

Match Options Ltd

Match Options

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Match Options is a small domiciliary care agency that provides personal care to people living in their own homes. At the time of inspection only one person received a service. The provider also had an employment agency providing staff to the health and social care sector. This however was separate to the domiciliary care agency and not looked at as part of the inspection.

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

Medicines were being administered safely in practice, but the recording of medicines was not always appropriate. Risks to the person supported had been identified and recorded in a risk management plan. However, the level of detail recorded was not always sufficient to safely manage the risks. Sufficient levels of staff were employed, and safe recruitment checks had been applied.

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; however, the policies and systems in the service did not support this practice. A recommendation has been made for the provider to address this.

Staff were able to attend relevant training and received supervision to monitor their ongoing practice. Positive comments were made about the caring and kind nature of staff and the support they provided. Staff encouraged people to be involved in their care and supported people in the way they chose.

Care plans were detailed about people's preferred routines. Staff supported people to attend activities of their choosing. The complaints process was readily available for people; however, no complaints had been received.

The service was felt to be well-led. The registered manager encouraged transparency and regularly sought feedback on the staff and care provided. Quality monitoring systems were in place to identify any actions that needed to be addressed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
Rating at last inspection: The last rating for this service was Good (report published 15 March 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 re-inspection programme. If we receive any concerning information 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

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 ●

Match Options

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.

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.

Notice of inspection

This inspection was announced.

We gave a short period notice of the inspection because this is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 10 September 2019 and ended on 17 September 2019. We visited the office location on 10 September 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us 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.

During the inspection

We were unable to speak with the person using the service, but we spoke with their relative and two staff who supported them. We also spoke with the registered manager. We reviewed a range of records. This included the person's care records and medicines records. We looked at two staff files in relation to recruitment, and a variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We contacted four health and social care professionals to seek their feedback on the service.

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 now deteriorated to Requiring Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were being administered safely in practice, but the recording of medicines was not always appropriate.
- A medication risk assessment was in place which recorded what support the person needed around managing their medicines, obtaining their prescription and what the agreed outcome was. It recorded that the person did not always want to take their medicine and that staff were to encourage them when this happened. There were no further actions detailed however that staff should take in response such as seeking medical advice if required or how the tablets should be disposed of and recorded by staff.
- One person was prescribed a medicine to take as required (PRN) We saw that this medicine had not been record on the medicine administration record (MAR). The registered manager explained that this person had not taken this medicine for some time, but it had been an oversight that it had not been recorded on the person's MAR and would be addressed.
- We reviewed the protocol for this person's PRN medicine and saw that it was fairly limited in terms of guidance for staff. There was not enough detail recorded on what the person would present like to indicate they may need this medicine. Side effects were not recorded and there was no information for staff to monitor this person after giving this medicine. The protocol we reviewed had been implemented in 2016 and not updated since this time.
- The person's medicine was kept securely, and staff signed to show they had read and understood the provider's medicine policy.

We recommended the provider consider current guidance on the effective recording of medicines and act to update their practice.

Assessing risk, safety monitoring and management

- Risks to the person supported had been identified and recorded in a risk management plan. However, the level of detail recorded was not always sufficient to safely manage the risks. For example, risks around medicine and tissue viability had been assessed as high but this had not been explored and no measures to minimise this were recorded.
- We saw that some inappropriate behaviours had previously been displayed. The management of these risks however, had not been explored or guidance recorded for staff to know what action to take. The registered manager said it had been a while since these behaviours had presented but said the management of these would be addressed in the care plan.
- Another risk assessment considered the internal environment and the condition of the carpet. The registered manager told us this was in the process of being addressed and measures were in place, however

these had not been recorded in the assessment.

Systems and processes to safeguard people from the risk of abuse

- The registered manager told us that the person they supported had been made aware of the provider's safeguarding procedure commenting, "They are aware of who to contact and other organisations including CQC. If they have any concerns about the staff, they have been introduced to myself and can contact me. Staff have all had Safeguarding training." Staff were aware of their responsibilities around raising any concerns and felt confident to do so if required.
- We saw it was stated in a person's care contract that staff could be identified by their uniform with provider logo and identification card. One relative told us, "I have no worries about when staff enter our property, they keep it all safe."

