Match Options Ltd

Match Options

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

Match Options is small a domiciliary care agency that provides care and support to people in their own homes. On the day of our visit there were five people using the service. 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.

This inspection took place on 8 and 9 June 2015 and was announced. We gave the provider was given 48 hours' notice and told 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.

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

Summary of findings

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.

The service did not ensure all staff's training was kept up to date. Safeguarding policy and procedures did not reflect current guidance. People said they felt safe from abuse and what to do if they had concerns. The service undertook safe recruitment practices to ensure people received care and support from staff that were of good character. Where risks were identified risk assessments were put in place and regularly reviewed. There was sufficient staff to provide care to people. People said staff arrived at their homes promptly. Appropriate measures were in place to ensure staff administered medicines to people safely. We have made a recommendation that the provider seek guidance in regards to staff training and ensure safeguarding policy and procedures are in line with current legislation.

Not all staff had undertaken relevant training and could not confidently demonstrate their understanding of the Mental Capacity Act 2005 (MCA). The service sought consent before any care, treatment and support was delivered. However the service did not ensure people's representatives had the legal powers to make decisions on their behalf. People received care and support from staff who received appropriate induction, training, and supervision. People were supported to have enough to eat and drink. The service worked in partnership with other health professionals to ensure people received effective care and support.

People valued the care delivered and spoke positively about the staff. They told us staff were caring and treated them with respect and dignity. People were involved in the planning of their care, encouraged to exercise choice and maintain their independence where possible.

Reviews of care records did not adequately reflect the views of people whose care was being reviewed. We saw reviews undertaken without people's signatures. Changes in people's circumstances were not consistently updated in people's care records. People said they were involved in decisions made about their care and support needs. Staff demonstrated good understanding of people's care needs and family history. Care records showed people's preferences on how their care was to be provided. People knew how to make a complaint if they had concerns.

Systems in place to manage, monitor and improve the quality of the service were not robust. For example, Care records and records that related to the management to the service were not factual, accurate and up to date. People and their relatives told us the service was well managed. Staff knew how to raise concerns and felt confident to do this. The service sought feedback from people and those who represented them.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
There were aspects of the service that was safe.

Not all staff received up to date safeguarding adults training. The Safeguarding policy and procedures did not reflect current legislation.

People said they felt safe from abuse. There was sufficient staff to provide care to people.

Risk assessments were regularly reviewed to ensure people received safe and appropriate care.

Requires improvement

Is the service effective?
The service was not always effective.

Some staff had not undertaken the relevant training and could not demonstrate their understanding of the Mental Capacity Act 2005 (MCA).

Staff demonstrated good knowledge about the care needs of people they supported.

People were supported to have enough to eat and drink.

Requires improvement

Is the service caring?
The service was caring.

People said staff were caring and treated them with respect and dignity.

People were involved in the planning of their care, encouraged to exercise choice and be independent.

People valued the care delivered and spoke positively about the staff.

Good

Is the service responsive?
There were aspects of the service that was not responsive.

Reviews of care records did not adequately reflect the views of people whose care was being reviewed.

People said they were involved in decisions made about their care and support needs.

Staff demonstrated good understanding of people's care needs and family history.

Requires improvement

Is the service well-led?
The service was not well-led.

Systems in place to manage, monitor and improve the quality of the service were not robust.

Requires improvement

Summary of findings

People said the service was well managed and staff spoke positively about the support received.

The sought feedback about the service from people and those who represented them.

Match Options

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 8 & 9 June 2015 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.

Before the inspection we reviewed all the information we held about the service. We looked at notifications the provider was legally required to send us. Notifications are information about certain incidents, events and changes that affect a service or the people using it.

During this inspection we visited one person who used the service, contacted two people who used the service and two relatives. We spoke with the registered manager, office manager, three care workers, looked at five care records, four staff records and records relating to management of the service.

Requires improvement

Is the service safe?

Our findings

People told us they were safe from abuse and knew what to do if they had concerns. One person commented, “I trust my care worker, the family do not worry about me because I am safe.” A relative commented, "They (staff) always provide safe care.”

