

People Matter Support Services Limited

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Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

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 planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

There was a registered manager in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People Matter Support Services Limited is a homecare agency which provides care to a variety of people including older people, people with learning disabilities

Summary of findings

and younger physically disabled people, who have chosen to live in their own homes. People may need care for a short period of time to recover from illness or as a longer term arrangement.

At the time of our inspection 15 people were using the service. This was an announced inspection. 48 hours' notice of the inspection was given because the service is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

People and their relatives were very happy with their care. Care records did not always provide care workers with sufficient information. People's care records did not include detailed written guidance to care workers to ensure that they could consistently meet people's health and nutrition needs in line with professional guidelines. The registered manager was aware of this concern and we saw that action was being taken to address this. We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report

People told us they felt safe when receiving care and were involved in decisions about any risks they may take. Systems were in place to protect people from abuse and

harm. Care workers told the registered manager and relatives in a timely manner when they encountered safety risks which would affect people's care. Action was taken to prevent incidents and accidents from re-occurring.

Care workers understood the preferences and wishes of the people they were supporting. People told us that care was provided with kindness and compassion.

Care workers were appropriately trained and skilled. They demonstrated a good understanding of their roles and responsibilities, as well as the values and philosophy of the service. Staff had completed training to ensure the care and support provided to people was safe and effective in meeting their needs.

We found people and their relatives were encouraged to plan their own care. They received their care at the time and in the way they preferred. People using this service, their relatives and each person's home were treated with respect.

The registered manager assessed and monitored the quality of care. The service encouraged feedback from people and their relatives, which they used to make improvements to the service.

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?

The provider was delivering safe care. People who used the service and their relatives said they felt safe when receiving care.

There was sufficient staff to meet people's needs safely. People felt safe because calls were never missed and because they knew care would always come, delays were rare.

Systems were in place to ensure people were protected from abuse and the risks related to the individual delivery of their care. People were supported to be involved in their safety plans. Where people lacked capacity to make decisions about their care the provider had arrangements in place to ensure their rights were protected.

Good



Is the service effective?

The service was not always effective. Though people's nutritional and health needs were understood, shared and met by staff, people's care plans did not always provide staff with sufficient information to ensure that they could consistently meet people's needs in line with professional guidelines.

Staff were skilled and received comprehensive training to ensure they could meet the needs of the people they supported.

Staff noticed when people became unwell and clear reporting and referral procedures were in place, for example to the GP or speech and language therapist. Care staff told relatives in a timely manner when people became unwell.

Requires Improvement



Is the service caring?

The service was caring. People who used the service, their relatives and professionals who had contact with the service, spoke positively about staff and the care they received. This was supported by our observations.

People's care was delivered in a way that took account of their individual needs and the support they required to live their lives independently at home. People who required support with their communication to make their wishes known were supported by staff that were confident in understanding each person's communication needs.

People were treated with dignity and their rights upheld by staff. Their care was delivered in private and people's property and homes were treated with respect.

Good



Is the service responsive?

People received their care at the time and in the way they preferred. They were involved in planning their care including choosing their care workers.

Good



Summary of findings

Care workers had a good understanding of how to put person-centred values into practice in their day to day work and provided examples of how they enabled people to maintain their skills in self-care and to make daily choices.

People knew how to raise concerns and action was taken to address their concerns to their satisfaction.

Is the service well-led?

The service was well led with strong leadership. There was a clear vision and a set of values, which were person focused. People told us that the care they received was in line with the provider's values.

The registered manager had systems in place to review safety incidents and audit performance, to help identify any themes, trends or lessons to be learned. People told us that they were asked for their views of the service and gave examples of improvements that were made following their feedback.

Good



People Matter Support Services Limited

Detailed findings

Background to this inspection

We inspected the service on 16 July 2014 and made telephone calls and home visits to people using the service after this date.

The inspection was carried out by an inspector. We spoke with four care staff and the registered manager. We visited five people who used the service and four relatives in their homes to gather their views of the service. We reviewed a range of care records and records about how the service was managed. Following our visit we sought feedback from social workers and commissioners to obtain their views of the service provided to people.