Staffing and recruitment

- Two main staff supported the person using this service. This ensured consistency was maintained and the person's needs were known fully and understood. If these two staff were unavailable the registered manager was able to provide staff from the employment side of the business.
- We checked the staff recruitment checks and saw staff had been subject to employment and character reference checks, as well as Disclosure and Barring Service (DBS) clearance. The DBS helps employers make safer recruitment decisions by preventing unsuitable people from working with vulnerable adults and children.

Preventing and controlling infection

- Staff received training on safe food and hygiene practice and the Control of Substances Hazardous to Health (COSHH). Supplies of personal protective equipment were readily available.

Learning lessons when things go wrong

- There had been no recent incidents or accidents experienced by the person using this service. The registered manager explained in this event it would be recorded in the care plan and supporting staff would be made aware.
- Staff knew the action to take in the event of an incident and one staff commented, "I am aware of the policies and procedures to be followed in case of any incidents or accidents at work, whilst also making my manager aware of the same."

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 now deteriorated to Requiring Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

- We checked whether the service was working within the principles of the MCA and found this had not always been followed appropriately. One person who lacked capacity had consent forms around their care and treatment signed for by their relative. Whilst it was positive they were involved in the decision making, they did not have the legal authority to consent on the person's behalf.
- We saw that a capacity assessment was in place for this person being unable to make decisions around their care management. It evidenced how the person had been involved and we saw different professionals had been present.
- There was not however an assessment around this person being unable to leave their house without constant supervision. Consideration had not been given to applying to the Court of Protection in light of this increased restriction. The registered manager told us they would work with other professionals to address this.

We recommend the provider review their processes in line with the principles of the MCA and take action to update their practice accordingly.

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

- People received an assessment of their needs prior to any service being offered. 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

- New staff received an induction before commencing employment. The registered manager told us this involved, "Completing all mandatory training, which is a mixture of online training and face to face training. We call staff in and have a one to one after this and then before they are placed to work they shadow an experienced staff member."
- An induction checklist was in place to evidence staff had been shown policies and procedures and given essential information relating to the service.
- Staff had received training in areas including safe moving and handling, safeguarding, first aid and conflict management. The registered manager had a training matrix to check when training was due to be refreshed and certificates of training completed were kept in staff files.
- The registered manager told us staff received supervisions annually or as and when required. In addition to this staff could contact the office at any time. One staff said, "I have had a recent supervision and it was a reflective and productive experience for personal development."

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

- Staff supported one person with their meals and stayed with them whilst they ate to ensure they were safe.
- Although staff knew this person well and were able to prepare meals of their choosing, information around their likes and dislikes were not recorded. This meant if a regular staff was not supporting, they would not have access to this information to prepare appropriate meal choices. The registered manager told us this would be put in place.

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

- Staff supported one person to attend any healthcare appointments they had. Details of this were then recorded in the daily records.
- Care plans however, were not always updated with the information from daily records and it was hard to track back through previous records to source this information. This included information around the person's vision appointment and recommendations that were made. We raised this with the registered manager to address.
- Consideration had been given to people's oral healthcare and guidance for staff to remind the person to attend to this and the appropriate routine that should be followed.

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

- The person using the service was supported by two regular staff who knew them well and understood how to meet their needs.
- A relative told us, "We have been with this agency a long time and only this agency. The staff are very kind, we have the same two all the time."
- The registered manager told us staff were encouraged to meet and uphold individual needs commenting, "We encourage the person we support to visit the places they used to, to do things that they like, to practise any traditions they have, be involved in any seasonal things that are happening. We would signpost to services. We have a policy to respect people and staff's differences. There is no discrimination."

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

- We spoke with one staff member who was enjoying a walk with a person and their family pet. We saw that this was an activity recorded in the care plan that the person liked to do on a regular basis. Staff were supporting people in line with their preferences.
- One staff told us they supported people by, "Treating them with respect and valuing their opinion and respecting their choices and decisions."