People were kept safe as staff had undertaken relevant training, knew how to identify abuse and report any concerns in order to protect people from harm. One staff member commented, “If I noticed something was not right, like an unexplained bruise, I will report it to my manager to be investigated.” Another staff commented, “I will call my manager and report concerns. If my line manager was not available, I will contact social services.” A review of staff records showed most staff had attended relevant training, which was up to date. One staff member could not remember when they last attended safeguarding training. A review of their training certificates showed it was in 2012. The registered manager told us the staff member had attended refresher training in 2014. After our visit we asked the registered manager to send us a copy of the staff member’s recent safeguarding adults training certificate. The registered manager sent us the staff training matrix which showed the staff member had received refresher training on safeguarding adults but failed to provide a copy of the training certificate to evidence this. The service’s safeguarding policy outlined types of abuse however; it did not give staff clear procedures to follow if they suspected abuse had occurred. There were no local contact details for safeguarding teams and no evidence to show the policy complied with local authorities safeguarding policy and procedures.

People were protected as the service undertook safe recruitment procedures. Staff records showed criminal convictions checks were undertaken, written references were obtained and employment histories and medical questionnaires were completed.

Risk assessments were undertaken and in place to ensure people’s safety. For example, care records showed where people were identified at risk of falls, risk assessments were put in place that covered moving and handling, bathing and showering. These contained guidelines for staff to follow to ensure any risks were minimised and were up to date.

The service had procedures in place to protect people from financial abuse. For example, where care workers supported people with shopping, we saw financial transactions records had been completed. These recorded the amount of money that was given to care workers; the amount of money that was returned and shopping receipts. The records were signed and dated by the care workers and the people they related to. This process meant people’s financial transactions could be accounted for or audited, if needed.

People and their relatives told us staff attended promptly. We heard comments such as, “I can set my watch by them (staff)” and “X (staff member) is always so prompt which makes all the difference.” One staff commented, “I have enough time to get to people because I live locally.” We found there was sufficient staff to ensure people received safe care.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines safely. One person we visited told us, “I administer my own medicine in the mornings and my care worker does it in the afternoons.” A review of the person’s medicine administration records (MAR) showed the names of the medicines prescribed; the dates and times medicines were administered; the quantity given and who administered them and their signature. We spoke with the care worker who provided care and support to the person. They supported what the person had told us and commented, “I only support X with medication in the afternoons, I make sure prescribed medicines have X’s name on them and have not expired.” Another staff member told us how they supported another person. They commented, “I go through the medicines X have received and check to see if it corresponds with the list of medicines X should be taking. I ensure medicines are given at the right time and the MAR sheet is signed and dated.” This ensured medicines were administered as prescribed by peoples’ GPs and in a safe manner.

People were protected by the prevention of control and infection. People told us staff always wore gloves and aprons when carrying out personal care.

We recommend the service seek guidance on how to ensure all staff receive up to date training relating to keeping people safe; ensure safeguarding policies and procedures are in line with current legislation.

Requires improvement

Is the service effective?

Our findings

Not all staff were aware of the implication for their care practice of the Mental Capacity Act 2005 (MCA). This is important legislation which establishes people's right to take decisions over their own lives whenever possible and to be included in such decisions at all times. One member of staff demonstrated a good understanding of the act and explained competently how they supported a person who did not have the capacity to make certain decisions. However, two members of staff were not able to demonstrate an understanding of the MCA and told us they had not undertaken the relevant training. There was no evidence of relevant training in their staff files. The registered manager told us both staff had undertaken the relevant training but was not able to produce evidence of their training certificates upon our request. This meant the service did not ensure staff who obtained consent from people were familiar with the principles of the MCA and codes of conduct, so they could apply them appropriately.

Where people were not able 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. For example, one person had been assessed as not having capacity to make a specific decision. There were no information in their care record to show what legal powers their representative, who made decisions on their behalf had.

This was a breach with regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives told us staff sought their consent before care was delivered. This was evident in care records reviewed. For example, we saw people had given the service permission to access their properties using a key safe. This was clearly recorded and signed and dated by staff and the relevant persons. Another person had signed to confirm permission was given to staff to administer their prescribed medication. One relative commented, "They (staff) would ask if X would like a shower. Staff don't make decisions on X's behalf." Another relative commented, "The care worker always asks for permission before care is given and explain what they want to do".