At our last inspection in July 2013 we did not identify any concerns about this service or the service provider. A service provider is the legal organisation responsible for carrying on the adult social care services we regulate.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

People and their relatives told us they felt safe when receiving care. One relative said “It was difficult in the beginning to trust strangers in my home with my family. But I now leave them to do the care on their own. I have come to trust them and see the care they take so my relative does not get hurt”. People also felt safe because they knew care would always come and they rarely experienced delays in their care visits. Comments included “I never wait for my carer”, “they are always on time” and “they have never missed a visit”. The registered manager and care workers told us that there were more staffing hours available than required by the service and that care visits were never missed.

People and staff told us that there was enough time allocated to care visits to deliver care safely. There was enough care workers to ensure people were given sufficient time to safely complete their care routine without being rushed. People and their relatives told us that staff remained for the full duration of the agreed visit time and did not rush them. People were provided with the time they required to complete their personal care routine. One person told us “They never rush me. I like that they always tell me to take it easy and take my time.” The registered manager told us how the service had worked with social workers to increase the length of visits for people when required. For example, they had requested a social worker observe a person’s care routine when their request for additional time had been rejected. The care workers were able to demonstrate that additional time was required to undertake the person’s routine safely and an increase had been authorised.

Safety risks to people’s care were identified and communicated by care workers to the registered manager and relatives without delay and action was taken to prevent safety incidents from occurring. For example, one person required a specialist bed to ensure they could be moved and positioned safely. This person’s relative told us the service contacted an Occupational Therapist and ensured that an appropriate bed was provided as a matter of urgency. People told us that the registered manager arranged for professionals to come to their homes to show care workers how to use their equipment safely. They felt staff implemented professional’s safety guidance appropriately.

People were supported by care workers that knew how to respond, report and record safety incidents and accidents in line with the service’s policy. These had also been recorded in people’s daily notes in their homes. Care workers also reported incidents to the registered manager that occurred outside of care visit times so that the service remained informed of changes to people’s vulnerability. For example if people had falls or had problems with heating. The registered manager kept staff up to date through daily phone calls with changes that needed to be made to keep people safe.

Care workers had guidance about how to keep people safe. For example where it had been agreed that care workers would support people with their shopping, money management procedures were in place to ensure this was done safely. Another person told us following an incident the registered manager gave their care workers additional information to remind them how to undertake safe catheter care.

People were encouraged to influence their risk management plans and the service worked with people to balance risks with independence and choice. One person told us that their care worker had contacted the emergency services when they became unwell. They said “I don’t like it when the ambulance is called. But my carer kept on monitoring me and explained to me that the ambulance will only be called as the last resort to keep me safe. I liked it that they kept me involved and the decision wasn’t made for me.” The provider told us that all of the people who used the service had the capacity to make decisions about their care. They worked closely with the local authority who would undertake a mental capacity assessment and ensure decisions were made in people’s best interests, if they were deemed to lack the capacity to determine their care.

Staff understood the principles of the Mental Capacity Act (2005) and knew how to identify when people were having difficulty making important decisions and how to refer them to the local authority to ensure their rights were protected. The MCA provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

People were protected from the risk of large numbers of different care workers visiting their homes. People received

Is the service safe?

care from only one or two care workers which meant few staff had access to people's homes. When care workers needed to use a key safe to access people's homes the code was only known to the registered manager and the regular care workers.

People told us the service matched them to care workers that had the skills and knowledge to support them safely. People and their relatives were encouraged to share any safety concerns relating to staff. They were regularly contacted by the registered manager to hear if they were satisfied with their care worker. They told us though they did not have any concerns they would feel comfortable telling the registered manager if they felt unsafe with their care workers or if any of their belongings had gone missing. Staff understood their responsibility under the whistleblowing procedures and told us they would contact the registered manager if they thought people were at risk from one of their colleagues.

Records showed when people had raised safety concerns the registered manager had reported their concerns to the relevant agencies and involved the person, their relatives and the care workers in any investigations undertaken.

Staff knew how to identify potential abuse and understood their reporting responsibilities in line with the service's safeguarding policy. The registered manager confirmed that there had been one safeguarding investigation relating to the service in the past year. Action had been taken, including refresher manual handling training, to prevent the incident from reoccurring.

