

Care Matters (Wiltshire) Limited

# Care Matters (Wiltshire) Ltd

## Inspection report

68-70 Market Place  
Warminster  
Wiltshire  
BA12 9AW

Tel: 01985218055

Date of inspection visit:  
17 July 2019  
19 July 2019

Date of publication:  
05 August 2019

## 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 ●

# Summary of findings

## Overall summary

### About the service

Care Matters (Wiltshire) Ltd is a domiciliary care agency providing personal care to people in their own homes in Warminster and surrounding areas. 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. At the time of inspection 48 people were receiving personal care.

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

People were being supported by sufficient numbers of staff who had been recruited safely. People told us the staff were reliable and the service had never missed a visit. The registered manager told us they only accepted care packages they knew they could deliver. People told us they felt safe when receiving their care and support. Risks were identified and assessed, the management regularly reviewed risk assessments.

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. People were supported by staff who were trained and supported in their roles. Staff helped people access healthcare services where needed and worked with healthcare professionals to provide effective care. If people required help with meals this was recorded in their care plans.

People were being supported by staff who were kind and caring. One person told us, "The staff help me keep going, cheer me up when I am down and give me a cuddle, they are wonderful. I don't know what I would do without them, they all have empathy and compassion." People told us staff helped them to maintain their independence by involving them in their care and encouraging them to maintain their skills. People appreciated having a weekly rota which informed them what staff would be visiting and when. People's privacy and dignity was promoted by staff and records were kept secure.

People's needs had been assessed and recorded in a care and support plan which was reviewed regularly. Care and support plans were kept in people's homes, so they could access them at any time. Communication needs were high-lighted, assessed and recorded in care plans so staff knew how to communicate with people. Where people had requested or been assessed as needing help with social needs this was provided. People told us they had help to go shopping, visit local places of interest or go out for meals which they enjoyed.

People, relatives and staff told us the service was well-led. There was an open and positive culture at the service which was appreciated by all. The registered manager was visible and approachable. People told us they saw management regularly, staff told us they could approach management at any time. Quality monitoring was in place and complaints managed appropriately. The service worked in partnership with other professionals and had good community links.

We have made one recommendation about the development of quality monitoring.

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 this service was Good (report published 31 January 2017).

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor information we receive about the service until we return to visit as per our inspection schedule. If we receive any information of concern, we may inspect sooner.

## 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 well-led.

Details are in our well-led findings below.

Good ●

# Care Matters (Wiltshire) Ltd

## 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 Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses, flats and specialist housing.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was also the provider.

#### Notice of inspection

The inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 17 July 2019 and ended on 22 July 2019. We visited the office location on the 17 July 2019 and made phone calls to people and relatives on 19 July 2019.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our

inspection.

#### During the inspection

We spoke with 10 people who used the service and two relatives about their experience of the care provided. We spoke with the registered manager, a care co-ordinator and three home care workers. We reviewed a range of records. This included five people's care records and medicines records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We contacted five healthcare professionals and Healthwatch Wiltshire for their feedback about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us people were safe when receiving their care and support. Comments included, "I feel safe with them [staff] in my house", "Staff are very good, I feel safe", "I feel safe knowing they are here when I shower" and "I feel safe with them [staff], they know what they are doing."
- Staff we spoke with knew about what action to take if they were concerned about people being at risk of abuse. Staff had received safeguarding training and had access to the provider's safeguarding policy.

Assessing risk, safety monitoring and management

- People's risks had been identified, assessed and where needed there were measures in place to keep people safe. Risk assessments were reviewed every six months or sooner if there were any changes. Staff had access to the assessments, so they were aware of any risks and what action to take to mitigate risks.
- Management assessed the environmental risks of people's homes. This identified any potential hazards such as pets and availability of parking. The registered manager shared details of the local fire brigade's 'Safe and Well' visits to people so they could organise a free home visit. A 'Safe and Well' visit is where a fire officer visits people in their own homes to assess fire safety.

Staffing and recruitment

- People were supported by sufficient numbers of staff. People told us the service was reliable and a visit had never been missed. One person said, "They [staff] have never missed a visit, they are reliable, they always ring and let me know if they are going to be late." The registered manager told us they had never missed any visits. If for any reason staff were sick or cover was needed the management would carry out the visits.
- People were being supported by staff who had been recruited safely. The required checks had been carried out prior to being employed. This included a check with the Disclosure and Barring Service (DBS), obtaining references and evidence of identity.