People were supported by staff who were experienced and skilled. For example one relative commented, "The care worker attends health care professional meetings with X and gives them information about how X reacts to the medicines." One person commented, "They are very efficient and practical." Another person commented, "X (the care worker) knows what they're doing."

Staff received appropriate induction. One staff member commented, "Induction is very important as it helps you know the policy and procedures and values of the company. I was introduced to service users before I started to work with them. This helped me to know what is expected." Staff records evidenced as part of care workers induction they were formally introduced to the people they was going to support. This entailed reading about people's physical and mental histories; what medicines they were prescribed; equipment that was used; identification of risks and relevant guidelines in place to minimise risks.

Staff spoke positively about their training experience. One staff member commented, "I had to undertake mandatory training. It's very helpful when you're being introduced to the job. There are a lot of changes with equipment so training is important." Another staff commented, "I can identify what training I need, there is on-line training available." However, one staff member confirmed they had received training in a specific area but this was some time ago. A review of the training records supported this. This information was passed to the registered manager.

Staff received supervision which took form in either face to face meetings or when management undertook spot checks. One staff member commented, "I receive supervision every six months or sooner if something happens." Another staff member commented, "I have face to face meetings with the team leader and they carry out spot checks." A review of staff records supported what staff had said. Staff told us they felt supported through these processes.

People were supported to have enough to eat and drink. Where applicable care records showed people's food and fluid intake which recorded and monitored what people ate and drank. People and their relatives told us staff supported them to have enough to eat and drink. This was supported by staff. For example, one staff member commented, "I will give X a variety of food to ensure they are eating a balanced diet." Care records captured people's food dietary requirements and preferences and gave staff clear directions on how to support them.

Requires improvement

Is the service effective?

The service worked in partnership with other health professionals to ensure were supported to follow the advice from health care professionals, so their health care needs were met effectively. For example one member of staff told us they acted on the advice of an occupational therapist to meet the individuals specific health care needs. This involved the care worker supporting the individual to undertake exercises to move their legs according to the health care professionals plan of treatment.

Good

Is the service caring?

Our findings

People and their relatives spoke positively about the caring approach of staff. We heard comments such as, "X (staff member) cares for me well. I get the care I need and am happy with what I have been given", "They (staff) listen to what X says and talk about the things X is interested in" and "It's excellent! I only wish everyone had the same carer." People said they felt staff were caring and behaved well and did what they were supposed to do in a friendly manner.

People told us staff treated them with respect and dignity. One relative commented, "They (staff) make sure X is covered when they carry out personal care." Another relative commented, "They (staff) have treated X with respect and care. All personal care is carried out in private." The staff we spoke with supported what the relatives had said. For example, one staff member commented, "I make sure I knock the door, speak to X with respect and explain what I am going to do. I give X privacy when they want to use the toilet."

Relatives told us they felt involved in people's care. One relative commented, "I am involved, I can read the daily logs written by staff and it reflects what has happened."

People were supported to exercise choice and encouraged to be independent. A staff member commented, I respect what X tells me and give them choice and respect their decisions" This was supported by a relative who commented; "They (staff) explain and give us choice." Another staff member told us how they supported a person to become more independent. This was supported by the person's relative who commented, "They (the staff member) compliments X and motivates X to do things for themselves."

Requires improvement

Is the service responsive?

Our findings

Arrangements in place to have people's individual needs regularly assessed, recorded and reviewed were not responsive to people's needs. The registered manager commented, "We carry out pre-assessments that cover people's individual needs such as medication. I get people to verify what has been agreed. This is completed before the care package is started." This was evidenced on 'domiciliary care needs assessments'. These documents recorded people's individual care needs and any changes, specialist input, personal histories, preferences and interests. We noted this document was used two fold to assess people's needs prior to them joining the service and reviewing their care needs whilst they used the service. This caused some confusion as the service also had a 'home care review form' that was used to review people's care needs. We found care reviews were written from the perspective of the staff members who carried out the reviews and did not adequately capture people's views or what changes, if any, were required to people's care needs. Some of the domiciliary care needs assessments and home care reviews were not signed and dated by the staff who carried out the reviews. Similarly, they had not been signed by people who they related to or their representatives to show they had been consulted with and involved in the care review process.

