

Mathalie Care Services Limited

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Inspection report

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Date of inspection visit:
19 January 2024
26 January 2024

Date of publication:
07 March 2024

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

About the service

Mathalie Care Services Limited is a domiciliary care agency registered to provide personal care to people in their own homes. The domiciliary care agency provides support to adults with varied needs. At the time of inspection, the service supported 3 people with their 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.

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

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

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

Right Support:

The provider ensured staff received the training and supervision they required to provide them with the skills and knowledge they required to carry out their roles.

Relatives told us their loved ones 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 provider had maintained records in relation to quality assurance of the service. People's relatives confirmed they had been asked for their views of the service. The registered manager informed us the service had implemented a new electronic monitoring system and records of quality assurance activities would be recorded on this in the future.

Right Care:

People's care plans and risk assessments had been reviewed and updated where appropriate. Guidance had been provided for staff on how to effectively support people when delivering care and support.

The provider had made improvements to their medicines administration procedures. The records we saw showed medicines had been administered and recorded appropriately.

Staff described how they understood people's care needs and preferences. People's relatives told us staff provided care and support in a respectful and professional way.

Right Culture:

People's relatives and staff spoke positively about the management of the service.
Staff and people's relatives confirmed they received information in a timely manner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (publication date to be confirmed)

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

This service has been in Special Measures since 12 September 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Mathalie Care Services Limited (previously known as The Havelock Hub) on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below

Mathalie Care Services Limited

Detailed findings

Background to this inspection

The inspection

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

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

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

Registered Manager

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

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Initial inspection activity started on 14 July 2023 and ended on 4 September 2023. We visited the location's office on 14 July 2023. We sought further information from the provider between 19 and 29 January 2024.

What we did before the inspection

We reviewed the information we had received about the service since the last inspection. We spoke with a representative from the local authority. We used all this information to plan our inspection

During the inspection

We spoke with the registered manager and deputy manager. We reviewed a range of records which related to people's care and the running of the service. These records included 3 people's care records, 3 staff records and policies and procedures relating to the management and quality monitoring of the service.

People using the service were unable to communicate verbally with us, so we sought and received feedback from 2 people's relatives.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection we found the provider had failed to ensure medicines were managed safely. Medicines records were not accurately completed and there was no evidence people's medicines records were audited. Guidance for staff on supporting people to take their medicines was not included in their care plans. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider had made improvements and the service was no longer in breach of Regulation 12.

- People's medicines were managed safely.
- Staff had completed people's medicines records accurately and had signed these when they were assured medicines had been taken.
- People's care plans and risk assessments identified the task of supporting people to receive their medicines. Information about any identified risks had been recorded.
- Staff had received training in medicines administration. They understood the importance of ensuring people received their medicines safely and on time.
- A person's relative told us that prescribed medicines were administered in a timely way.

Assessing risk, safety monitoring and management

At our last inspection we found people's risk assessments did not include person-centred guidance for staff on safely managing identified risks. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider had made improvements and the service was no longer in breach of Regulation 12.

- People's risk assessments had been reviewed and guidance for staff on management of identified risks to people had been developed. Information about people's specific health conditions was also provided to staff.
- Staff demonstrated an understanding of people's needs and how to manage and reduce risks.
- The provider had set up secure on-line messaging groups for all staff working with individual people. We saw these were used to share information about risks and risk management. Staff told us they valued these

as a means of sharing immediate information and concerns about new or emerging risks.

Staffing and recruitment

- Staff were safely recruited. The provider had ensured all staff had received an up-to-date Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff files contained references and right to work documentation.
- People's relatives were satisfied with the punctuality and reliability of staff.
- At the time of this inspection, the registered manager, care coordinator and deputy manager were providing all the care and support to people. The registered manager told us care staff were being recruited to ensure the service had capacity to support new referrals.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse.
- The provider had a safeguarding adults policy. This included guidance to follow to help protect people from the risk of abuse and keep them safe. The provider knew to notify the CQC and report to the local safeguarding team when abuse was suspected.
- Staff had received training on safeguarding adults. Staff we spoke with understood safeguarding and of how to recognise and report potential signs of harm or abuse. They knew they needed to report all allegations and suspicions of abuse without delay.
- People's relatives told us they felt their family member was safe.

