

Independence Matters C.I.C.

Home Support Matters Beccles

Inspection report

Hipperson Mews
53a Station Road
Beccles
Suffolk
NR34 9QH

Tel: 03448008001

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10 March 2020

11 March 2020

12 March 2020

13 March 2020

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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 ●

Summary of findings

Overall summary

About the service

Home Support Matters Beccles is a domiciliary care agency. It provides care to people living in their own houses and flats across Norfolk and Suffolk. The service supports younger adults, older people, people living with dementia and people with physical disabilities living in their own homes. The provider had developed a service in conjunction with the health and social care commissions. This offered support to emergency calls or to provide an interim support to prevent a person having to go to hospital. At the time of this inspection 185 people were using the service.

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

People were protected from the risk of harm or possible infections. Current guidance was followed, and new measures implemented to protect people from any possible risk to staff or people. Risk to the home environments or tasks being performed were also assessed and measures put in place to reduce the risk or provide staff with agreed practices.

When people required medicine support, this was provided by staff who had received the required training and competency checks. Medicine records were checked to ensure they met current best practice.

Staff had received the required knowledge and training for their roles, this included when specialist training was required on a bespoke basis. Any new staff had a planned induction, which included training and support from experienced staff. Best practice guidance was embedded into the training and care planning.

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. Staff knew the importance of asking for consent and promoted this.

People had detailed care plans which reflected their individual needs. Health care was promoted to ensure people received the best care at the right time. Staff worked with professionals to include any specific needs into the planned care. Some people had support with their meals. Any preferences or dietary requirements were detailed and shared with staff to ensure people received enough food and drink for their needs.

There was a complaints policy included in the service user guide placed within each home. We saw any concerns raised had been addressed and responded to formally. There was no one who was receiving end of life care, however staff had received training in this area and were able to provide this service when required.

Staff had established positive relationships with people, and this had resulted in kind and considerate care being delivered. Consideration was made to preferences of gender to maintain people's dignity. Choices about care and daily routines were respected.

The provider and registered manager completed a range of quality checks on the service provided. This included reviews on the service, records and the data in relation to the calls people received. Any areas identified from these reviews were addressed and changes recorded and shared with staff. People's views were sought, and any aspects used to drive improvements. There were clear partnerships which had been developed with professionals and community organisations. The registered manager was open and ensured we received any notifications in relation to events or incidents.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The service was registered with us in January 2019 and this is the first inspection

Why we inspected

This was a planned inspection based on the date the service was registered with us.

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 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 ●

Home Support Matters

Beccles

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

Two inspectors carried out this inspection and an 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 including supporting older people.

Service and service type

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

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

We gave a short notice period of the inspection to seek consent from people so we could complete home visits from an inspector or a telephone call from an expert by experience. The inspection activity started on 10 March 2020 and ended on 13 March 2020. We visited the office location on 12 and 13 March 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. This information helps support our

inspections. We used all of this information to plan our inspection. On this occasion, we did not ask the provider to complete a 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.

During the inspection

We spoke with 10 people who used the service and one relative about their experience of the care provided on the telephone and we visited five people in their homes. We spoke with the registered manager, operations manager, quality assurance manager, quality officer, and ten members of staff.

We reviewed a range of records. This included seven people's care records and medication records. We looked at five staff files in relation to recruitment and a variety of records relating to the management of the service.

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 for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- A record was maintained of medicines people were prescribed and people told us the staff supported them to take these when needed. Staff received training to understand safe administration of medicines and competency checks were completed to ensure staff were safe and understood procedures.
- When medicines were given, the staff recorded the time these were administered to ensure other staff knew when it would be safe to administer medicines later in the day. Medicine records were reviewed to ensure these were completed accurately. One person told us, "They do my medication and they are always accurate."
- Where people's medicines changed, new medicines were only administered when a new medication administration record had been obtained from the pharmacy. Staff understood that medicines could not be crushed or given covertly without suitable authorisations and best interest decisions. Where creams were needed, a body map recorded where this should be applied. One person told us, "My creams are applied reliably as they should be."
- Some people required support with specialist medicines and staff had received training in this area. Guidance was also provided as to the action staff would take should there be an error or concern around the medicine equipment.

