

# People Matter Support Services Limited

# People Matter Support Services

## Inspection report

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Date of inspection visit:  
31 May 2023  
02 June 2023

Date of publication:  
10 July 2023

## 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

### About the service

People Matter Support Services is a domiciliary care agency and supported living service providing personal care to older people, younger adults, children and also those with a physical disability, learning disability and autism. The service provides care to people in their own homes in the community. At the time of inspection, the service was providing personal care to 25 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

**Right Support:** People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Care plans contained clear information to staff on how to best support the person in order to meet their needs. Staff had received safeguarding training on an annual basis in order to ensure their knowledge of their responsibilities was up to date to keep people safe. The registered manager reported any allegations to the local authority safeguarding team and CQC as required. All staff had received appropriate training in relation to medicine management and this was assessed regularly by the registered manager.

**Right Care:** The care observed was person-centred and promoted people's dignity, privacy and human rights. People received the right support in relation to risks, such as those relating to mental health conditions and learning disabilities. Risk assessments contained clear information on how to mitigate risks to people as well as how to support them with making informed decisions. There were enough staff to support people safely and staff knew people well. The provider checked staff were suitable to work with people through recruitment checks. Staff received training in infection control practices.

**Right Culture:** The registered manager did not always have effective practices in place in relation to auditing people's records. This was discussed with the registered manager and a new system is planning to be put in place in the coming months. The registered manager oversaw staff competences with regular spot checks and reviews to ensure people received good quality care. Staff reported to feeling well supported. Care was provided in a person-centred way. The provider worked with local health and social care services to ensure people received the care they needed.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for the service at the previous premises was good, published on 19 June 2020.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Recommendations

We have recommended the provider ensures their new governance systems are embedded into the service to ensure effective oversight of the service

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

# People Matter Support Services

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by 2 inspectors and 1 Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency and provides care and support to people living in 3 'supported living' settings, so they can live as independently as possible. It also provides personal care to people living in their own houses and flats. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 31 May 2023 and ended on 2 June 2023. We visited the location's office on 31 May 2023.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed all information we held about the service through notifications. We reviewed information held on Companies House and online reviews. We contacted the Local Authority to gain feedback regarding the service.

We used all this information to plan our inspection.

During the inspection

We spoke to 4 staff including the registered manager, the new manager and 2 care staff, and received written feedback from 8 further care staff. We spoke to 5 people who use the service, 4 family members and 1 close friend. We reviewed a range of records including 5 people's care records and medicines records. We looked at 4 staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- The provider had established systems to protect people from the risk of poor care, which staff operated effectively. People were protected from avoidable harm and discrimination by staff who had completed safeguarding and whistleblowing training.
- Staff understood how to report any concerns, both internally and externally. Staff told us they would contact their supervisor if they were worried someone was being abused. They would also escalate their concerns to the local authority safeguarding team or the CQC, if they felt the provider failed to act on their concerns.
- People and relatives told us they felt safe when staff were providing care. One relative said, "[Person] feels very safe with the carer who is very well trained and practical."

Assessing risk, safety monitoring and management

- People's care plans contained detailed and comprehensive risk assessments with clear and consistent guidance.
- People's care plans and risk assessments considered all aspects of their lives.
- People had positive behaviour support plans, which detailed how to keep people and staff safe. For example, people had support plans to minimise the risk of self-injurious behaviour.

Staffing and recruitment

- We looked to see if safe recruitment procedures were used to ensure people were supported by staff who were of good character, suitable for their role and had appropriate experience.
- All staff files reviewed contained all the necessary evidence including employment history and relevant qualifications and were in line with legal requirements.
- There were enough staff deployed to support people. Rotas showed and people confirmed that, when possible, people were supported by the same staff enabling continuity of care.

Using medicines safely

- People had the necessary risk assessments in place for medicine administration.
- People's care files contained clear guidance and rationale for staff to follow when administering medicines.
- Staff had been trained and understood their responsibility to prompt and remind people to take their prescribed medicines safely, in line with their medicine management plans. Staff competency to prompt or remind people to take their prescribed medicines was regularly assessed by supervisors qualified to do so.
- Medicine administration records (MAR) recorded whether people had taken their medicines at the correct

times. Where people had declined to take their prescribed medicines, this was recorded on their MAR, together with any action taken to mitigate any risk from their choice not to take their prescribed medicines.

- Staff ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.

#### Preventing and controlling infection

- All staff had completed training in infection control and up to date guidance regarding personal protective equipment (PPE) had been shared with all staff.