Preventing and controlling infection

- The provider had policies and procedures in place for prevention and control of infection and for managing COVID-19.
- Staff told us they had access to personal protective equipment (PPE) and wore PPE in line with current government guidance during care visits. Supplies of PPE were maintained at the provider's office. A person's relative confirmed that care staff wore PPE when providing care and support.
- People's care plans contained guidance for staff about reducing the risk of infection.

Learning lessons when things go wrong

- The provider had systems in place for learning lessons following incidents or accidents.
- The provider's accident reporting policy included guidance about regularly reviewing accidents and to identify any accident patterns or trends.
- The registered manager told us there had not been any accidents or incidents since the last inspection of the service and this was confirmed by the records we viewed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection we found the provider had failed to ensure people's care plans included guidance for staff on how to support people. Information provided in people's care plans was limited and there was no evidence of reviews of the plans. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider had made improvements and was no longer in breach of regulation 9.

- The provider had ensured people's needs were comprehensively assessed and guidance put in place to ensure care was delivered in line with standards, guidance and the law.
- The provider had made improvements to people's care plans and these now included guidance for staff on meeting people's needs.
- The provider told us people's care plans had been reviewed and updated. This was confirmed by the care records we viewed.
- The provider had introduced secure online messaging groups for staff working with individual people. We saw evidence that information about people's needs was shared within these groups.
- Staff demonstrated they understood people's specific care and support needs and how to meet them. People's relatives told us they were satisfied people's needs were met by staff who were knowledgeable about them.

Staff support: induction, training, skills and experience

At our last inspection we found the provider did not ensure all staff were competent, skilled and had up to date training in order to carry out their role in effectively supporting people and keeping them safe. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2019 Regulations 2014.

At this inspection we found the provider had made improvements and was no longer in breach of Regulation 18.

- The provider ensured staff received regular training and support to carry out their roles.

- The provider had now commenced a training programme for staff. This covered a range of mandatory subjects which included health and safety, basic infection, prevention and control, safeguarding adults and dementia awareness. The registered manager maintained a record of staff training.
- Two staff had now completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Some staff had undertaken training on supporting people's specific needs. For example, the provider's training matrix showed 1 staff member had completed stroke awareness training and 2 had received training on anxiety. All staff had received training in moving and handling people and medicines administration.
- Staff told us they were supported by the registered manager. They told us they met regularly with the registered manager to discuss concerns and issues in relation to the care and support they were providing. We saw evidence that regular staff supervisions had taken place.
- The provider held weekly team meetings with staff to discuss issues related to people's care and support. We saw evidence showing weekly team meetings were taking place.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- People were supported to make their own decisions, where possible. Staff told us they always ensured they encouraged people to make choices and decisions to do with their care and support.
- Information about people's ability to make decisions was included in their care records.
- Staff demonstrated they were knowledgeable about the requirements of the Mental Capacity Act. They confirmed they always asked people for their agreement before assisting them with their care needs.
- Staff knew that if a person did not have the capacity to make a decision it could be made in the person's best interests by those involved in their care. Staff told us they would report any changes they had noticed in the ability of people to make a particular decision.
- People's relatives confirmed staff asked people for consent when providing care and support and respected their decisions.

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

- People were supported to eat and drink enough to ensure their nutritional needs and preferences were met.
- People's care records included information about their dietary needs and preferences.
- The staff we spoke with were knowledgeable about the importance of people eating and drinking enough, and demonstrated they knew what people's preferences and cultural needs were. They knew they needed to report any changes in people's appetite and dietary needs to the registered manager.
- Information about the food and drink staff had supported people with was recorded in their daily care

records.

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

- People and their families took the lead in engaging with health and social care professionals when needed. Staff supported people to attend healthcare appointments when requested to do so.
- Staff were aware about the importance of supporting people to live healthier lives. Staff supported people to go for walks and to do exercises to help improve their mobility and confidence with walking. These activities were recorded in people's care records.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. At this inspection the rating remains good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People's relatives told us they were involved in making decisions about their care and asked for their views on a regular basis.
- The provider had made some improvements to their care plans and there was guidance in place for staff to follow to ensure people received care and support that met their needs and preferences in the way they wanted. Information was provided to staff on people's specific health conditions, for example, diabetes and cellulitis.
- Staff demonstrated they understood people's care and support needs and how to meet them.
- Secure online messaging groups had been set up by the registered manager for staff working with individual people. This was designed to ensure ongoing communication about people's needs, preferences and activities was promptly shared,

