes in behaviour and report any concerns to my manager" and "I look for triggers like bruises or anything that doesn't look okay, I would report it." Staff said they had undertaken the relevant training, a review of their training records confirmed this. The service's safeguarding policy outlined staff should report all concerns to the registered manager; procedures to follow when dealing with alleged abuse and when a criminal offence may have been committed. We saw the contact details for the local safeguarding team. This ensured staff were aware of their responsibilities in relation to the safeguarding policy and procedures to prevent abuse.

Safe recruitment procedures ensured that people were supported by staff with the appropriate experience and character. This included satisfactory evidence of new workers' employment histories, explanations for gaps in employment and confirmation of why they had left previous roles. Staff criminal history checks were completed via the Disclosure and Barring Service (DBS). Satisfactory proof of new staff's identity was in the personnel files, medical assessments were completed. This ensured people were cared for by staff who were fit and proper for employment.

Risk assessments were undertaken and in place to ensure people's safety. 'Service user risk assessments' identified any risks with appropriate measures put in place to minimise them. For instance, where people were considered at risk of falling we saw completed moving and handling plans were in place. Staff gave examples of what they would do to protect people from harm. Comments included, "When I am working I ensure there's nothing that could cause [Name of person] harm" and "[Name of person] loves swimming I am always with them when they go because they have been assessed at risk of slipping."

Occasionally people became upset, anxious or emotional. This was evident for one person who staff provided care and support to. A review of their care record showed a 'contingency/crisis plan' for aggressive behaviour was in place. This documented the behaviour displayed whilst the person experienced an episode and what staff should do to diffuse the situation. We noted these were completed in conjunction with a staff member, the person and their family member and was regularly reviewed. This ensured people were appropriately supported when they became distressed.

There were sufficient numbers of suitable staff employed to keep people safe and to meet their needs. Relative's comments included, "[Name of person] has two carers that attend. One carer comes from 7am to 3pm and other one from 11pm to 7am. Family are there in between those hours" and "I've been quite impressed with the cover provided." Staff told us they had been working for the service for a number of years and had consistently, over those years provided cover to the same people. This was confirmed by the registered manager and the relatives we spoke with.

Peoples' medicines were managed and administered safely. A relative commented, "Staff administer [Name of person]'s medicines with no problem" and "[Name of person] is on (Name of medicine) which means they have to have regular blood tests." Staff demonstrated their knowledge of how to administer medicines in line with the service's medicines policy and procedure. For instance one care worker commented, "We ensure medicines are kept safe and secure. We check the labels on the medicines to ensure they relate to the correct person. After administration we complete the MAR (medicine administration record). I can't sign the MAR until I am sure [Name of person] has actually taken the medicine." We noted a completed 'medicines policy and procedure authority to handle medications control sheet'. This contained signatures of all staff responsible for the administration of medicines with specific training they had undertaken. This meant staff were aware of their roles and responsibilities in relation to supporting people with their medicines safely.

Good

Is the service effective?

Our findings

At our previous inspection in June 2015, we rated this key question 'requires improvement'. We found a breach with regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because where people lacked capacity to make specific decisions there were no evidence to show those who made decisions on people's behalf had the legal power to do so. The service did not ensure staff who obtained consent from people were familiar with the principles of the Mental Capacity Act (MCA) as some staff had not undertaken relevant training.

During this visit we found people's rights were protected because staff understood the issues of consent, mental capacity and had undertaken the relevant training. This was demonstrated in our discussions with staff. For instance, one staff member spoke about an incident that made them believe someone's liberty was being deprived. The staff member had reported their concerns to the registered manager who took appropriate action and notified the relevant health professionals. This was supported by the registered manager and documented in the person's care records. Where people lacked capacity to make specific decisions care records instructed staff to encourage them to make decisions by offering them choice and consent was only sought from people who had legal authority to give it. This meant the service worked within the principles of the MCA.

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 Mental Capacity Act 2005. Domiciliary care services must apply to the Court of Protection for legal authorisation to deprive a person of their liberty.

People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. Relatives felt this to be true and based this upon how well their family members were cared for. For instance one relative commented, "They (staff) are very professional and caring." They went on to comment, "Staff arrange all of [Name of person]'s health appointments."