#### Learning lessons when things go wrong

- An effective system was in place to record individual incidents and accidents.
- There was evidence that the management team investigated incidents and accidents appropriately.
- However, there was no evidence the service analysed themes and trends in the accident and/or incident reports and ensured measures were in place to reduce the likelihood of repeat events.
- The new manager had created a new table to ensure lessons learned are identified and document for each incident or accident that occurs.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Most people, and their relatives, told us they felt involved in their care.
- Care plans contained information about people's health needs, preferences and a summary of their daily routines. Care plans were individualised and included information about how people would like their care to be delivered.

Staff support: induction, training, skills and experience

- All new staff completed the Care Certificate prior to providing care to people on their own. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff had completed autistic spectrum disorder training. However, they had not completed the provider's 'Autism and eating disorders across the lifespan' or the 'Oliver McGowan learning disability and autism training'. This meant the provider could not be assured that staff deployed always had the required skills and competence to support people to meet their needs safely.
- This was discussed with the registered manager who evidenced all staff had planned dates to complete the training highlighted above.
- All new staff completed an induction which included shadowing senior staff and completing all practical training required.
- People felt that staff had enough training and experience to care for them.
- Staff felt they received the training they needed to enable them to meet people's needs, choices and preferences.
- We found staff received additional training in specialist areas, such as supporting people to eat through a tube.

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

- Care plans specified the support people needed to live healthier lives, which included goals and outcomes.
- The service had regular involvement with chiropodists, GP's and the local authority to support people to receive effective care which met their health and wellbeing needs.
- Evidence of GP and other health appointments were recorded in the communication book within the supported living settings along with individual care plans, such as for people living with diabetes and other

long-term conditions.

- We found evidence of regular conversations between the provider and other professionals to ensure the best outcomes for people.
- Professionals reported staff communicated effectively with them to help meet people's needs, "Staff were proactive in ensuring that the young people's health needs are reviewed by health professionals including their medication. The staff are able to request input from other health professionals including psychology. The staff provides support to the young people with making and attending medical appointments and their support is personalised according to their needs".

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

- People's care plans contained detailed information about their dietary needs and preferences, and how to support them with eating and drinking.
- People who were at risk of dehydration had the appropriate assessments in place, with clear instructions for staff to follow.
- The registered manager encouraged staff to support people's choices. When discussing a person who liked to eat at various times throughout the night she told us she informed staff, "If he wants to get something [to eat], do not stop him, just make sure he is safe."
- People were involved in choosing their food, shopping, and planning their meals, to support them to eat and drink enough to maintain a healthy, balanced diet. Staff promoted people's independence by supporting them to participate in preparing their own meals such as making sandwiches for lunch or pouring cereal in the morning.
- Staff could tell us about the unique needs of each individual and the support they required to maintain their health. For example, staff understood the foods people liked to eat on a regular basis such as Weetabix in the morning for breakfast.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- One person's MCA contained inconsistent information that did not accurately reflect the person's capacity and the status of their LPA. When this was raised with the registered manager she rectified this immediately.
- However, when reviewing other care files people were found to have appropriate MCA in place which accurately reflected their capabilities and support required.
- People's care plans and consent forms documented if the person had capacity or if they required any support with making decisions.
- All staff received training in the MCA, and this was renewed annually.
- The provider had documented evidence where people had a Lasting Power of Attorney in place. This

means they had a legally appointed representative to make decisions on their behalf and in their best interests.

- Where required, people had support plans in place to ensure staff understood how best to support people if they became stressed, overwhelmed, or anxious. The new manager was in the process of reviewing all support plans to ensure they were up to date.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People's care plans contained an 'About me' section which comprehensively detailed people's backgrounds, their equality and diversity characteristics and what was important to them.
- One person's care plan did not contain details regarding their religious background. However, when this was raised with the registered manager she immediately rectified it.
- During home visits we observed people consistently received kind and compassionate support from staff who used positive, respectful language, which people understood and responded well to.
- The management team and staff demonstrated flexibility to meet people's wishes, especially when people changed their minds.

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

- Care plans contained details of people's care needs and how they would like to receive care
- People were supported to share their views and make their own decisions about care.
- People we spoke to were unsure if they had been involved in care planning. However, relatives we spoke to told us they had been asked about people's needs. Evidence of involvement of relatives and people were found throughout the care plans.

