

Care Matters (Homecare) 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?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

Care Matters Limited is a domiciliary care service that provides personal care to people living in their own homes. The people who use the service have a range of needs. There were 26 people receiving a personal care service at the time of this inspection.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good overall and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. At this inspection we found the service now required improvement in the well-led domain. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People said this was a safe service. They knew the staff and felt comfortable with each of them. Some staff raised concerns about rostering and travel time between calls, we discussed this with the management team to review how improvements could be made.

People were supported in a safe way. Staff had training in infection control and had all the necessary equipment to care for people in a hygienic way. People who required assistance with medicines were supported by staff who had training in medicines management.

People's needs were assessed before the care service was arranged, however some staff said this could be more timely as information was not always in place quickly. Staff were trained in care and relevant health and safety topics. People's consent was sought and recorded before care was provided.

Where appropriate people were supported with meals. Where people had specialist dietary needs, this was recorded and staff were trained in specialist techniques where necessary. The service had good working relationships with healthcare services and any changes in people's health were referred to the right service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

There were good relationships between people and staff. People felt confident that staff knew their needs, preferences and wishes.

Care Matters Limited provided a personalised service that matched each person's individual needs. Care records were sufficiently detailed to guide staff in the individual needs of each person. Some people said they felt their concerns hadn't always been listened to. We saw the new manager had already begun to go out and meet with people and had listened and addressed these concerns.

We received mixed views from the staff team about how they felt supported by the management team. The management team agreed that communication needed to improve and the new manager had already

begun to meet with staff on a 1:1 basis and via staff meetings to listen to their views. Staff raised some issues regarding their employment terms and we fed this back to the management team who stated they were committed to making continuous improvements to the service.

Further information is in the detailed findings below.

## 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 remained good.

### Is the service effective?

Good ●

The service remained good.

### Is the service caring?

Good ●

The service remained good.

### Is the service responsive?

Good ●

The service remained good.

### Is the service well-led?

Requires Improvement ●

The service required improvement.

We received mixed views from staff about how they felt supported and valued by the service.

We found communication between staff and the management team could be improved.

We saw there were a range of quality audits in place.

# Care Matters (Homecare) 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 planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection. This inspection took place on 14 January and we contacted people on 15 and 17 January 2019. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service and we needed to be sure that the manager would be available. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. The service had completed a Provider Information Return. This is information we require providers to send us at least once annually 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 contacted the commissioners of the relevant local authority to gain their views of the care provided. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used feedback to inform the planning of this inspection.

We visited the office location to see the manager, nominated individual and provider; and to review care records and policies and procedures. We spoke with seven people by telephone and spoke with five relatives. We contacted 34 care staff.

We also looked at the care and medicine records of four people and the recruitment records of four staff. We viewed the training records and quality monitoring records.

# Is the service safe?

## Our findings

At the last comprehensive inspection, we found the service was safe and awarded a rating of good. At this inspection, we found the service continued to be safe.

People and relatives told us they felt the service was safe. Comments included, "[Name] has got a lovely carer, if there's any change in anything Care Matters phone and try to provide somebody," and "Safe, yes... I'm just confident with the way they look after me."

Risk assessments were in place to ensure people were supported in a safe manner. We saw risk assessments were in place to cover environmental factors such as people's home environment.

The provider had systems and processes in place such as safeguarding and whistleblowing policies for staff guidance. Staff received training in safeguarding and had a clear understanding of what constituted abuse and how to report it.

Recruitment procedures were thorough and all necessary checks were made before new staff commenced employment. For example, disclosure and barring service checks (DBS). These were carried out before potential staff were employed to confirm whether applicants had a criminal record and were barred from working with vulnerable people. We discussed with the manager that references should always be sought from the employer rather than previous work colleagues and the manager assured us this would be in place going forward.

We received mixed feedback from the staff we spoke with regarding timings for calls. One staff member said, "I have no issues with the amount of time given to provide care for our clients." Negative feedback from staff included, "The drivers are under a lot of pressure because they are given extra calls and not given any travel time or breaks. They are working from 07.00 till 22.00 most days and are shattered. They are expected to get from one side of town to the other without travel time. This makes them late." We gave this feedback to the manager and provider and asked that they review rotas and call timings and discuss the concerns raised with staff.

