

## Care Matters (Wiltshire) 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?

Good 

### Overall summary

This inspection took place on 2 November 2015 and we spoke with people who used the service, their relatives and staff on 26, 27 and 28 October 2015. This was an announced inspection which meant the provider knew two days before we would be visiting. This was because the location provides a domiciliary care service. We wanted to make sure a registered manager would be available to support our inspection, or someone who could act on their behalf.

There was a registered manager (who was also the registered provider) in post at the service at the time of

our inspection. 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.

People were positive about the care they received and praised the quality of the staff and management. Two

# Summary of findings

social care professional said “ the small staff team provide consistent care that people want. The registered manager is very aware of people’s individual needs and provides a professional service.”

Systems were in place to protect people from abuse and harm and staff knew how to use them. Staff understood the needs of the people they were supporting. People described their care as being provided by staff with “compassion and professionalism”.

Staff were appropriately trained and skilled. They received a thorough induction when they started work at the service. They demonstrated a good understanding of their roles and responsibilities, as well as the values and philosophy of the service. The staff had completed training to ensure the care and support provided to people was safe and effective to meet their needs. All of the staff we spoke with were clear the effectiveness of training was monitored through the supervision; and if necessary disciplinary processes.

The service was responsive to people’s needs and wishes. Changes in people’s needs were quickly identified and

their care package amended to meet their changing needs. The service was flexible and responded positively to people’s requests. People who used the service felt able to make requests and express their opinions and views. We saw people’s needs were set out in clear, individual plans. These were developed with input from the person and people who knew them well. Staff explained the importance of supporting people to make choices about their daily lives. Where necessary, staff contacted health and social care professionals for guidance and support.

We saw records to show formal complaints relating to the service had been dealt with effectively. People explained they were confident that any concerns or complaints they raised would be taken seriously and be dealt with promptly.

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

# 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 service was safe. People and staff told us they felt safe.

Staff had been recruited following safe recruitment procedures. They had a good awareness of safeguarding issues and their responsibilities to protect people from the risk of harm.

The provider had systems in place to ensure people received their prescribed medicines safely.

Good



### Is the service effective?

The service was effective. Staff had suitable skills and received training to ensure they could meet the needs of the people they supported.

Staff we spoke with had a good understanding of the people they were supporting, and their working practices were monitored.

People's health care needs were assessed. Staff recognised when people's needs were changing and worked with other health and social care professionals to make changes to their care package.

Good



### Is the service caring?

The service was caring. People and relatives described the staff as "friendly, caring, reliable and jolly."

People's privacy and dignity were respected. People were involved in making decisions about the support they received.

People were asked what they wanted to do daily and their decisions were respected.

Good



### Is the service responsive?

The service was responsive. Changes in people's needs were quickly recognised and appropriate, prompt action taken, including the involvement of external professionals where necessary.

People and their relatives were supported to make their views known about their care and support. People were involved in planning and reviewing their care.

Staff had a good understanding of people's needs and provided examples of how they took an individual approach to meet them.

People told us they felt that when they raised issues these were dealt with in an open, transparent and honest way.

Good



### Is the service well-led?

The service was well-led. The registered manager provided strong leadership, demonstrating values, which were person focused. Staff had a good understanding of the aims and values of the service and had opportunities to express their views in what they described as an "approachable and professional agency".

Staff were aware of their responsibilities and accountability and spoke positively about the support they received from the management team.

Good



# Summary of findings

Systems were in place to review incidents and audit performance, to help identify any themes, trends or lessons to be learned. Quality assurance systems involved people, their representatives and staff and were used to improve the quality of the service.

# Care Matters (Wiltshire) Ltd

## 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 checked 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 inspection was carried out by one inspector. At the time of this inspection the registered manager confirmed 60 people were receiving the service in the Wiltshire and North Dorset Counties.

We reviewed the Provider Information Record (PIR) before the inspection. The PIR was information given to us by the provider, which enabled us to ensure we were addressing

potential areas of concern. We also looked at the notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us.

We used a number of different methods to help us understand the experiences of people who used the service. During the visit we looked at documents and records that related to five people's support and care, three staff files and records relating to the management of the service. We spoke with the registered manager, a senior care coordinator and two care coordinators. Prior to the inspection we visited five people in their own homes and spoke with each of them along with two of their relatives. Shortly after our visit we received positive feedback from a total of 17 people. We contacted four health and social care professionals for feedback. We received two responses from social care professional who provided positive feedback.

# Is the service safe?

## Our findings

People told us they felt safe, and made the following comments; “I know all of the staff, they are a small staff team and are very good at their job and take pride in working for Care Matters. They are very punctual and keep me informed of any changes, this is very important to me.” Another person said the staff were “very reliable, I would not want to change, and recently turned down another service provider.” A relative explained how a person needed specialist equipment to move in and out of bed, and said “there are always two staff who work together using the equipment to ensure X is safe.”