Respecting and promoting people's privacy, dignity and independence

- People's care plans clearly stated people's abilities and where independence should be encouraged and supported.
- Staff knew when people needed their space and privacy and respected this. For some people this was very important. One staff member said, "We always knock before going into their rooms".
- Staff were seen to sit with people at their level and assist people at their pace during mealtimes.
- People and their relatives told us staff treated them with respect and dignity. People said, "They are all very kind and caring, meeting all my complex care needs", "They are kind and caring. When giving personal care, they are respectful, observing privacy and dignity."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care files contained information specific to peoples' daily routines and how they wanted support to be provided
- Staff provided personalised, proactive and co-ordinated support in line with people's communication plans, sensory assessments and support plans. For example, staff used person-centred planning tools and focused on positive behaviour support to enable people to achieve their goals and aspirations.

People's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs had been assessed and recorded. One care plan stated, "I can read body language well but please pay attention to me when I am talking so you can hear what I say verbally and with my eye movement."
- People had personalised, sensory profiles, positive behaviour and communication support plans. These documents provided staff with comprehensive guidance to ensure autistic people received information in a way which enabled them to process and understand it. For example, one person communicated through the use of pictures on both a board and on their electronic device. Another person communicated through pointing at what they wanted.
- People with sensory impairments were supported to understand information in line with their communication support plans and sensory profiles. For example, staff were provided with specific guidance about how to people who were non-verbal understand information.
- Where autistic people had other associated sensory needs, support plans detailed how the person communicated their thoughts and feelings. For example, one person's support plan stated, "I have a good sense of humour and I smile, I often clap hands when in a great mood, this is one way that I communicate happiness to others."
- Staff were enabled with clear guidance to ensure people had understood information. For example, "A good day for me includes people giving [person] time to communicate and to listen".

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

- People's care files contained comprehensive and detailed descriptions of people's social needs and goals.
- Care files contained a 'Social inclusion assessment', detailing how people wanted to access the community and how they could be supported to safely achieve this.
- Staff promoted people's independence by supporting them to take part in activities according to their wishes and abilities. Staff supported people to maintain relationships that mattered to them, such as family, community and other social links.

#### Improving care quality in response to complaints or concerns

- There was a clear complaints policy in place and the registered manager was able to explain how complaints were acted on.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- We could not be assured audits had been completed and actions had been taken to continue to improve the service.
- Prior to March 2023, the provider had not evidenced they had reviewed incident and accidents to identify lessons learned to mitigate risk to people. The provider evidenced from March 2023 a new recording tool had been implemented to identify lessons learned from the 3 incidents and/or accidents that had occurred following the implementation of the tool.
- The providers audit policy stated that audits of multiple documentation were required to be undertaken, including care plans, medicine administration records (MARs), incidents and accidents and mental capacity assessments. According to the providers policy, each audit record must be completed, signed, dated and reviewed on a 6 monthly basis. There was no evidence regular audits had been completed for all people who received care. We discussed this with the registered manager who explained they were in the process of creating a document to ensure they complete audits when required.
- Themes and trends had not been recorded in order to learn and improve the service and the care being provided.

We recommend the provider embeds their new governance systems to ensure effective oversight of the service is in place in order to assess, monitor and improve the quality and safety of the service provided.

- Following the inspection feedback, the provider confirmed and evidenced they had implemented a new audit matrix to improve the governance of the service going forward.

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

- Staff supervision files were reviewed, and opportunities were provided to staff to raise concerns during their supervision.
- Staff felt the managers were accessible and approachable and any concerns raised would be dealt with effectively.
- The management team were welcoming and demonstrated an open and transparent approach.
- Staff told us they were involved and felt listened to when they raised a concern.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong

- The registered manager ensured required notifications had been promptly submitted to us. We identified one incident which had occurred early in the week of our inspection that had not yet been submitted, however the registered manager ensured a notification was submitted the following day.
- The management team worked to establish and maintain an open and transparent culture of communication with people and their families.
- The registered manager was aware of their responsibilities and understood the importance of transparency when investigating circumstances where something had gone wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were opportunities for people and relatives to provide feedback.
- The management team was planning to complete their annual quality assurance survey with people and relatives in the following weeks to gain further feedback about the service. When reviewing the results from the previous year, there was no analysis.
- The new management team were in the process of completing supervisions and appraisals for all staff.
- Staff commented positively on improved teamwork, staff morale and communication within the team.

Continuous learning and improving care

- Quality assurance processes in place were not always undertaken as required, as per the providers policy. The registered manager had not always applied quality assurance processes consistently. This meant the provider could not be assured that required learning and improvements had been identified and implemented.

Working in partnership with others

- Professionals told us they worked closely with the service and the registered manager was open to feedback from them.
- Professionals also told us they felt the service was well-managed. One professional said, "[The management team] demonstrate good leadership which was evident in their communication with staff, professionals and the young people's family and how the service is led".