Care plans did not consistently reflect changes in people's care needs. For example, one care record still had information that related to when a person received additional support. We spoke with the office manager who informed us the person was no longer received additional support and acknowledged the information in the care record should have been changed.

This is a breach with regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us the care delivered was centred on their wishes. Care plans captured people's preferences and included variable amounts of personal information. This included what people's social interests and dietary needs were. For example, one care record stated a person liked their food to be served warm. We spoke to the person who told confirmed staff ensured this request was complied with.

People and their relatives said the service was responsive to their care needs. For example, one relative commented, "When X had a fall the carer contacted the doctor and waited for the doctor to come before they left." Another person's care record showed they required additional support with their medicines. There was evidence of management corresponding with the General Practitioner (GP) in order to get the additional support needed.

Staff demonstrated they had a good understanding of the people they cared for and supported. Staff spoke about people's preferences, personal histories and the care they delivered to them. Care records supported what staff had told us. One relative commented, "X relates very well to them (staff) and they know what X wants."

People knew how and who to make a complaint to, if they felt it was necessary to do so. We heard various comments such as, "I know how to raise concerns, the information is in the care plan", "I have a number to call if I have any concerns" and "I can call if I have any concerns." We reviewed the complaints policy. This detailed the procedure to follow if people wanted to raise concerns. Care records contained the procedure for people to follow if they had concerns. However, we noted it stated people should make their complaint to the Care Quality Commission (CQC) but did not provide contact details for the local authority or Local Government Ombudsman.

Requires improvement

Is the service well-led?

Our findings

The service had systems in place to manage, monitor and improve the quality of the service but these were not robust. For example, we found some care records; supervision records and records relevant to the management of the service were not factual, accurate and up to date. For example, care plan audits undertaken on a person's care records on 2 February 2015 failed to notice there were no GP details but instead indicated this had been checked. The audit picked up a staff member was leaving gaps when record keeping but failed to recognise this was a trend. This was because an earlier care plan audit carried out on 14 May 2014, recorded the same discrepancy carried out by the same staff member.

Home care review records did not adequately record people's views and most were not signed by people involved in the reviews. People told us they were involved in reviews of care but care records did not accurately reflect the number of meetings people told us was held. For example, one relative commented, "The manager visits every six weeks to review X's care." However, we saw no evidence of these reviews in the person's care records.

This is a breach with regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People gave positive comments about the service. We heard comments such as, "If I had to pay, I would pay for the service provided", "It's excellent, I only wish everyone had the same care" and "I have had no issues in the last two years being with them (the service)."

The service undertook spot checks. These enabled the provider to monitor and assess whether care workers were punctual; showed respect to people; had the ability, knowledge and skills to carry out the care required. We noted these were conducted regularly, were up to date and signed by the person who carried out the check. During these spot checks people were asked for feedback. For example, one person fed back they were happy with the staff who provided care and support to them and found the staff member to be punctual. This ensured people received support from staff that carried out safe working practices and people were able to provide feedback in this process.

Staff spoke positively about the service and told us management were supportive and they knew how to raise concerns and felt confident to do this. We heard comments such as, "It's an open culture and so diverse. Any concerns I have, I can talk to the manager", "They (management are very supportive and make sure I am fine. It's a good company" and "My opinion is valued. There's an open door, I can discuss anything. I am not treated differently from any other employees."

The service had systems in place to capture complaints. A review of the complaints log showed there were no complaints received.

The service sought feedback from people. Service user evaluation records captured people's feedback. For example, one relative commented, "X (staff member) is very professional in their work and can really motivate X (family member) to do things for themselves.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care Care reviews were undertaken but were not responsive because care records did not always reflect changes in people's care needs. The service could not demonstrate people were involved in making decisions about their care. This was because 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. Regulation 9 (3)(a)(d).

Regulated activity	Regulation
Personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent 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 was familiar with the principles of the MCA as some staff had no undertaken relevant training. Regulation 11 (1)(2).

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems were in place to manage, monitor and improve the quality of the service but these 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. Regulation 17 (1) (2)(a)(c).

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.