People confirmed that care workers undertook care tasks safely. Each person had an individualised risk and management plan, completed with them and their relatives. Care plans informed staff how to reduce the risk of injury to themselves and to people. For example, the moving and handling risk assessment for one person required them to be hoisted by two care staff. They told us "Staff know how to use my hoist. Even though my husband supports me they will never ask him to help them they always make sure there are two of them to support me". The risk management plan provided staff with detailed instructions on how to undertake this task safely. Care staff told us that the information in care plans was sufficient to ensure that they knew how to undertake tasks safely.

Is the service effective?

Our findings

People told us the registered manager had visited them before their care started and they had been involved in planning and agreeing their care. People's nutritional and health needs were understood, shared and met by care workers. However, people's care plans did not always provide care workers with sufficient information to ensure that they could consistently meet people's needs in line with professional guidelines. For example, detailed information was not available to care workers to inform them at what pace to support one person to eat. This detail would ensure the person was given sufficient time to chew and swallow each mouthful, in line with Speech and Language Therapy guidance. This person told us that at times new care workers supported them to eat too quickly.

One person required close monitoring to ensure that they did not become unwell due to their low blood pressure. Their care worker could describe how they supported the person to get up slowly and sit down if they felt lightheaded. However, their care plan did not include this information. This meant that in the absence of clear instructions to care workers people's health and nutrition needs might not be consistently met by care workers that did not know them well.

People told us that although their care arrangements were regularly reviewed, the care plans in their homes had not always been updated to ensure that their nutritional and health support were detailed. One person said "Carers are very eager to do things right. It would be good if it was all written down then I can just show them what they need to do. They have the skills they just don't always know how it needs to be done for me." A professional also told us that "care plans could have more detail about the care required, especially if people have more complex health or support needs". The registered manager and senior care worker knew people's needs well, however in the absence of up to date care plans they could not easily monitor whether people had received effective care.

This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Some people needed support from care workers to choose and prepare their meals. Care workers knew people's food preferences and how to support people to make healthy meal choices. Care workers told us how they would prompt

and encourage people with dementia to eat and drink sufficiently. People told us they were supported to have a drink at each visit. We saw evidence of this in records. Care workers prepared a flask of drink for some people so that they would have enough to drink between visits. People were encouraged to drink extra fluids during hot weather. Care workers identified when people's appetites changed, they did not eat enough or were struggling to eat. These changes were reported this to the registered manager so that people could get the support they needed.

Care workers recognised when people became unwell and clear reporting and referral procedures were in place, for example to the GP or occupational therapist. Relatives said that the registered manager had informed them when people did not eat or drink enough or required professional input to support them to eat. People and their relatives told us that their care workers understood their health needs and provided the support they needed. They gave examples of how care workers supported them with catheter care, preventing pressure sores and taking their medication. Comments included "they support me to contact my GP" and "they notice if I rub my back and ask me if I am in pain and need my tablets."

Care workers attended relevant training courses from the local authority. The registered manager told us "This way I know that they will receive good training that includes up to date care practice." Care workers received training to enable them to meet the needs of the people they supported, for example how to protect people from abuse and safe moving and handling of people. Care workers received first aid training and knew what action to take if people choked. Staff had a good understanding of how they would apply their training and could explain, for example, how they would support people to make decisions.

People and their relatives told us that they were confident in the knowledge and skills of the staff who were caring for them. One relative said "The staff are really very confident in what they are doing and will give me advice or tell me where I need to go for assistance." Care workers told us the training they had received was good and enabled them to support people effectively. New staff worked alongside experienced staff to observe and learn how people liked to have their care delivered. Care workers told us that they had been assessed undertaking hoisting, attaching catheter bags, using personal protective equipment and

Is the service effective?

communicating with the person they supported. Care workers were supported by professionals including district nurses, occupational therapists and physiotherapists to develop their specialist skills. The provider asked people for their views of care worker's skills and whether they were supported effectively. The registered manager used this feedback to develop care worker's competence.

Care worker's received regular one to one meetings with the registered manager to support them to develop their skills and knowledge. Records confirmed this. Care workers also told us that they were in daily contact with the regular manager to discuss their care visits and were provided with support and guidance if they had any concerns.

Is the service caring?

