

Independence Matters C.I.C.

Home Support Matters Poringland

Inspection report

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29 January 2020

30 January 2020

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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

About the service

Home Support Matters Poringland is a domiciliary care service. They provide personal and nursing care and support to people living in their own homes. Not everyone who used the service received personal care. 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 our inspection the service was providing a regulated activity to 65 people.

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

People using the service were supported with their safety. Risks, including those relating to infection control and people's environment, were identified and actions to reduce risk taken in response. Information on how to raise concerns about people's safety were provided to people and staff. Incidents that occurred in the service were reviewed and used as learning opportunities. People were supported by familiar and consistent staff who had been recruited safely. Medicines were managed safely, and people received these as prescribed.

People were supported by competent and trained staff. Systems were in place to ensure staff had the skills and knowledge required to support people's individual needs. People's needs were considered holistically, and best practice guidance utilised. People were supported to eat and drink in line with their needs and preferences. Staff encouraged people to consider healthy eating where appropriate. People's health care needs were considered. Staff were proactive in working with social care and health professionals to ensure health needs were identified and met. 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 were supported in a kind, caring, and respectful manner. Staff knew people well and positive relationships had been formed. Staff appreciated the diverse, individual backgrounds, and social history that people had. Systems were in place to support people to express their views and make decisions regarding their care. Staff had enough time to support people in an unhurried manner. This provided informal opportunities to check people were happy with their care and support. People's independence was encouraged, and staff were mindful of people's privacy and dignity.

People received person centred care that took in to account their individual needs and preferences. People and their relatives, where appropriate, were involved in planning their care. Staff knew people well and this helped ensure their support was delivered in the manner they wanted. People's communication needs had been assessed. Information had been supplied taking in to account people's communication needs. Where relevant staff supported people to participate in hobbies and interests that were important to them. Information on how to complain was provided to people using the service. When concerns have been raised the service had investigated and responded to these. People were supported at the end of their lives. Staff

acted to ensure people were comfortable and people's families felt supported.

Previous issues with poor communication and organisation had, for some people, damaged trust and positivity regarding the management of the service. The management team acknowledged these issues. Work had taken place to improve communication and a stable service to help establish trusting relationships between people, staff, and management. An inclusive and open culture was being shaped. Staff were keen to engage, develop, and work with other stakeholders. There were opportunities for staff participation. Feedback from those involved in and using the service was sought. Quality monitoring systems were in place. Regular audits were carried out on the service to help ensure a consistent quality service and identify issues.

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

Rating at last inspection

This service was registered with us on 25 January 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the previous rating.

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 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?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Home Support Matters Poringland

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 was carried out by two inspectors, an assistant inspector, and one 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service two weeks' notice of the inspection. This was because we needed to seek consent and make arrangements to speak with people who used the service, their relatives, and staff.

Inspection activity started on 27 January 2020 and ended on 30 January 2020. We visited the office location on 28 January 2020.

What we did before the inspection

We reviewed information we had received about the service since they were registered. We sought feedback from the local authority who work with the service. 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 used all of this information to plan our inspection.

During the inspection

We spoke with 20 people who used the service and 11 relatives about their experience of the care provided. We spoke with 17 members of staff including the registered manager, the clinical lead, the staff member responsible for audits and quality monitoring, and 14 care workers. We also spoke with two health and social care professionals who regularly work with the service.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at additional records relating to the governance of the service.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from the risk of abuse. Information was provided to people and staff on how to report safeguarding concerns.
- Staff identified potential situations where there might be safeguarding concerns and suitable actions, including reporting to the appropriate authorities, were taken.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people were identified and assessed. People's care plans included detail for staff on how to respond to and manage potential risks. Environmental risks within people's home environment had been considered, although the detail for which varied depending on people's individual needs and circumstances.
- Staff were knowledgeable in assessing and responding to risks. For example, staff provided us with examples of how they had identified moving and handling risks and acted to address these.
- A system was in place to report any incidents or cause for concern. These were logged, and we saw these were reviewed by the registered manager, with appropriate actions taken in response.
- The management team reviewed incidents in the service and reflected on these. They shared lessons learnt with staff when appropriate to do so.