Assessing risk, safety monitoring and management

- People had a care plan which identified risks and how to support people to mitigate these. We saw where people used equipment to move, assessments were completed by health care professionals to ensure necessary equipment was provided. Staff explained they received training to use any equipment and felt confident when supporting people.
- When care was reviewed and this identified as a new risk, we saw a new care plan was developed. For example, one person wanted to use a hot water bottle for comfort. A risk assessment was completed and information about how to use these safely were included in the care plan for staff to refer to.
- People's homes were assessed to identify risks within the environment and local area. This included how staff needed to keep safe in people's homes.

Learning lessons when things go wrong

- Since the registration of the service, the provider had reviewed their policies and practices to ensure staff had up to date information about how to carry out safe and effective care. The staff explained where they identified improvements, these were shared, and the registered manager ensured procedures were updated. The staff recognised that improvements could always be made and embraced these challenges to bring about improvements in the service.
- Staff knew how to record and report accidents or incidents. These were reviewed to ensure any themes or

trends could be identified to keep people safe.

- Due to current national health concerns, the provider had developed contingency plans and had assessed which services for people were critical. This meant these care visits could be prioritised if staff were unable to work due to poor health or risk of infection.

Systems and processes to safeguard people from the risk of abuse

- People felt the staff understood how to keep them safe and could disclose any concerns to regular staff. Staff received training during their induction and told us where they identified concerns, they recorded this on their work phones and contacted the office to ensure referrals were made.
- Where concerns had been identified, these were documented, and referrals made to the local safeguarding team. This meant these could be suitably investigated and measures put in place to ensure people's safety. The staff handbook included safeguarding procedures to ensure staff knew how to act.
- The registered manager had notified us when potential safeguarding concerns had been raised and informed us of the outcome to demonstrate how the provider was ensuring people were safe.

Staffing and recruitment

- People, their relatives and staff generally felt there were enough staff available to meet people's needs. Where possible, people received their care from staff they knew well. One person told us, "The care staff are very good. I have a reliable familiar team of staff who always turn up on time. The familiarity is very important to me." Another person told us, "The rota varies but I do know most of my staff."
- The provider and registered manager recognised the challenge of recruitment and maintaining the level of staff in relation to the work required. There was an ongoing recruitment process and they were looking into ways of recognition and retention.
- Recruitment checks were completed to ensure staff were suitable to work at the service. These checks included requesting and checking references of the staffs' characters and their suitability to work with the people who used the service.

Preventing and controlling infection

- The provider had policies and procedure in place to manage infection control. These had been reviewed to inform people and staff about the current national health risks and how to keep themselves safe. When visiting the office, people were asked whether they had visited areas of risk or if they had experienced symptoms of ill health. The registered manager explained that staff and visitors who presented a risk would not support people and would be advised to follow current governmental guidelines.
- The office had hand washing facilities and hand gel was available for staff to use. There was a stock of protective equipment in people's homes and the office to help maintain suitable infection control standards. People told us the staff used protective clothing and equipment when providing their care and disposed of these following each use. One person told us, "I am very strict about hygiene and the use of gloves and they follow procedure very closely." Another person told us, "They are good with their personal hygiene and always wear gloves and wash their hands."

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 as 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

- People received a comprehensive assessment prior to them receiving a service. This ensured any risks had been reviewed and that any information required to support the person could be recorded.
- When people had specific health conditions or required specialist support, this was included in the care planning. Staff had been provided with updated training to ensure they followed national guidance and best practice.
- Written guidance was provided in the care plans, and some provided pictorial guidance when relating to the use of equipment.

Staff support: induction, training, skills and experience

- Staff had the skills and training to support them well. One person told us, "The standard of care is good to brilliant at times. I have been involved in planning my care." Another commented, "I have confidence in staff, and they know what they are doing. They do things to a high standard and I am happy with my personal care too."
- We reviewed the training programme for staff, which was structured and monitored to ensure people were kept up to date with their knowledge and skills. All the staff we spoke with felt the training was informative and provided enough detail for their role.
- Some people had specific health care needs, and this required specialist training. We saw all the staff who provided this care had been trained and their competency had been checked. A staff member said, "If we have any concerns we just go to the nurse, they are really supportive."
- New staff completed an induction at the start of their employment which was planned and included classroom training and shadowing experienced staff. One person told us, "Some staff come in to observe initially and learn the job. There are some that need more supervision than others."