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People's relatives told us that people were well treated and respected and were happy with the care and support they received.
- People's care plans included information about treating people well. The care plan records also included some information about people's cultural and spiritual needs, interests, and the activities they enjoyed doing. A relative told us that staff supported a person to do exercises to help improve their mobility.
- Staff told us they supported people's independence by encouraging people to do some things for themselves. They also supported people to go out and about in the local area where this was included in their care plan.
- Staff had a good understanding of the importance of valuing people's preferences and cultural differences and treating them as individuals with respect and dignity.
- Staff were clear about the importance of respecting and supporting people's independence. Staff knew not to share any information about people with those not involved in their care.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has changed to good. This meant people's needs were met through good organisation and delivery.

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

- People's care plans showed people's care and support needs had been identified and there was guidance for staff on how support should be provided.
- People's care plans and risk assessment had been reviewed and updated where appropriate.
- People's daily care records were complete. These largely covered functional care and support tasks. However, some staff had recorded information about people's mood and interactions that had taken place at care visits.
- The registered manager had set up secure online chat groups for staff working with individual people. We saw an example of one. The messages' showed information was regularly shared about people's needs.
- People's relatives told us they were satisfied with the care people received from staff.

Meeting people's communication needs

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

- The provider told us they were aware of the importance of information being provided in a way each person understood, such as in large print and/or pictures.
- Information about people's communication needs was included in their care records. The provider had ensured people were matched with staff who were able to communicate with them in their preferred language where appropriate.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure, which declared that all complaints would be taken seriously recorded and responded to within 24 hours.
- There had been one complaint since our last inspection regarding staff timeliness. This had been addressed by the provider. When we sought further information from the provider in January 2024 there had been no further complaints.
- A person's relative told us that they knew how to make a complaint and would not hesitate to bring any concerns to the attention of the registered manager.
- Staff understood any complaints and concerns about the service that were brought to their attention by

people, people's relatives or others, needed to be recorded and promptly reported to the registered manager.

End of life care and support

- At the time of the inspection there was no one receiving end of life care. The provider told us that before providing end of life care, they would ensure staff received the training and support they needed to make sure people received personalised end of life care.
- End of life training was included in the provider's staff training matrix.

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 our last inspection we rated this key question inadequate. The rating for this key question has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

At our last inspection we found the provider had failed to ensure quality assurance activities were carried out. Records of quality monitoring, staff training and supervision were not in place. People's care plans provided limited guidance for staff. There were no records of any satisfaction surveys having taken place. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider had made improvements and was no longer in breach of Regulation 17.

- The provider had systems to assess, monitor and mitigate any risks relating to the health, safety and welfare of people, staff, and the operation of the service.
- The provider had ensured people's care plans and risk assessments had been reviewed and updated where required. Guidance had been developed for staff on how to support people in meeting their needs. However, when we initially requested copies of people's records, we were not provided with the most up to date information. We discussed this with the registered manager who told us they had delegated this task to staff. This meant we were not assured staff were always accessing the most recent care records for people.
- The provider showed us records of satisfaction monitoring with people and spot checks of staff care when they visited people to support them.. People's relatives told us they had been asked for their views of the service. Staff confirmed they received unannounced spot checks when they were working in people's homes. However, there was no clear system in place for monitoring feedback and spot checks,
- The provider has now implemented an electronic monitoring system. The registered manager assured us that quality monitoring, including people's feedback would be recorded within this system going forward.
- Staff were now receiving regular supervision and training. The provider's records and feedback from staff confirmed this. Weekly team meetings had taken place, and these were recorded.

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

- We found the provider had systems in place to gain feedback from people or staff. People or their relatives, where appropriate, had been asked for their views of the service.

- People's care records included information about their cultural and communication needs.
- The registered manager told us they would support people to engage with health and social care professionals if requested to do so. We saw records showing staff had engaged with other professionals to improve people's care and support.

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 provider was aware of duty of candour expectations and told us they knew the importance of being open and honest when something goes wrong. The registered manager understood the types of events they needed to notify the CQC and other organisations about.