Using medicines safely

- People's needs had been assessed so staff knew what support people needed with their medicines. This information was recorded in people's support plans. One person said, "Staff always ask me if I had my medicines, I only need a prompt." Staff had been trained and observed to check their competence.
- Medicines administration records (MAR) viewed, did not have all the required details recorded. The registered manager took immediate action to add in the detail and updated all MAR's. The MAR's reviewed had no gaps in recording. People received their medicines as prescribed.

Preventing and controlling infection

- Staff had been trained on infection prevention and control good practice. Supplies of personal protective equipment (PPE) were issued to staff and stock kept at the office.
- People told us staff wore PPE. One person said, "The staff wear gloves all the time, they even change them to apply different creams."

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and reviewed by management. Measures were put in place to prevent re-occurrence and shared with staff in team meetings and supervisions. For example, there was an incident where a person had not had their medicines as prescribed. The service took action to learn from this incident. Staff were offered additional training and a reminder was sent out with staff rotas to raise awareness about procedures.



# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- People had a thorough assessment of their needs prior to any service being offered. This was carried out by senior staff. Assessments covered people's health, physical and social needs.
- Staff had access to the assessments and knew people's needs well. There was detailed guidance for staff to follow on all visits in people's care and support plans.

Staff support: induction, training, skills and experience

- People were being supported by staff who were knowledgeable and skilled. People told us they thought staff were well trained. Comments included, "The staff have had enough training to do their jobs" and "The staff are trained I think as they all know what they are doing, if they are unsure about anything they ask me."
- New staff had an induction when they started at the service. This included training, shadowing more experienced staff and time to read policies and procedures. One person told us, "There have been times where a new member of staff has come and shadowed the more experienced one, they asked me first, I didn't mind at all." A member of staff said, "When I started, I went out with different carers, did different things, did shopping, social calls, personal care and met a different variety of people. I found it useful as I got to know what to do in my role."
- Staff were supported by the management team with regular supervisions and an annual appraisal of their performance. Without exception staff told us they felt well supported by the registered manager. Comments included, "[Registered manager] always offers training and chance to do qualifications. She doesn't mind if staff leave to develop themselves, always supportive", "I have supervision, it is quite good, there is lots of support here" and "We are encouraged to do training and able to ask for training. [Registered manager] will do her best to facilitate it."

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

- People's needs and wishes for help with meals and drinks were recorded in their care and support plans. People had a variety of support from staff including making cups of tea to preparation and cooking of meals. The registered manager told us for people who had diabetes they had produced a recipe booklet with simple meals which were healthy. The booklet gave people some inspiration and recipes which were easy to follow.
- People were happy with the support they received with their meals. Comments included, "While they are here the staff help me with my meal. I don't have a microwave, so they help me put my meal in the oven. They always make sure they wash up for me and leave my kitchen clean" and "I have a strict routine with my drinks and they follow it to the letter."

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

- The service worked with the local authority and healthcare professionals to make sure people had the help and support they needed that was timely. The registered manager told us healthcare professionals would often help train staff or educate them on specific health conditions or needs. For example, the community nurses had supported staff to learn more about pressure area care and shared resources with the service. One healthcare professional told us, "Care Matters ensure staff are trained to meet moving and handling requirements and work with our occupational therapists to ensure that an individual's moving and handling plans are adhered to by staff."
- Where people had a specific healthcare professional allocated to them, the details of how to contact this person were in people's care plans for staff. One healthcare professional told us, "I have worked with Care matters and they have always followed advice and will often phone up to ask advice about customers and how best to support them."
- One person told us how the staff had supported them to apply specialist bandages every day which had helped reduce swelling in their legs. Another person told us how one member of staff had stayed with them when they were poorly and waiting for an ambulance. They said, "It of course made them late for the next call, but I was so grateful they stayed."

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 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 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.

- Staff had received MCA training and understood the principles of the MCA. The service was not supporting people who were being deprived of their liberty.
- The management worked with healthcare professionals to assess people's capacity and make sure people were being supported in their best interests. Consent to care was sought and agreed before care was provided. One person told us, "They [management] ring me if there are going to be changes, they don't tell me, they ask me if that is going to be ok."