Our findings

People who used the service, their relatives and professionals, were positive about the way staff treated people. The comments we received included “They have a good attitude, pleasant and caring” and “We get on very well. She is easy to have around, we have a laugh and she always feeds my cat.” One social worker told us “I recently spoke with several people who used the service to get their feedback and they could not stop praising the carers, their consideration and their kindness.”

During our home visits we observed people interacting in a warm and relaxed manner with their care workers who asked them about their family, pets and interests. Care workers clearly knew people well and had developed a warm engaging relationship with them. Staff spoke about the people they supported with affinity, compassion and concern. We heard of many examples where staff supported people with kindness, tenderness and patience. For example a relative told us how staff supported their relative who got anxious when hoisted, reassuring and comforting them until the task was completed.

People received person centred care delivered in a way that took account of their preferences and choices. One relative told us that their relative “gets to take the lead when he has his support session. The carer gives him all the freedom he wants to make decisions about what activities he wants to do and then they actually do it. They have become like friends, just two young men shooting the breeze together. I always wanted that for him.”

People with diverse communication needs were supported to make their wishes known. People told us that staff took time to talk with them in a meaningful way. When people did not speak English staff made an effort to learn words in their language so that they could engage with people on a basic level. Care workers could describe how they

supported people with hearing impairments and learning disabilities to express their wishes and be involved. This included communicating through writing and hand gestures. One relative told us “The carer understands my son’s learning disability and always uses short sentences when he talks because it is easier for my son to understand”.

Staff received training to ensure they understood how to respect people’s privacy, dignity and rights. This formed part of the core skills expected from care staff. The registered manager assessed how staff put these values into practice when observing their practice. People told us staff put this training into practice and treated them with respect. Staff described how they ensured people had privacy and how their modesty was protected when undertaking personal care tasks. People told us that staff closed curtains and doors before undertaking bathing tasks.

Relatives told us how they were given the opportunity and time during care visits to develop relationships with care staff. One relative said “They are very polite towards me. I like keeping an eye on what they do and they understand it and I feel that they go out of their way to involve and explain to me what they are doing.” We observed care workers taking the time to chat and update relatives of the outcome of their visit whilst not intruding on their family time.

People told us that staff respected their home and personal belongings. They said that care workers left their bathroom the way they liked it after completing their personal care routines. One person told us “They will also always check that everything in the bathroom is working and is careful not to break anything”. Care workers could describe how they would ensure people’s wishes were respected, for example, by using people’s preferred bathing products

Is the service responsive?

Our findings

People received their care visits at the time they wanted and needed them. People told us they had agreed the times of their visits with the registered manager and they received their care at the times agreed. The provider was flexible and adjusted people's care times when requested. One person told us "I always receive my care in the afternoon but had to go to the hospital in the morning. I wanted my regular carer to go with me but she doesn't work mornings. She went out of her way to arrange child care so that she could come with me".

People and their relatives told us they were involved in the assessment, planning and regular review of their care. They had regular phone calls and home visits from the registered manager to discuss their care. One relative told us "The registered manager phones me twice a week to hear if everything is going OK and if we need to make any changes to the care". People also told us that the registered manager gave them a choice of who provided their care. For example staff had been recruited who shared the same language as one person who could not speak English when this was requested by the family. One relative told us "I wanted a young male carer for my son and they arranged that".

People had introductory visits with their care workers before they started working with them so that their care workers could become familiar with their care routines and preferences. The registered manager told us "It is important that we match people to carers that share their interests or have the right personality. We also need to give people time to get to know each other".

People received care from the same care workers that knew them well and delivered their care the way they wanted. One person told us "I like it when things are calm and my carer knows that. She is never loud". One relative said "It is always the same carer. It is important to my son as he struggles with change".

Staff had a good understanding of people's needs and how to put person-centred values into practice in their day to day work. Care workers were able to provide examples of how they enabled people to maintain their skills in self-care and make daily choices. This included prompting people to undertake part of their bathing routine independently and reminding people to complete tasks before they leave. We saw that care plans noted which parts of personal care tasks people could undertake independently.

People were supported to maintain their own interests, social and community networks and care workers understood the importance of supporting people to stay in contact with family and friends. Care workers explained how they ensured that people had access to their reading glasses, the television remote control, the newspaper or telephone before they left their home so that they could stay in contact with people and pursue their interests.