Staff received appropriate induction. Comments from staff included, "I had to complete training as part of my induction. It was helpful and helped me to understand what I had to do" and "I was inducted and as part of my induction was introduced to the people I would be caring for." We saw a comprehensive induction program was in place for new staff. This included completed 'Domiciliary Induction Check Lists' which documented amongst others, what relevant experience new staff members had; training completed and training required. Inductees were given questionnaires which assessed what they would do in different scenarios. For instance, what would they do if they found a person was not given correct care? Shadowing records captured inductee's competency to carry out practical care tasks in line with the service's policies and procedures. This meant people were cared for by staff who were appropriately prepared for their roles.

Staff were appropriately trained, supervised. Staff said they had attended essential training on a yearly basis as well as refresher training. A review of their training records confirmed this. We saw supervisions (one to one meetings) were undertaken on a regular basis. Staff told us how they benefitted from these meetings. Comments included, "[Registered manager' name] is very good because she wants to know what's going on

and will tell us well done for good work" and "We talk about our problems and what support we need." A review of supervision records showed discussions held with staff about compliance; training; company updates and the people they provided care to. We noted end of year appraisals reviewed staff's overall performance. This meant staff received on-going supervision in their role to make sure their competency was maintained.

Where applicable people were supported to have enough to eat and drink. This was supported by relatives and staff we spoke with. For instance a relative commented, "Staff will prompt and assist [Name of person] to make meals." This was further supported by the person's care worker who commented, "I encourage [Name of person] to make her meals. She eats a lot of vegetables. I will report any concerns to the manager who would contact the dietitian." We reviewed the person's care records which stated staff should encourage the person to make their own meals under supervision, allowing them to make a choice of what they want to eat. This meant people were supported to have adequate nutrition and hydration to sustain life and good health.

People's care records showed relevant health and social care professionals were involved with people's care. Care plans were in place to meet people's specific health needs and were regularly reviewed.

Good

Is the service caring?

Our findings

Relatives told us they were happy with the care they received. "They (Staff) are very professional and caring" and "[Name of staff] is very nice and considerate."

Caring relationships were formed with staff and the people they provided care and support to. This was confirmed by a relative who commented "Staff have been working with [Name of person] for a while so they know her very well." This was supported by a care worker who told us about the person's care needs and their interests. We reviewed the person's care record which confirmed what the staff member had said.

Relatives said they and their family members were involved and supported in planning and making decisions in regards to the care being provided. Care records showed 'Home Care Reviews' these captured people's views about the care provided and if they had any concerns. For instance, we noted a person had expressed their happiness with the support received and were now able to participate with house chores. The person confirmed they were aware of how to raise concerns. The person's care worker explained how they involved them in their care. We heard comments such as, "We ask [Name of person] what they want to do or wear." This meant people were given the opportunity to input into the care they received and to manage as much of their care as they wished.

People's privacy and dignity was respected and promoted. A relative when giving an example of this commented, "When they (Staff) change [Name of person] this is done with the door shut and curtains drawn and also when she gets out of the shower." Staff described how they would ensure people's dignity was preserved. A care worker commented "Before I enter [Name of person]'s room I have to knock on the door and ask her for permission to enter, especially if she is dressing." We noted a daily care record entry where a care worker had recorded they had provided privacy to a person and their family whilst they ate their breakfast and remained in another room until they had finished. The person's relative confirmed this had happened and how they had appreciated it.

Staff told us people were encouraged to be as independent as possible and offered them choice. Comments from staff included, "When we go upstairs to have a shower I prompt [Name of person] to do it herself and assist in the things they cannot do" and "[Name of person] is capable of doing things for herself. She chooses her own clothes all I do is help her make the bed." The person's relative confirmed what the staff member had told us and care records documented what people were able to do for themselves.

Good

Is the service responsive?

Our findings

At our previous inspection in June 2015, we rated this key question 'requires improvement'. We found a breach with regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because care reviews did not always reflect changes in people's care needs. Care review meeting notes did not adequately reflect people's views and review meeting notes were not signed by people or those who represented them.