People we spoke with were generally positive about call times and length of visit. Comments included, "You can generally set your watch by them," and "So far, I'm very pleased with them, I can only comment regarding, comparing them with the previous care company. They are more reliable, they have no trouble at all covering all shifts." A relative we spoke with said, "They're all regular, he has two carers 24 hours a day. They are always both on time, everybody's always on time, they're usually here a good half hour before the shift."

Where staff supported people with their medicines this was managed safely. Staff had received training in the safe administration of medicines. The management team observed staff on a regular basis to ensure their competency in supporting people with their medicines.

Infection control procedures were in place and staff had access to personal protective equipment to reduce risk of cross contamination.

There had been no specific incidents that had led to a 'lessons learnt' approach, but the manager had used a recent staff meeting to reflect on any good practices that could be adopted by all staff.

Health and safety checks were in place regarding the office location for fire and electrical equipment.



# Is the service effective?

## Our findings

At the last comprehensive inspection, we found the service was effective and awarded a rating of good. At this inspection, we found the service continued to be effective.

People and relatives told us they were happy with the service. Comments included, "I work part time, I don't worry at all about the care that they're giving him," and "I'm perfectly happy, I like Care Matters."

People's needs were assessed and care was planned using legislation and best practice. For example, moving and handling guidelines and health and safety requirements. The service carried out an assessment of each person's needs before a care package was agreed or put in place. This meant the service could check whether the care needs of the person could be met by the staff team.

We reviewed the training arrangements for the service and found staff completed regular training and refresher courses. The service had sought specialist training in relation to providing some people with more complex healthcare needs such as bowel management and care for people with a tracheostomy.

We asked people and their relatives if they felt the staff were appropriately trained. Comments were generally positive and included, "Yes, I've quite a bit of equipment. I'm confident they do (know what they are doing) now," and "They seem to have had good training, some have more experience than others, the new starters as they come along, they always shadow the more experienced carer." Some people said they felt that training complex needs could be more in-depth. One person said, "My understanding of their spinal and brain training, they've only had a talk from the spinal community nurse, so presumably she's told them what she considers they need to know."

Some staff we spoke with felt the training wasn't adequate, whilst others reported the training was positive. One staff member told us, "I feel that the training is good and is updated often, if I was ever unsure I know I could ask and training would be provided." Another staff member said, "We don't get enough training and support." We raised this mixed feedback with the manager and nominated individual and asked them to explore if staff felt they needed further training.

Staff told us they received regular supervisions. The manager kept a record of supervisions and had a planner in place.

The people who used the agency had capacity to consent to the care and treatment they received. The care records showed that people had been fully involved in agreeing their own care package and had signed consent forms to show this. The people we spoke with said that staff always asked them for their permission before carrying out any care or support. Staff had training and awareness of the Mental Capacity Act.

Staff provided support with meal preparation and offered encouragement with eating and drinking. The service was not responsible for monitoring intake or people's weight. Any concerns regarding weight loss or lack of intake would be reported to the district nurse or the GP.

We saw that staff liaised with health and social care professionals such as social workers, GPs and district nurses and other health professionals.

# Is the service caring?

## Our findings

At the last comprehensive inspection, we found the service was caring and awarded a rating of good.

People we spoke with who received personal care said they were happy with the care and support provided. We found a range of support could be offered, which could mean staff visited once a day or several times a day to assist with personal care tasks; or completed domestic tasks or companionship. Some people with complex healthcare needs had support from Care Matters Limited 24 hours a day.

The people we spoke with were readily able to discuss what type of support they received and how they had gone through with staff exactly what their needs were and how these were best supported as part of their assessment. One relative told us how the service supported their family member with independence. They said, "[Name] is a creature of habit and they try to encourage her to do other things, like to go somewhere new today, and it's always a no because she likes her routine, but they try."

We looked at the arrangements in place to ensure that people were involved in decisions about their day to day lives and provided with appropriate accessible information.

The people we spoke with told us staff always treated them with dignity and respect. People found staff were attentive, showed compassion, were patient and had developed good working relationships with them. People told us; "When they are here on a morning they always ask me if I've had a good night's sleep. To me that's caring."