People knew how to complain. People and their relatives told us they had regular contact with the registered manager and would feel comfortable about complaining if something was not right and they were confident that their concerns would be taken seriously. The registered manager told us that concerns were generally related to miscommunication. People were contacted routinely to ensure that they had the opportunity to share their experience of their care. The provider had not received any formal complaints in the past year.

The registered manager responded in person to any concerns people had so that these could be resolved quickly. They told us "I think we do not get a lot of complaints because I will always call or visit people if they are unhappy with their care and we are able to agree a solution". People who had raised concerns confirmed that the registered manager had resolved these quickly to their satisfaction. One relative told us "We have had many care agencies but this is the first one that will put their hands up and come to see us and apologise if they get something wrong. They then fix the problem".

Is the service well-led?

Our findings

The provider had a clear vision of what they were striving to achieve for people and staff and noted this in their Statement of Purpose. The registered manager told us “We are called People Matter because that is what is important to us. It is all about putting people first”. People and professionals told us that the registered manager ensured that the provider’s vision was reflected in the service delivered. One person said “The manager is very passionate about the service and makes sure we are well cared for”. Care workers told us that this vision and values were reinforced during their induction, staff handbook and supervision. One care worker said “The manager always tells us to remember who we serve and reminds us of our responsibility to people and their relatives”. The staff valued the people they supported and were motivated to provide people with high quality care. The registered manager told us they were very selective about the staff they employed and made sure that staff were “caring, respectful and compassionate, they have to embody the core values of the service”.

Staff had clearly defined roles and understood their responsibilities in ensuring the service met the desired outcomes for people. They had a good understanding of good practice and were encouraged to question decisions and share with the registered manager any concerns. Staff understood their duty of care and their responsibility to alert managers if they identified any concerns in the quality of care they or their colleagues provided. They were familiar with the service’s whistleblowing procedures and told us they would be comfortable to raise concerns.

Care workers told us that the registered manager was a strong leader and gave them direction and a sense of value. One care worker said “The manager is very strict about practice, you have to do things right. But at the same time she wants us to say if we don’t do things right because she wants us to learn from our mistakes and develop our skills”. The provider understood the importance of remaining up to date with developments in care practice. The registered manager was a qualified social worker and maintained their registration. They kept staff updated on changes in legislation and care practice. A senior care worker was an accredited safeguarding adult’s trainer and attended quarterly workshops with the local authority to keep updated with the safeguarding arrangements. They also

covered the day to day running of the service when the registered manager was absent and told us that the registered manager was mentoring them and developing their leadership skills for example, in staff supervision.

Improvement was integral to the service and the registered manager had systems in place to monitor the quality and safety of the service which involved people, their relatives and staff. They reviewed all reported incidents daily. The registered manager told us that the number of incidents was low and mostly related to people becoming unwell and requiring health referrals or emergency treatment. The service had arrangements in place to manage these emergencies which included providing flexible staff cover and management support for the care worker attending to the emergency till relatives or emergency services arrived.

Service satisfaction questionnaires were sent out yearly asking people their views of their care. The results of the last survey had been very positive and comments included “they meet my daily needs very competently”, “I am always told if I should expect a different carer” and “my care was arranged to meet me”.

The registered manager undertook quality checks to monitor staff’s performance. People confirmed that the registered manager undertook care visits to ask them about their satisfaction with their care workers and their views on their skills. When concerns were raised they took action to improve things. For example when it was identified that a care worker lacked confidence in delivering a specific task the registered manager worked alongside them until the person felt confident with the care worker. The registered manager checked people’s daily records monthly to satisfy themselves that people were receiving the full length of their visit, incidents were reported and to check if there were any patterns that might indicate a change in people’s needs. For example, when they noted one person was getting up later than usually they investigated the reason for this and referred this person to their GP when it became clear that they were in pain and not sleeping well.

The registered manager was aware that some care plans required updating. They were training the senior care worker to support them with this task and ensured that people were supported by care workers that knew them well until the care records were updated.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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	<p>Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records</p> <p>Regulation 20 (1) - People's care records did not always provide staff with sufficient information to ensure that they could consistently meet people's health and nutrition needs in line with professional guidelines, for example when supporting people to eat.</p>