During this visit we found reviews of care meeting notes clearly documented discussions held with people and their families about the care received; views held and if there were any agreed changes. We noted these were signed and dated where possible, by people and their relatives. This was further supported by a relative who confirmed the service had responded to their request for a change in care in their family member's care. We noted the service regularly reviewed people's care and assessed risks.

Care plans were personalised and each file contained information about the person's likes, dislikes; medical histories; personal histories and people important to them. This was because people had their needs assessed before they joined the service and were able inform the service of the care and support required. For instance, we noted a person's care record stated they preferred a shower to a bath and how they liked staff to address them. Discussions with the person's relative and care worker who provided their care and support confirmed this. The person's relative commented, "The care reflects what we want." This meant care and support plans was centred on people's wishes and preferences.

People were supported to follow their interests and take part in social activities. Care records instructed where possible to encourage people to participate in social activities of their choice. We noted one person liked walking their dog. Their relative confirmed this and commented, "Staff motivate [Name of person] to take the dog out for a walk. They go out shopping for clothes and in the summer take '[Name of person] to a café in the park. This was further supported by the person's care worker. This demonstrated the service ensured people were able to follow their interests.

People and their relatives knew how to raise concerns. The relatives we spoke with said they did not have to raise any concerns and stated this was because the registered manager listened to them. Comments included, "There are no problems with staff attitude and "We have no reason to complain but if I wanted to I would speak with [Name of registered manager] or [Name of person]'s social worker. I would probably write to the manager if I was unhappy." The service's complaint's policy provided information on how complaints received would be handled. A review of the complaint's register showed all complaints received clearly documented what the concerns were and the actions taken by the service in response.

Good

Is the service well-led?

Our findings

The service was well-led.

At our previous inspection in June 2015, we rated this key question 'requires improvement'. We found a breach with regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Systems in place to manage, monitor and improve the quality of the service were not robust. Care records; supervision records and records relevant to the management of the service were not factual, accurate and up to date. There were no analysis of the care audits to pick up any trends.

During this visit care records accurately documented care delivered and were regularly reviewed to ensure changes in people's care needs were kept up to date. We reviewed a 'daily log sheet audit and action plan' dated December 2016 that was audited by the registered manager. This checked to see whether peoples' personal care records were factual and accurately completed; there were full clear descriptions of daily activities and every entry was signed and dated. Where issues were identified an action plan was in place. We noted actions taken by the registered manager was completed by the set timescales. We spoke with the manager who stated audits were carried out on a monthly basis and enabled them to pick up on any patterns of poor or good practices.

People felt the service was well-led. Comments included, "Yes it's well-managed. We get good responses to any comments" and "In my opinion it's a good service. The staff are very helpful."

There was an emphasis on support, fairness and transparency at the service and an open culture. We heard comments from staff such as, "Its an open and supportive culture. If I have any issues I will call my manager and she will give advice" and "I told [Name of the registered manager] about a concern I had in regards to [Name of person] and she immediately responded and contacted their social worker." This meant people received care and support from staff who were appropriately supported in their job roles.

Quality assurances systems were in place to monitor and improve the quality and safety of the services provided. 'Medication stock sheets' documented the names of peoples' prescribed medicines; stock count and the frequency medicines had to be ordered. Monthly medicines audits were undertaken to ensure staff worked in line with the service's medicines policy and procedures. Where areas of concern were identified, appropriate action was taken.

The registered manager undertook regular unannounced spot checks which were carried out at people's homes. This involved checking staff's attendance, whether daily records staff documented the care delivered was legible; signed and dated. People were asked if staff preserved their dignity and treated them with respect. Feedback obtained from people and their relatives confirmed they had. This was further supported by a care worker who commented, "We have to document each and everything we do on the daily logs and MAR charts. The manager would also carry out spot checks on us." This meant people received care and support from staff who were aware of their responsibilities.

The service sought feedback from people in different ways. For instance 'Telephone and Care Communication review' forms captured contact made with people or their relatives in order to obtain feedback on the service. One relative commented, "At one time I was getting a call every week to see if everything is fine." Service user evaluation records also captured people's feedback. For example, a relative when providing feedback on the care worker who provided care to their family member stated they were, "Encouraging and had a caring attitude to customers. Some staff do have it."