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

- People were supported to eat and drink if this was part of their agreed care. One person told us, "Staff help with some microwave meal preparation and ask what I would like. My care plan is discussed with me and I feel that I am involved in care planning." Another said, "Staff prepare and cook my meals and I have been happy with their standards. They always ask my permission before they do things and they ask me what I would like."
- We saw when people had support with meals, any special dietary requirements were recorded. One person told us, "I have a soft diet and staff are good in providing for this. It is always done properly."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- People retained responsibility for their own health care. However, there were details recorded of relevant contacts if staff needed to support people to make appointments or follow up on their health needs. For example, a blood test result or chasing of medicines.
- People's health care was reflected in their care plans and any support required included, for example the application of topical creams to reduce the risk of sore skin. One person told us, "I have to have my legs done and some have been especially trained to do them which makes it very efficient."
- The staff team worked closely with other professionals to ensure people's care was managed consistently. A professional told us, "The people we commission care for are usually very poorly or have complex needs. Home Support Matters have a case manager, who visits and sorts out any problems including referrals to other professionals and ensures that the people receive person centred care."
- The care plans included a section on oral care, and this ensured people received support to maintain this area of hygiene to support their oral health.

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.

- People using the service mostly had the capacity to make decisions and choices about how they received their care. All the people we spoke with felt they were consulted about their care needs, and one person told us, "Staff are always respectful with asking consent."
- Where there were concerns that people may lack the capacity to make decisions, assessments had been carried out and decisions made in people's best interests.
- Staff understood their responsibilities to ensure they had received consent to provide care. They told us how they would speak more slowly or show people objects to support them with daily choices.

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 felt the staff who currently provided their care, were kind and caring and nothing was too much trouble for them. One person told us, "My regular staff are truly caring, and we have a great rapport. They will honestly do anything to help., For example, I have had a lot of personal issues recently and they have been there for me."
- People's preferences in relation to who they received their care from was respected. For example, one person had received support from a male care staff, they did not feel comfortable with this and informed the office. All staff received an email with the details to ensure the person would only receive care from female staff in the future. The person told us, "I was very pleased with how swiftly it was dealt with and now I have peace of mind."
- People felt in control of their care needs. One person said, "My personal care is done to a very good standard and the staff all appear to be well trained for my needs. They do help with meals and will ask me what I would like."

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to remain as independent as possible.
- People felt the staff respected their dignity and respected their right to privacy. One person told us, "I know my carers and we have a good chat and a bit of a laugh and a joke. They really will do anything for me. They know me well, but they are still respectful enough to call me 'Sir'. With my personal care they try to make sure that I am covered up."
- Staff respected people's homes and personal property and had the necessary equipment to enhance their independence. Risk assessments were completed which recorded any concerns in people's homes in relation to risk and how people were supported to stay safe. One person told us, "They always ask if I need anything else before they leave, and they always treat me with respect and courtesy."

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

- When organising support, the provider considered people's preferences. The provider had an equality policy and staff understood that people's support was based on their individual needs. For example, people were asked about the gender preferences of staff when providing their personal care, and their wishes were respected. One person told us, "I like the staff. I have male and female carers which I am happy with. They are polite and respectful. We chat all the time as they give me care. They make me feel at ease and show respect for my privacy and dignity." Another person said, "There are male staff, but I said I didn't feel comfortable with a male and this has been respected."
- Staff were aware of people's relationship which were important to them and any support to encourage

these connections had been made. For example, make telephone calls for people or ensuring family were kept up to date of any concerns.