The staff we spoke with explained how they maintained the privacy and dignity of the people that they care for and told us that this was a fundamental part of their role. One relative we spoke with said, "They treat her with dignity and respect yes, they make sure that her modesty is maintained when she is being hoisted." One staff member told us, "I have a duty of care towards each and every person and I feel my performance shows that too."

The manager and staff that we spoke with showed genuine concern for people's wellbeing. It was evident from discussion that staff knew people well, including their personal history, preferences, likes and dislikes and had used this knowledge to form positive relationships.

## Is the service responsive?

### Our findings

At the last comprehensive inspection, we found the service was responsive and awarded a rating of good. At this inspection, we found the service continued to be responsive.

People and relatives said the service was personalised and met their specific needs and preferences. Their comments included, "They all definitely look at the care plan. It's with me all the time," and a relative said, "They've formed good relationships with him, they're a variation of ages, they understand him and talk to him, they ask him what his likes are."

People had been fully involved in setting up and agreeing their care package. This was evident from the signed agreements and consent forms in people's care files. One person told us, "My wife did a support plan, new carers look at it when they come in."

Care records were individualised for each person. The care and support plans included detailed information about each task, routine and support the person wanted at each visit. We saw these plans were reviewed and audited regularly and any updates or amendments were made.

Care plans were written in a respectful way from the perspective of the person. For example, "I have a lot of people who visit me daily" and "I enjoy a good chat with the carers throughout my call."

It was not a primary role of the service to provide social care activities. However, the service did offer a sitting service to people and provided opportunities for people to go out with staff, for example, for meals, if this was part of their agreed care package.

People had clear, written information about how to raise any issues or complaints, however feedback from people suggested that they weren't always clear on how to complain or didn't receive feedback if they did raise an issue or concern. One person we spoke with said, "I don't know the procedure but I know how to raise concerns." We discussed this with the manager who stated they were aware that issues had not always been dealt with appropriately. They told us they were in the process of going out and meeting with people and relatives and discussing how they felt about the service. We saw they had responded and actioned concerns that had been raised with them and people were happy with the outcome. There had been two complaints by people or relatives in the past year and the manager was actively dealing with these according to the service's procedure.

People's comments included, "If I've had an issue it's acted on. We had a complaint and it was dealt with." However another person said, "No, I'm not happy with how my complaints are handled."

At the time of our inspection there was no one receiving support with end of life care. Where appropriate, the service would work in conjunction with palliative care services if people needed support during the end stages of their life.

# Is the service well-led?

## Our findings

At the last comprehensive inspection, we found the service was well-led and awarded a rating of good. At this inspection, we found the service required improvement to be well-led.

People and relatives said the service was generally well-run. One relative we spoke with said, "I've had no complaints as such, I have spoken to the manager a few times, they changed recently. I've not met the current one. I think there are plans for her to meet us. She sent a letter out a few weeks ago."

Staff members we spoke with gave us mixed feedback about the level of support they received from the management team. The management team told us staff were encouraged to make suggestions at staff meetings and informally at any other time. Some staff said they felt able to raise any ideas and that these were listened to. Comments included, "[Name] the manager is very approachable and very interested in ideas I have" and "Management are only a phone call away and they are very helpful when needed". However other staff members stated, "We don't get enough support," and "There is definitely room for improvement."

The previous registered manager had left the company before Christmas 2018 and a new manager had been in post for six weeks. They were applying to be registered. 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.

We discussed with the manager that some concerns had been raised with us through questionnaires and feedback prior to our visit. These included issues raised by staff regarding training, employment terms and conditions and travel time and feedback from people regarding the complaints process. The manager had already begun meeting staff through supervisions and a recent meeting and was doing home visits to meet with people and seek their views. They told us communication was an area that needed to be improved and we saw they had begun to address issues raised by their 1:1 meetings with staff and people.

People's views were sought during spot checks by the management team. The spot checks were also used to make sure staff were carrying out the right care in the right way for each person. Any suggestions or comments were acted upon.

The care records for each person were audited by the management team regularly and checked for any changes in people's well-being. The management team also checked medicine administration records, diary records and visit call times were correct.

This was a small agency that worked closely with local services. The service had liaised closely with healthcare teams to support people with complex healthcare needs. For example, staff had supported potential clients in healthcare settings to meet and learn about their needs from healthcare staff before the person was returned to their home environment.