There were arrangements in place to deal with foreseeable emergencies. Staff confirmed there was an on call system in place which they had used when needed.

Most people we spoke with explained either they, or a family member managed their medicines. Two people described the assistance they received, and said it was “staff prompt me to take my prescribed medicines.” We saw the level of support the person needed was detailed in their care plan, such as prompting. Staff told us they had received medication training, they were able to describe safe procedures and what level they were allowed by company policy to administer medication. For example they were not allowed to administer medicines which had not been prescribed. Staff said they underwent refresher training and received competency assessments. This meant procedures for the safe administration of medicines were in place and being followed.

Each of the three staff spoken with said that they had received safeguarding training and regular updates; they were able to give examples of what constituted abuse or

neglect and who they would report to. They were aware of the agency whistleblowing policy and all said that they would not hesitate to report any concerns. Comments included, “I would have no problem reporting a member of staff if they did something I didn’t think was acceptable”.

Family members and users of the service said that staff were very observant and if they had any concerns at all, they were confident and concerns would be reported and action taken.

Records demonstrated appropriate action had been taken to report concerns to the local safeguarding authority.

We looked at five support plans, each showed risk assessments had been completed with the involvement of the person who used the service, where possible. Records showed risks were reviewed regularly and updated when people’s needs changed. Staff demonstrated an understanding of these assessments and what they needed to do to keep people safe.

Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant’s past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions that may prevent them working with vulnerable people. Staff said that they had received a formal interview process that included DBS checks and references. They said that they had undergone an induction process which included shadowing more experienced staff, and had a competency assessment before working unsupervised. One family member described how they had been asked to provide feedback about a new member of staff, as part of their induction.

# Is the service effective?

## Our findings

The people who gave feedback about the staff described them as being “dependable and approachable.” Without exception, everyone we spoke with said that there was never a time where staff arrived who they hadn’t met before.

People told us staff understood their needs and provided the care they needed, with comments including, “they (staff) know me, they provide the level of support I need at a time when I need it. They are not rushed and have time to chat which looks after my emotional needs as well.” A social care professional told us “they (Care Matters (Wiltshire) ) provide a person centred service and review customers (people using the service) by discussion and looking at different ways to meet their individual needs.” A person described how “the carer is always on time, and I know who they are.”

Records showed people had regular access to healthcare professionals and attended regular appointments about their health needs. Everyone we spoke with described how they were either directly supported to, or attend medical appointments.

The staff we spoke with described how they had regular meetings with their line manager to receive support and guidance about their work and to discuss training and development needs. This was a way of monitoring staff delivering support to people in their homes. Staff said they received good support and described how they were able to raise concerns outside of the formal supervision process. Comments from care staff included, “the registered manager is very approachable, and works with people so has her eye on the ball.”

The provider was following the Care Certificate induction programme for new staff. This meant the provider was following good practice as part of staff induction for social care. Records showed the induction process included reading the provider’s policies and procedures and by shadowing more experienced members of staff to meet and get to know people they would be supporting. We saw records to show staff inductions and probationary periods had been signed off by the registered manager.

There was a programme of training available. Staff told us they received the necessary training to meet people’s needs such as moving and handling, medicine and health and safety. The registered manager explained the majority of training was given face to face by the person employed to provide the training. However the person had recently left employment. The registered manager explained a recruitment drive was underway to recruit someone to provide the training to staff. We saw competency checks were made to ensure the individual understood the training, and supervisions were in place to address any shortfalls or concerns.

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 legally authorised under the MCA. For people receiving care in their own home, this is as an Order from the Court of Protection. The registered manager confirmed this didn’t apply to anyone receiving the service at the time of this inspection.

All of the staff we spoke with demonstrated an understanding of the MCA and its principles. They were able to describe such areas as ‘best interests’, not restraining people and ensuring that people had a say in the care they received. Comments from staff included, “We are going into people’s homes and need to treat people with respect and listen to what they want and get their consent. Sometimes it is different from what families want but good assessments and care plans ensure that we know what is expected of us”. A relative said “I think that the staff team have a good understanding of mental capacity, they always treat my relative with dignity and respect and ensure that he is involved in his care. They are aware of issues such as people’s best interests and allowing people to make their own decisions.”

The registered manager told us that if they had any concerns regarding a person’s ability to make a decision they worked with the local authority to ensure appropriate capacity assessments were undertaken.