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 told us without exception that staff were kind and caring. Comments included, "The staff I have are very kind and very helpful", "The staff are marvellous I am in awe of them and how they do their jobs", "All the staff are kind, they do little jobs for me like put the rubbish out. I don't ask, they just do it for me, that is kind" and "The staff are kind and I think of them as angels without wings or halos."
- People told us staff treated them respectfully. Comments included, "They [staff] let themselves into my flat, they use the key safe, but they always ring first and call out to let me know who is here" and "The staff respect my property."
- People told us they were supported by a small team of staff which they appreciated. They felt the staff knew them and how to meet their needs. The care co-ordinator told us they tried to match people with a worker they would get on with. They gave people a small group of staff to make sure cover could be provided for annual leave and sickness. One person said, "I have a core group of workers who are kind, I have a good relationship with them and I enjoy seeing them."
- For people who struggled to remember the staff the registered manager told us they provided additional support. They told us for one person they printed out photos of the staff who would be visiting the person. The person had the photos by their front door which helped them to identify the staff before letting them into their home.

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

- People and their relatives were involved in planning people's care. Once a care package was agreed and a care plan produced people were encouraged to contribute. We saw one person had written their own instructions for staff and included pictures to help understanding of their needs and how to meet them.
- People were involved in care reviews every six months. This gave them the opportunity to review the care provided and change things if they wanted to. One person told us, "The care plan is here, it has been reviewed. Two staff from head office came out and reviewed it with me, made sure it was right and re-typed it out."
- Staff rotas were sent out to people every weekend for the following week. This gave people information about their visits and who would be doing them. People valued the rotas, comments included, "I have a rota every week which is really useful as it helps me learn names" and "We get a rota every week which tells us who is coming and when. If there are any changes they will ring and let us know. They have never missed a visit which gives me peace of mind."

Respecting and promoting people's privacy, dignity and independence

- People were being supported by staff who respected their privacy and dignity. One person told us, "When I am having personal care I feel very comfortable, the staff are not rushing me or being saucy." Another person told us how difficult they found it getting undressed in front of strangers. They told us, "If I have a new member of staff they shadow others till I am ready for them to help me with my personal care. They respect my wishes, they are very respectful which means I feel comfortable with them all." The care co-ordinator told us, "People can choose to have a male or female home carer, we always respect their decision."
- People valued the support they had to maintain their independence. Comments included, "I am a very independent person and they encourage me to keep my independence", "They [staff] have helped me to regain my independence, I can do more for myself now than what I used to be able to do" and "Staff help me to shower, they are very good. I do what I can which is important to me, they do the bits I can't."
- People's records were stored securely at the office and staff understood the importance of keeping information secure.

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- People received a personalised service dependent on their needs and wishes. The management carried out assessments prior to the service starting. This assessment helped to produce a personalised care and support plan which people agreed. Care and support plans were available in people's homes for them and staff to read. One person told us, "The notes are here for me and the care plan, I do read them, I am happy with what is written."
- People's care plans detailed the care required and step by step guidance for staff to follow. The registered manager told us they continually added to care plans in order to keep them up to date.
- Following each visit the staff recorded their actions in daily notes. The registered manager told us the daily notes were brought to the office monthly, so they could be checked.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and recorded in their care and support plans. The registered manager told us information was provided in different formats if needed. For example, one person who was visually impaired had their rotas printed in a large font. Another person had their rotas following a 12-hour clock as they did not understand a 24-hour clock.

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

- For some people support was provided to engage in social activity. People told us in addition to their personal care visit they also had 'social visits' which enabled them to do their shopping or go out for lunch. One person told us, "The staff are very flexible and do what I want. For my social visit, I choose what I do, we go shopping or go to town, sometimes we go out to lunch. I always have a worker who can drive so I can choose where I want to go."

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to complain if they needed to, but they had not needed to. Comments included, "I would know how to complain", "If I needed to complain I would ring the office, the office staff are very good and helpful" and "If I wanted to complain I would do it myself, but I haven't needed to. I have had the service for two to three years, brilliant, can't fault it."

- Complaints received had been logged and managed by the registered manager. Where needed apologies had been made and formal complaints had been formally responded to.

