

People Matter Support Services Limited

# People Matter Support Services Limited

## Inspection report

Davidson House  
The Forbury  
Reading  
Berkshire  
RG1 3EU

Tel: 07775446434

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service well-led?

Inadequate ●

# Summary of findings

## Overall summary

People Matter Support Services Limited is a domiciliary care agency. It provides personal care to people living in their own homes in the community. Not everyone using People Matter Support Services Limited receives personal care. CQC only inspects the service being received by people provided with help with tasks related to personal care, hygiene and eating. It provides a service to older people, younger adults and also those with learning disabilities and/or those on the autistic spectrum. They have detailed in their statement of purpose that they can provide a personal care service to children aged up to 18 years, however, at the time of this inspection, the 22 people using the service were all adults.

At the last inspection on 21 and 22 August 2018 we found breaches of four regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. For three of those breaches we served requirement notices. They were for staff recruitment, medicines handling and staff training. We will follow up those requirement notices at our next comprehensive inspection.

The fourth breach of regulations was for regulation 17, Good Governance. We found the provider had not established an effective system that ensured their compliance with the fundamental standards. They did not have effective systems in place to enable them to assess, monitor and improve the quality and safety of the service provided. This meant they were not aware of, and not addressing, areas that needed improvement to ensure the quality and safety of their service. On 12 September 2018, as a result of our inspection in August 2018, we served a warning notice for that breach of regulations. Warning notices tell a registered person that they are not complying with a condition of registration, requirement in the Act or a regulation and will usually require a registered person to comply with that requirement by a specified date. In this instance we gave the registered person until 10 December 2018 to become compliant with regulation 17.

We undertook an announced focused inspection of People Matter Support Services Limited on 12 December 2018 to check if the provider had made improvements we told them to. We gave two working days' notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office.

This inspection was carried out to check that the warning notice had been met and that the registered person was compliant with regulation 17, good governance. We inspected the service against one of the five questions we ask about services: 'is the service well led?'. The ratings from the previous comprehensive inspection for the remaining four Key Questions were included in calculating the overall rating of requires improvement at this inspection.

The service had a registered manager as required. The registered manager is also the only director of the provider company and is the nominated individual. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was

available and assisted us during the inspection. In this report, for clarity, where we refer to the registered person we mean the provider/registered manager.

We found the service's rating for the well-led question had deteriorated to Inadequate.

The registered person had not taken the necessary action to meet the warning notice and become compliant with the regulations. Although new systems had been added, they were not effective in ensuring the registered person was meeting all fundamental standards. Systems were not effective in identifying areas that needed to improve. There was no effective system in place to enable the registered person to assess, monitor and improve the quality and safety of the service provided.

The registered person remained in breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service well-led?

The service was not well-led and had deteriorated to Inadequate in this key question.

The registered person had not met the warning notice and had not put effective systems in place to enable them to assess, monitor and improve the quality and safety of the service provided. The registered person was not aware of areas where they were not meeting their legal responsibilities.

**Inadequate** ●

# People Matter Support Services Limited

## **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 was done to check that the warning notice, served on 12 September 2018, had been met and that the registered person was compliant with regulation 17, good governance, by the deadline date of 10 December 2018.

This inspection took place on 12 December 2018 and was carried out by one inspector. We gave two working days' notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office.

Prior to the day of our visit, we sent the registered person details of evidence we would need to see at the inspection. We also contacted local commissioners for their feedback prior to the inspection.

As part of this inspection we spoke with the registered person, looked at evidence provided by them on the day and looked at other evidence to check whether the governance systems were effective. For example, we looked at staff recruitment files, the staff training log and monitoring systems, the call attendance logging system and other quality monitoring forms.

## Is the service well-led?

### Our findings

We inspected this key question to follow up the concerns found during our previous inspection on 21 and 22 August 2018 in relation to regulation 17, good governance. At that inspection we found the registered person had not established an effective system that ensured their compliance with the fundamental standards. They did not have effective systems in place to enable them to assess, monitor and improve the quality and safety of the service provided. This meant they were not aware of, and not addressing, areas that needed improvement to ensure the quality and safety of their service and the people who use the service. On 12 September 2018 we served a warning notice for the breach of regulation 17. We gave the registered person until 10 December 2018 to become compliant with regulation 17, good governance.

Four calendar days (two working days) prior to this inspection we wrote to the registered person announcing the inspection. We advised them that the purpose of the inspection was to check their compliance with the warning notice. We also advised them of the evidence we would need to see so they could prepare. At our inspection we asked the registered person to show us evidence of the systems and processes they had put in place to enable them to monitor their compliance with the fundamental standards. We also advised the registered person we needed to see evidence that the systems were effective in identifying any non-compliance so that it could be addressed.

