

# Care Matters (Homecare) Limited

# Care Matters Teesside (Homecare) Limited

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Care Matters Teesside (Homecare) Limited is a domiciliary care service providing personal care to people in their own homes. Not everyone who used 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 the inspection 190 people received the service.

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

Pre-employment checks ensured suitable staff were employed. Any identified risks were managed with decisions recorded. People felt safe with the staff who provided their care.

People had received assessments of their needs to ensure the service was suitable. Records included associated information where known risks were evident. Staff used this information to provide safe care for people, and to ensure they remained safe whilst in people's homes.

People were protected from known risks from infection. This included those associated with Coronavirus. Routine infection prevention and control practices had been reviewed and updated. Staff clearly understood when and where to wear personal protective equipment.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and their relatives spoke positively about the personal care they received. People received their care and support from regular staff who understood their needs. Checks were completed to ensure people were happy with the staff who visited, and the service provided.

Staff received safeguarding training and were clear on how and when to raise their concerns. The provider had embedded systems and processes which were followed to investigate any concerns. Where appropriate, actions were implemented to keep people safe.

People confirmed they received their medicines from suitably skilled staff, safely as prescribed. Medicines records were maintained, and associated checks completed. An action plan was in place to review the medicine audits to ensure any required actions were clearly documented.

The provider had implemented a range of checks to maintain and improve standards of service. Where areas of improvement were identified, action plans were in place and reviewed for their effectiveness.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at

### Rating at last inspection and update

The last rating for this service was requires improvement (published 27 January 2020) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection improvements had been made and the provider was no longer in breach of regulation.

### Why we inspected

This was a planned inspection based on the previous rating

We carried out an announced inspection of this service on 9 and 10 January 2020. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve in safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Care Matters Teesside (Homecare) Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was Well led.

Details are in our safe findings below.

# Care Matters Teesside (Homecare) Limited

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 7 December and ended on 14 December 2020. We visited the office location on 7 December 2020.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. 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 took this into account when we inspected the service and made the judgements in this report. We requested feedback from the local authority and Healthwatch.

Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 17 people; 13 were users of the service and 4 were family members. We spoke with seven members of staff including the registered manager and care workers. We reviewed a range of records associated with staff recruitment, training and supervision. We looked at ten records about people's care and support which included risk assessments and information to support people to take their medicines as prescribed. A variety of records relating to the management of the service including audits, policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained good explanations of the control measures for staff to follow to keep people safe. A staff member said, "Information in care plans is easy to follow and tells us what we need to know to provide safe care."
- Staff had received appropriate checks and training to ensure they followed best practice guidance; including record keeping
- Care records included good information to ensure people received their medicines safely as prescribed.
- Monthly checks on daily notes and MAR charts ensured any errors or omissions were picked up and required actions implemented where appropriate.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Systems and processes were clear and followed by staff to raise any concerns to keep people safe from avoidable abuse.
- Management of this information and outcomes from other accidents and incidents with resulting actions was recorded.
- Lessons learnt were implemented to keep others safe from similar events. A staff member said, "Outcomes are shared, we have good support to put things right."

Staffing and recruitment

- People received care and support from consistent staff who new and understood their needs.
- The provider completed appropriate checks to ensure staff employed were suitable for the role.
- Where calls were required at specific times, rotas were adjusted. For example, to ensure people received their medicines at the right time.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. Staff confirmed they had received training in and understood when and where to utilise Personal Protective

Equipment (PPE).

- We were assured that the provider was using PPE effectively and safely. One person said, "They [staff] are generally well mannered, beautifully clean and always wear their masks and gloves."
- We were assured that the provider's infection prevention and control policy was up to date.

# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to ensure systems and processes remained robust to ensure records remained up to date and safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- We found the registered manager had made a range of improvements to quality assurance checks which had resulted to improvements across the service. This included implementation of revised care plans which ensured known risks were effectively managed.
- Audits were completed to ensure the service remained compliant.
- Staff confirmed they received regular communication.
- National guidance was shared effectively for the benefit of everyone. Staff told us they felt supported to continue their roles and improve the service for example, by following guidance about coronavirus.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The management team continued to demonstrate a commitment to providing consistent and person-centred care that met people's needs in a way that promoted their individuality.
- Staff spoke positively of the embedded ethos of providing a positive and inclusive service. All levels of staff worked as a team to support people to have good outcomes.
- Staff told us they felt valued as employees and enjoyed their roles. A staff member said, "We can pop in [to the office] at any time. I think nothing of popping in and putting kettle on and having a chat with everyone. The manager is very approachable."

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 had a clear awareness and understanding of their role and regulatory requirements. For example, the provider notified CQC of events, such as safeguarding's and serious incidents as required by law.
- A clear developing action plan was in place and reviewed to ensure any improvements were planned and implemented according to levels of risk.

- Systems and processes including record keeping demonstrated how the provider responded with transparency, whenever something had happened. Staff told us there was a positive culture of learning from any mistakes. A staff member said, "Everything is reported, and everything is investigated."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider had established processes in place to ensure information was shared and understood.
- People were regularly consulted with. This included by telephone and using formal surveys. One person said, "I wasn't happy with a new care worker. I told them at the office, and it was changed."
- The service worked well in partnership with other health and social care professionals to ensure people received the right care at the right time.