Staffing and recruitment

- People were supported by familiar and consistent staff. A relative said, "[Staff are] quite consistent for [name] so they know the people who are coming in, [name] gets confused so it's nice they feel safe. [Staff] can walk in and [name] doesn't get frightened." Some people and staff told us the service had been subject to some changes in staff which had impacted at times, but this had stabilised. The registered manager acknowledged that initially when the service first became registered there was a period of instability. They recognised the importance of providing a stable staff team to people and office staff had worked hard to facilitate this for people.
- Safe recruitment practices were followed, checks to ensure the suitability of staff to work in the service were carried out.
- A system was in place to monitor missed, early, or late calls. The registered manager had oversight of this and followed up issues or concerns. Most people receiving the service told us they had no issues with the timing of their visits. Some people told us whilst in the past they experienced some late or missed calls they felt this was improving.
- Staff told us their travel time was taken in to account when they were given their rotas. Whilst some staff told us certain times, such as mornings, could on occasion be very busy, overall, they felt they had enough

time to support people.

Using medicines safely

- Medicines were managed safely, and people received them as prescribed. People told us they received their medicines on time. Guidance was available to staff on people's regular medicines. However, we saw medicines that were administered 'as required' did not always have guidance in place. The registered manager and clinical lead told us they would act to ensure these were in place for everyone.
- People's medicine records were completed accurately. Medicines were audited on a regular basis to help ensure medicines were managed safely and errors identified. Where audits had identified issues actions, had been taken in response.

Preventing and controlling infection

- Staff followed procedures to prevent and control infection. Training in infection control had been provided to staff and infection control equipment was supplied. People told us staff adhered to infection control requirements. One person said. "[Staff] always put their gloves on and always wash their hands."

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People's needs were assessed holistically. Assessments and care plans included a range of information relating to people's physical and mental health, as well as social isolation, relationships and finances. People and relatives told us assessments were carried out collaboratively.
- Best practice tools and guidance was considered and utilised where necessary. For example, staff used a national recognised tool to identify risks of people's skin breaking down.

Staff support: induction, training, skills and experience

- Staff were knowledgeable and competent in meeting people's needs. The management team took in to account staff member's experience, skills, and knowledge when allocating staff to support people. Staff provided us with several examples which demonstrated their competency. For example, one staff member told us how they had identified a person was experiencing a serious infection and acted to ensure this was treated. People and relatives told us they had confidence in the staff supporting them. One person said, "I am very satisfied with my team, I am very lucky." Another said, "I can't fault them they are very good."
- Staff received training in a range of subjects via a mix of practical face to face training and e-learning. Where people had specific and complex needs staff supporting them had been supplied with additional training in relation to this.
- New staff were supported with an induction, which consisted of a five-day induction course as well as shadowing more experienced staff. A staff member told us, "I shadowed domiciliary, learning disabilities and clinical [care] packages for three weeks before the first shift on my own." Regular spot and competency checks were carried out on staff to help ensure they were providing the right support.

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

- People's nutritional needs were assessed and care plans in place on how to meet these. This included information on people's likes and dislikes as well as dietary restrictions. People told us, where required, staff helped them plan their meals, so they ate meals they liked. One person told us, "[Staff member] makes really nice meals."
- Staff supported people with healthy eating and monitored people's weight where required. One person proudly told us how they had been supported to lose a significant amount of weight and the difference this had made to them.

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

- Staff worked with other agencies to ensure people received effective care. Both health and social care

professionals told us staff were proactive at sharing information to ensure people's care needs were met. A health care professional told us, "[Staff] link really well with other community services." A social care professional told us staff were perceptive and picked up on wider social care issues, they then took action to ensure these were addressed.