Following our last inspection, the registered person sent us an action plan, dated 18 October 2018, showing how they would meet the breaches of regulations. In that action plan they stated, "We have employed someone ... to manage and monitor our quality assurance and good governance procedures." The registered person told us this staff member had the job title of 'quality assurance responsible person'. The registered person told us the quality assurance responsible person had carried out an audit of all clients' files by visiting the people in their own homes on 22 and 23 November 2018. We asked to see the report or completed audit forms but the registered person advised us this had not been provided to her. The quality assurance responsible person had gone overseas shortly after completing the audit and would not be returning until after the Christmas holiday period. The registered person expected the report to be sent to them after that date. We asked if the quality assurance responsible person had told the registered person of any issues found that needed to be dealt with. The registered person said they had not. We asked what was included in the audit and the registered person advised us that the quality assurance responsible person knew that "everything" had to be included. We established that the registered person expected the quality assurance responsible person to be checking care plans, risk assessments, medicine administration recording charts and medicines as well as any other records in people's homes. The registered person also told us the quality assurance responsible person had been told they should be looking at staff recruitment and training records as part of their audit as well.

The registered person showed us a "Quality Monitoring and Spot Check Tool". This was a form that covered a number of areas that would need to be checked as part of a quality assurance system. The form was designed to be completed during a quality assurance visit to a person's home. However, the form had only been completed for one person. The registered person told us the forms were yet to be completed for all other people who use the service. For this reason, it was not possible to assess whether this was an effective

form for the purposes of identifying and taking action to keep people safe and monitor their own compliance.

As we were not able to check the governance system itself, we looked at other evidence that was available to see if it was an effective system. The action plan provided after the last inspection said, "There will be regular audits of staff files" and that the service would be compliant with recruitment requirements by 10 October 2018. The registered person told us all files contained all of the required schedule 3 information and recruitment checks. We looked at two staff recruitment files. We found neither file had all the required information from schedule 3. For example, neither had full employment histories and reasons for leaving previous employment with vulnerable adults had not been verified. In addition, the registered person had not sought to obtain information about any health conditions which were relevant to the applicant's ability to perform tasks intrinsic to their role. The registered person was not aware they were not compliant with the recruitment fundamental standard, even though they had told us in their action plan they were. This meant the system in place to monitor compliance with the recruitment fundamental standard was not effective, or was not in place.

The registered person told us they used a care planning computer system and a staff training matrix to monitor that staff training was up to date and compliant with the staffing fundamental standard. We looked at the care planning system on the service's computer. This had an alert on the front page saying that all staff entered on the system had expired training in emergency first aid, food safety and moving and handling. The registered person said this was not accurate and the most recent training could not have been entered on the system. We then looked at the staff training matrix, which was also showing numerous gaps and out of date training in the provider's mandatory staff training. The registered person said she thought there was a more up to date matrix and she would ask the administrative staff to locate it and would send it to us after the inspection. However, the matrix sent after the inspection also showed numerous gaps and out of date training in the provider's mandatory staff training. The systems were not kept up to date and no action had been taken when the systems showed there was out of date staff training. This meant the system in place to monitor compliance with the staffing fundamental standard was not effective, or was not in place.

At our last inspection in August 2018 we reported on an incident that had occurred in June 2018 where someone with extensive care needs had not had any care calls over a 24-hour period when they should have had four calls. This had meant they had not received any food, drink, medicines, personal care or continence care from the evening of the Saturday until the morning of the Monday. The person had been unable to call for help or assistance. To prevent the same happening again the registered person told us that they had purchased an electronic monitoring system to monitor staff log in and log out of a call. She told us and send an alert to the registered person if staff did not arrive. However, the system had not been implemented at the time of our August 2018 inspection. The registered person stated the launch of the system was expected later that week, that is, before the end of August 2018. At this inspection we asked the registered person how the system was working. The registered person showed us on the care planning system how scheduled calls turned red if staff did not log in. However, this would only work to alert the administrative staff or the registered person if they were looking at the screen and monitoring the calls. We asked if staff reviewed the online system on an ongoing basis to see if any calls turned red, indicating a staff member had not logged in. The registered person said it was not. We asked if the system sent any email or text alerts if a care worker missed a call. The registered person said they thought the system could do that but it had not been set up to do so. This meant the registered person had not established an effective system to ensure the service was compliant with the fundamental standards relating to risks to people who use the service. It also meant the registered person had not taken action to ensure missed calls were identified immediately so that other staff could be sent to ensure the safety of people who use the service.

The above shows a continued breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered person had not established an effective system to enable them to ensure compliance with the fundamental standards (regulations 8 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014). The registered person had not established an effective system to enable them to assess, monitor and improve the quality and safety of the service provided to people who use the service. The continued lack of robust quality assurance systems meant people were still at risk of harm and potential abuse, and of receiving poor quality care. Should a further decline in standards occur, the systems had not, and potentially would not, enable the registered person to identify issues and take prompt and effective action to keep people safe and ensure their compliance with the fundamental standards.



This section is primarily information for the provider

## Enforcement actions

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

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person had not established an effective system to enable them to ensure compliance with regulations 8 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>The registered person had not established an effective system to enable them to assess, monitor and improve the quality and safety of the service provided in the carrying on of the regulated activity.</p> <p>Regulation 17(1)(2) (a) to (f)</p>

### **The enforcement action we took:**

We imposed two conditions on the provider's registration.