# Is the service caring?

## Our findings

Without exception, everyone we spoke with was complimentary about the staff, comments we received included; “I can’t praise them enough.” Another person said, “They are all very caring and professional,” Two healthcare professionals made the following comments; “The carers are very good, consistent and have a good relationship with people. Very good at communicating. And “ The registered manager is very hands on and carries out care calls to people, so she is aware of their needs. Small staff team provides consistent care that people want, for example one person preferred to stay with Care Matters when their care package increased. When Care Matters had capacity to accommodate, the person wanted to stay with Care Matters. Staff holidays and sickness is managed well to ensure care calls are covered.”

The support plans we saw demonstrated that people were involved in making decisions about the support they

received. Family members said they had opportunities to express their views about the care and support their relative received. People we spoke with explained they felt involved in the support they received.

People’s preferences regarding their daily care and support were recorded and reviewed. Staff demonstrated a good understanding of what was important to people and how they liked their care to be provided, for example people’s preferences for the way their personal care was provided and how they liked to spend their time. People explained how they were involved in regular review meetings with staff to discuss how their care was going and whether any changes were needed. Details of these reviews and any actions were recorded in people’s care plans.

Without exception, everyone we spoke with said staff maintained their dignity and privacy. We could see privacy and dignity was discussed during spot checks and reviews with people. Staff described how they would ensure people had privacy and how their modesty was protected when providing personal care, for example ensuring doors were closed and not discussing personal details in front of other people.

# Is the service responsive?

## Our findings

Everyone we spoke with said the staff had enough time to meet their needs in the way they wanted them met. Comments from people included; “I think they (the agency) are very responsive to my needs, they know that because of some of my health issues that my needs fluctuate and they are very aware of the signs to look out for. They make sure that I keep other healthcare appointments and will support me with both my physical and emotional health needs”. A relative described how staff accommodate trips out and change visit times accordingly.

Two healthcare professionals said Care Matters was responsive to people’s changing needs. People knew who to contact if they were concerned about their call time, or if any changes were needed. One person said “the manager is very approachable and accommodating if you would like to change the timings.” Each of the support plans we saw were individualised, and took into account each person’s needs and wishes. People described how the support was tailored to their needs and was reviewed accordingly to meet these. Everyone we spoke with said they were

involved in reviewing the care on a regular basis, and were able to describe their care plan as being “the folder” which contained all the information about the agency and held their personal records. People confirmed the staff read the care plans and made notes following every visit.

Everyone we spoke with was confident any concerns they raised would be listened to and acted upon. A social care professional explained “I feel the manager and staff are approachable and deals effectively with any concerns or queries raised by any clients I have on my caseload.” A person explained how “I am confident any issues I may have (and there have not been any) would be sorted out quickly”. We saw that complaints had been investigated and a response provided to the complainant, including an apology where appropriate. Staff were aware of the complaints procedure and how they would address any issues people raised with them.

The staff described their colleagues and registered manager as being “approachable and would listen and act on what they had said.” Staff told us they felt their views were valued by the registered manager and felt like part of a team which worked well together.

# Is the service well-led?

## Our findings

The service had clear values about the way care should be provided and the service people should receive. Staff demonstrated a good understanding of what the service was trying to achieve for people. They told us their role was to promote people's independence by supporting them to make choices about how they wished to live their lives. Staff said regular team meetings took place where they could discuss any concerns or ideas to improve the service people received. They told us they felt well supported in their role and did not have any concerns.

Staff valued the people they cared for and were motivated to provide people with high quality care. Staff told us the management team demonstrated these values on a day to day basis. The registered manager described how they focused on ensuring the team worked together effectively to meet people's needs. This had resulted in staff explaining how well the team worked together, feeling valued and there being 'high staff moral'. All the staff we spoke with said they felt there was an "inclusive and open management style within the office." They said they could call for advice and assistance at any time and would receive a good response. Without exception, everyone we spoke with described the registered manager as being 'approachable, honest and supportive'.

The provider had systems in place to monitor the quality of the service. This included audits carried out periodically throughout the year. The audits covered areas such as care plans, staff records, the safe management of medicines and health and safety. There was evidence of learning from incidents / investigations took place and appropriate changes were implemented.

Staff that spoke with us said there were systems in place to report any accidents or incidents; they said that these were acted upon very quickly by the office.

Everyone we spoke with said they had opportunities to feedback on the service they received. Some people said they preferred to do this informally by "chatting with staff" others recalled completing a survey. The registered manager said a survey was sent out to 80 people in August 2014, 61% were completed. Overall feedback was very positive, any areas for improvement such as checking sufficient travel time is allocated between calls had been implemented.

The management operated an on call system to enable staff to seek advice in an emergency. This showed leadership advice was available to manage and address any concerns raised. Staff confirmed there was an efficient and responsive on-call system and all staff were provided with mobile phones.