- The service was participating in a pilot where one of its aims was to facilitate people being discharged out of hospital. Staff working on this pilot had been given additional training and authority to assess people's needs and request services and support where required. For example, they could identify if an occupational therapy assessment and equipment was required. Staff told us this had meant people were able to access support and equipment faster, so their needs could be met.
- People's health care needs were considered and information on how to support people with these were provided to staff. For example, people had oral health assessments in place and staff reviewed when people had accessed health care services such as opticians and dentists.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty 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.

We checked whether the service was working within the principles of the MCA.

- People's consent regarding their care was considered and sought. Care plans documented people's consent around various topics such as sharing information and their care plans. Where issues regarding people's capacity had been identified staff had worked with relevant professionals to help assess their ability to consent. Information about this was recorded in people's care plans.
- The registered manager told us no one using the service had support in place which would amount to a deprivation of their liberty. They understood what they would need to consider in order to identify such situations and that an authorisation would be required.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff supported people in a kind and caring manner. People talked positively about the staff that supported them and their caring natures. One relative said, "[Staff] always seem to go over and beyond. [My relative] had a fall and [staff member] wouldn't leave them. Even though their shift was over they stayed and made cups of tea [for everyone]." Another relative told us how staff in the office were, "accommodating and understanding" when their relative became anxious and needed reassurance.
- The management team recognised the importance of providing a stable and consistent staff group for people. People were supported by consistent staff which had allowed positive relationships to develop. Staff told us they had got to know people well and cared about the people they supported. From talking with staff it was evident they took great pride in making a difference to people's lives. A staff member said, "When you can pick up on things and make life changes it's just so rewarding."
- Training in equality and diversity was provided. Staff showed an awareness and appreciation of the people's diverse backgrounds. A staff member said, "[Staff] talk about [people's] life history, families are really supportive, so you can get an idea of what the person has done and what they were capable of." Two other staff provided us with examples of how they had researched people's cultural backgrounds so they could provide support in line with this.

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

- Systems were in place to support people to express their views and make decisions regarding their care. Regular reviews were held with people with provided an opportunity for people to discuss their care. One person told us, "We will sit down with one of the staff and talk about [their care]." A staff member said, "We're not there to tell them the help they are having, we ask them about the help they want."
- Staff were not rushed when providing support to people. Staff told us they had enough time when visiting people to talk to people and this meant they were able to informally check people were happy with the support provided. One person told us, "[Staff] do sit with us and ask us what we would like how we like things to be done, sometimes it is nice just taking about daily stuff and having the company."

Respecting and promoting people's privacy, dignity and independence

- People were treated respectfully, and their privacy and dignity upheld. One person said, "[Staff] are all polite and respectful they have asked what we like to be called and they have good manners. Another person said, "[Staff] treat me just like a normal person, although I am in a wheelchair, it doesn't matter. We all have a laugh, it's like a family."
- People's independence was encouraged. Staff worked with people to help them increase their independence. Staff provided us with numerous examples where they had helped people improve and carry

out care tasks for themselves.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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 received person centred care that took in to account their individual needs and preferences. People and their relatives, where appropriate, were involved in planning their care. One relative said, "[Staff member] has just redone it and was very happy for me to go through it." Care plans included person-centred information that helped staff to deliver support the way the person needed and wanted.
- Some people using the service were part of a pilot being run by the local authority and clinical commissioning groups. People on this pilot had less detailed care plans. The management team had recognised that further information was required. They showed us an amended document designed to capture more detail which they were due to discuss with relevant stakeholders.
- Staff knew people well and this helped to ensure the support provided met people's needs and preferences. One person told us, "[Staff] have got to know me well. They know my morning routine and what I like to eat and my cups of tea."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been assessed. Information had been supplied taking in to account people's communication needs. For example, easy read information was in place for people with a learning disability. The registered manager told us should people require information to be translated in to different languages they would be able to do this if needed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to take part in activities of interest to them and access the community where this was part of their agreed package of care. One person told us how a member of staff had helped them find volunteer work and how much they enjoyed this.
- Staff understood the importance of social isolation and told us they took the time to chat to people to help this. A relative told us, "[Name] likes to chat to people so staff will take the time to sit and talk to them."
- Staff supported relationships that were important to people and involved relatives appropriately. One person told us, "When anything has been wrong, when I went in hospital, staff contacted family straight away."