Respecting and promoting people's privacy, dignity and independence

- The person's care plan recorded information around respecting the person and how staff could demonstrate this when supporting them. Measures were detailed around steps to take to maintain this person's privacy when providing personal aspects of care.
- One relative told us, "The staff try and motivate [person] as much as they can. If it wasn't for the staff, they would stay in bed. They motivate [relative] to do things for them self and they stay with them while they do. The staff are very good."
- Staff were aware of how they could protect people's dignity during care and told us this included keeping people covered and ensuring doors and curtains were shut. One staff said, "We encourage people to do as much as they can for themselves whilst supporting them where needed. This thus empowers them and makes them feel in control of their own life."

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

- A care plan was in place which detailed how the person preferred their care to be delivered and any specific routines they wished to be followed.
- The care plan was reviewed on an annual basis or before if required.
- Staff completed daily records after each visit and detailed the support given and information relating to the person's wellbeing. These demonstrated that the person's wishes were being followed and upheld.

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.

- The registered manager was aware of AIS and told us a new policy was going to be implemented and training and awareness cascaded to staff.
- The service was able to provide documentation in an easy read format should this be required in the future by people using the service.

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

- Staff supported the person using this service to participate in things they enjoyed outside of the home. The person's relative told us how this enhanced their wellbeing and staff were good at encouraging the person to go out.
- This relative commented, "The staff are very good, they take [relative] out with our pet for walks and they go to town. One staff goes out for a meal with [relative] and they really enjoy this."

Improving care quality in response to complaints or concerns

- A complaints policy was in place and available in the person's care plan. We saw that no complaints had been made to the service since our last inspection.
- The relative we spoke with knew how to complain if they needed to and told us, "We have no concerns, it's perfect, they are great."

End of life care and support

- The service was not currently supporting anyone who was needing end of life care.
- There was not information currently recorded on the person's future wishes around this time. The

registered manager explained this had been hard to establish due to the person's level of capacity, but that they would involve the family and ensure this discussion took place.

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

- The relative that we spoke with was positive about the service and how it was run. They told us, "I talk to the manager regularly, she comes and picks up the paperwork and checks up on the staff twice a month."
- People were being supported by a staff team who enjoyed their role and felt well supported. One staff commented "They [management] provide us with the right resources to do our jobs."
- The service had core values that focused on the individual person supported. They included embracing equality and valuing difference and adopting a can-do culture within the team that put people first. The provider's statement of purpose, which is a document setting out their intentions, was included in the care plan for people to view easily.

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 told us the service worked to promote an open and positive culture commenting, "The staff are treated with respect and dignity as well as the people supported. If anyone raises a concern or a compliment we receive this and feedback to the person concerned. Staff are happy to join the agency with the training we offer and support. We are flexible."

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

- The registered manager regularly ensured that staff were working professionally by contacting the person supported and their relative to check if there were any issues. The registered manager commented, "We complete staff evaluations and telephone interviews. We want to have a service that is really well managed and available to the community. To have skilled and experienced staff to support people."
- The registered manager understood their responsibility to inform us of any notifiable incidents.
- The rating from the last inspection was displayed on the notice board in the front reception of the office. This was visible to people visiting.
- Quality monitoring was carried out. The registered manager audited the daily records and Medicine administration records on a monthly basis to identify any issues and ensure staff worked in line with the service's medicines policy and procedures. We saw these had been signed and dated to show when they had been checked.
- An audit sheet was in place to check daily records which included checking what support had been given, if a full description of care had been recorded and if entries had been signed correctly by staff.

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

- The service actively encouraged the person they supported and their relative to share their views and feedback about the service they received.
- The registered manager showed us telephone call records where they had called the person on a weekly basis to check care was being provided as they wished. The relative had requested this be moved to monthly calls as they were happy with the service.
- Home care reviews had been completed involving the person, their relative, and external professionals. This covered areas including if staff adhered to the care plan, if they were happy with the staff and aware of how to make a complaint.

Continuous learning and improving care

- The registered manager told us they felt well supported commenting, "I feel well supported by the directors and the network in Match Options, senior managers have come from the health and social care industry, so they understand what is expected."
- The service was looking to expand and provide their service to more people. The registered manager told us, "Despite the fact that we have one person, we are confident of the continuity of the care we provide, and we are looking into expanding and supporting the community."

Working in partnership with others

- Staff worked alongside professionals to ensure that the person they supported had their needs met.
- The registered manager had the opportunity to network with local councils and care groups including Skills for Care. This enabled them to update and inform their own practice.