#### End of life care and support

- The service was not supporting people with end of life care during our inspection. The registered manager told us they had previously supported people with end of life care with help from healthcare professionals.
- Where people wished to record their end of life wishes this had been done. If people had a 'Do not attempt resuscitation' (DNAR) record in place this was recorded in their care and support plan with the location of the form.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and their relatives were positive about the service and how it was run. Comments included, "They are a good company and I am very happy", "I have met [registered manager], very nice, very pleasant. I am happy with everything and have been in all the time I have used the service" and "In the bad weather they still came, carers got dropped off in a land rover and picked up, they are so reliable."
- People were being supported by a staff team who told us they loved their jobs. Comments from staff included, "I love my job, I love the company I work for, we have amazing clients", "I have always wanted to do care work I enjoy it, the other staff and management are so welcoming, it is like a little family here" and "It is brilliant here, I love my job, you are really looked after as a member of staff here. There is a great support network which extends to clients, we can phone anytime, things are dealt with."
- There was a mutual appreciation between staff and the registered manager. Staff told us the registered manager was approachable and supportive. The registered manager told us staff were hard working and reliable.
- Providing a good quality service was important to all of the team. The registered manager told us they worked hard to "look after people and the staff". They told us they had a small service and only took new referrals where they had capacity. One professional told us, "They [management] ensure that they only take on new customer's where they feel they can, and where they will not impact on existing customers."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 understood their responsibility to inform us of any notifiable incidents. Staff we spoke with understood their roles and felt able to ask any questions if they were not sure of anything.
- Policies and procedures were readily available to staff. The registered manager told us if a policy was updated they sent it out to staff electronically and had a system for staff to acknowledge they had received the policy. For example, the service had recently updated the sexuality policy to give staff guidance on support for people who identified as gender neutral or were LGBT.
- Management at the service were experienced and knowledgeable. They knew the needs of the people they supported and were able to guide staff. Staff we spoke with understood their role and all said they would not hesitate to contact management with any concern. One member of staff said, "I feel 100% able to raise any concerns. If there is any problem they [management] communicate with us, we can ring them [management] at any time, they always sort things out."

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

- People and their relatives were able to share their views using quality questionnaires. The most recent survey carried out in December 2018 demonstrated that 65% of people rated the service as excellent. The remaining 35% of people rated the service as good.
- People were able to keep up to date with news from the service with a quarterly newsletter which the registered manager produced.
- Staff were able to attend regular team meetings and minutes were kept. Minutes demonstrated that staff discussed topics such as medicines, safeguarding and confidentiality. Staff told us there was good teamwork at the service and morale was high. One member of staff said, "Everyone speaks to each other. I think we all have a good bond, we can ring each other at any time."
- Staff were valued, and their views were listened to. For example, the registered manager told us they asked all the staff how they would prefer to receive training. All the staff voted to have an external training provider which the registered manager organised.
- People, relatives and staff could nominate a member of staff for employee of the month. The reward for this was a certificate and a small monetary voucher.

Continuous learning and improving care

- The registered manager promoted a culture of learning and development. Staff were encouraged to complete training and work-based qualifications. New ideas were embraced, and staff encouraged to try different ways of working to help meet people's needs.
- Quality monitoring was carried out. The management team did unannounced observations and visits with staff to monitor the quality of interaction. The registered manager told us they regularly carried out visits to people which they enjoyed. They said, "I enjoy doing the care visits as it gives me a chance to ask people questions and monitor the quality."
- Whilst the service carried out quality monitoring and made improvement where needed, there were no formal audits of the service. For example, people's MAR were checked during staff observations but there was no overview of the quality of care documentation. We discussed this with the registered manager, who told us as the service was small they had a good overview of all areas of practice. They understood the need to evidence quality checks.

We recommend the service seeks advice and guidance on how to develop their quality monitoring systems to provide an overview of service improvement and development.

Working in partnership with others

- The service worked in partnership with the local authority and various other healthcare professionals. Comments from professionals included, "I have found Care Matters are happy to work with professionals like myself and we are able to build a good working relationship", "Professionally this agency always works with my team to provide an safe and personal service" and "The registered manager and her senior team have shown a constant willingness to go the extra mile for their clients on a pretty much constant basis and are always looking to find ways to enhance the lives of those they support."