Improving care quality in response to complaints or concerns

- Information on how to complain was provided to people using the service. A staff member told us, "We always make sure people know they can complain if they need to, we are completely honest with them." People and relatives told us when they had raised issues staff had listened to them and tried to resolve issues where possible.
- A complaints system was in place, which provided the registered manager with an overview of all complaints or concerns received. We saw where complaints had been raised these had been investigated and appropriate actions taken in response.

End of life care and support

- The service was supporting people at the end of their life. Staff understood the importance of this task and the service showed a commitment to trying to support people to die at home if this was their wish. A staff member told us, 'It's so satisfying to be able to give people their final wishes at home.' A number of people requiring end of life care were using the service via a pilot designed to provide short term support. In these cases, staff had negotiated with commissioners to continue to provide longer support to ensure continuity of care and reduce the amount of stress any changes to people's care might bring.
- People were supported to be comfortable at the end of their lives. A health care professional told us staff were proactive at assessing people's pain levels and liaising with health staff regarding the need for any additional pain relief or medical support. A relative told us, "[Staff] don't leave [name] till they are comfortable."
- Staff also recognised the need to provide support to people's families at the end of their life. A health professional said, "[Staff member] is really supportive of family members, they pick up if they need extra support." A relative told us staff had told them, "We are here to look after you as well as your [relative]." We saw the service had received a number of compliments from relatives regarding the end of life care provided to their relative.
- People did not have separate end of life care plans in place, and their wishes for the future should they require such support were not documented. The registered manager told us they would review how end of life care plans could be implemented.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The service had been running for year at the time of our inspection. Two people and four relatives who had used the service for a longer period of time, as well as two staff members, told us there had been issues with poor communication and organisation. This included issues with people not receiving rotas in advance and calls being cancelled. Feedback we received was that, overall, most people felt these issues had been addressed and improvements made. However, it was clear the issues experienced had damaged trust and positivity regarding the management of the service. One person told us, "I wouldn't change the service now. I hope it stays the same." A relative said, "Six months ago I would not have recommended the service, but I would now."
- The registered manager acknowledged and accepted these comments when discussed with them. They demonstrated a reflective approach, they had recognised these issues and were able to provide us with an account of the actions the service had taken to improve these areas. They told us they would continue to work on improving communication and a stable service to help establish trusting relationships between people, staff, and management.
- Staff utilised people's local communities and services to help provide people with support.

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

- The management team had reviewed how they could establish an inclusive and open culture. They had carried out a range of actions to help foster the feeling of community within the service. For example, they had invited people using the service to participate in Christmas card design competition, the winner of which was used as the service's Christmas card and sent to people using the service. The registered manager told us they wanted to continue to develop new initiatives to aid communication and involvement, for example through the development of a service newsletter.
- There was a strong sense of a staff team, staff were positive about the service and morale was good. There were opportunities for staff to provide feedback on the service. Regular staff meetings were held, and the management team took action to ensure these were accessible to staff by holding them in various geographical locations. The service had recently held a one-year anniversary party for staff to celebrate the service and recognise their work.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements, 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

- Quality monitoring systems were in place. Regular audits were carried out on the service to help ensure a consistent quality service and identify issues. Feedback was sought from people and staff, for example through quality assurance questionnaires, to help evaluate the service provided.
- There was a clear staff structure with designated roles and tasks. The registered manager understood regulatory requirements.
- When things had gone wrong the management team were open and honest with those involved and acknowledged where improvements could be made.

Working in partnership with others

- The service worked well with other professionals. Both professionals we spoke with told us the service was flexible and responsive when working with other services. A health care professional said, "Very proactive and flexible." Whilst a social care professional told us, "I can say I need this to start tonight and it will start. To us here it is an absolute life saver."
- The management team were working with a number of stakeholders to implement a pilot to help improve people's access to care packages. They continually reviewed this and provided evaluation and analysis to stakeholders, this included reporting where they had identified issues and improvements needed.