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

- People were supported by staff who knew them well and understood their preferences. Care plans were detailed, and staff referred to these to ensure they followed people's wishes. One person said, "The staff are great, nothing is too much trouble. We have had reviews and any changes are made."
- During the reviews we saw how aspects of care or risks needed to be identified within the care plan and these were addressed.
- We reviewed the care plans in people's homes. They were person centred and included all the required elements to support staff with the required tasks. A professional said, "The service has been very efficient and accommodating to individual needs."
- The provider supported a commissioned service which was able to respond to emergency's within people's homes. Staff reported that this service had often resulted in the reduction in hospital admissions or the need for an urgent call from the ambulance service.

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 were offered information in larger print to assist them to see the detail of care plans or the service user booklet. A professional told us, "One of the things that people, and their families find very helpful is the weekly rota. This means they know who is coming and the time. This is not always the practice with other providers." People we spoke with also reflected the confidence they felt in receiving the weekly rota.
- Information was displayed at the office of the service and this could be shared with people if it was felt appropriate for their needs.

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

- The staff supported people to help with their shopping and cleaning. These services were only provided when people were commissioned to receive support for their personal care.
- Staff we spoke with were able to relay previous occasions when they had supported people to prepared for clubs or family events. This meant the provider supported people when they had the need for this service.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy which was available in the office and included in the service user guides within each home. One person said, "I have never needed to complain but when I have raised any issues, they have resolved them."
- We reviewed the complaints which had been addressed and the staff had followed the timeline of their policy. The registered manager had also investigated any concerns and responded with a written apology and actions taken to resolve the complaint. One person said, "You can always get through and they are helpful in the office. If I needed to complain then I know who to contact and how to go about it."
- The provider shared any good news with staff. Following review meetings if staff have been highlighted as providing a good service, they received a recognition letter. Any letters of thanks were also displayed on the notice board at the office.

End of life care and support

- At the time of the inspection there was no one receiving end of life care.
- Staff received training in end of life as part of their core training. Staff were able to share with us their experiences of supporting people during these times. One staff told us how they would often extend the care times for people or just arrange a visit for a cup of tea.
- When people who used the service had died, the registered manager had sent the family a sympathy card and any thoughts from the staff who had provided the care.

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 good. 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 registered manager told us of significant challenges they faced when they started to provide a service from a company who had ceased trading. To ensure people had the care they needed, all support was reviewed. New police checks were completed with staff and training was reviewed. The registered manager and management team was proud of how they had worked together to ensure people received the care they wanted and were supported to stay safe.
- The staff and management team worked well together to create a person-centred ethos that achieved good outcomes for people. People felt there was an open culture and were able to share their views with staff and the registered manager.

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 management team had a clear understanding of their roles and were committed to developing the service, identifying improvements and ensuring people were supported. Where people identified concerns, these were acted upon to bring about improvements.
- Staff knew how to raise concerns about risks to people and poor practice in the service and knew about the whistleblowing procedure. Whistle blowing is where staff are able to raise concerns about poor practice and are protected in law from harassment and bullying.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care;

- The service had a registered manager who understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents, in accordance with the requirements of their registration.
- Quality checks were completed to review how the service was managed. These checks included reviewing incidents and accidents and identifying any themes and trends. The punctuality of support calls and length of each visit was monitored to ensure people received their agreed level of care and this was delivered at a time which was expected. When concerns had been identified, the people's care was reviewed with the commissioning authorities, to ensure this reflected their current support needs.
- The staff felt part of a supportive team and told us the registered manager and provider were approachable and listened to them. The staff also received supervision through one to one meetings and team meetings. The staff explained that this helped them to be safe in their work and had regular

opportunities to discuss their performance and personal development.

- There was a system in place to evaluate and monitor how care was delivered and to ensure people received the support that they expected. Quality checks were completed on care records when they were returned to the office. For example, medicine records and any anomalies were investigated and if related to staff skills or knowledge additional training was provided.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were asked for their views and opinions about the service during any review and through a quality assurance questionnaire. The results were analysed, and a report produced. The registered provider agreed, it would be beneficial for people to receive an easy read report reflecting the results and how improvements would be made.
- The provider had links with local support groups including food banks and local businesses in order to support each other. The provider produced an annual report which recorded their partnership working.
- Health and social care professionals felt the provider and registered manager were responsive to any comments or suggestions.