National Star Foundation

Matrixcare

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 9 July 2018 and was unannounced. Matrixcare, 369 Worcester Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. is registered to provide accommodation for personal care for a maximum of four people with learning disabilities or autistic spectrum disorder. At the time of our inspection two people were living at the home.

Accommodation was provided in a single house. There was also a large room for activities and a quiet room. At the time of our inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen." Registering the Right Support CQC policy

People received care and from facilitators who knew how to keep them safe. Facilitators knew what to do to protect a person from the risk of harm and how to report any concerns. People got the assistance they asked for and facilitators ensured they were available to help them when needed.

Facilitators had time to support people when required and ensured that people's needs were met in a timely way.

Facilitators knew the importance of infection control to keep people safe and well.

Facilitators gave people their medicines as prescribed and recorded when people had received them.

People's care was provided by facilitators that had been trained to understand their needs and were supported in their role. People's decisions about their care and treatment had been recorded and facilitators showed they listened and respected to people's to agree or refuse care.

The registered manager had worked in accordance with the Mental Capacity Act 2005 (MCA). The assessments of people's capacity to consent and records of decisions had been reviewed. Facilitators knew who and why a person was being legally deprived of their liberty and understand the reasons for the restrictions in place.

People enjoyed the food and had choices regarding their meals. Support was provided where needed and

alternative diets had been prepared to meet people's nutritional needs. People were supported to access health and social care professionals with regular appointments when needed and were supported by facilitators to attend these appointments.

People were comfortable around the facilitators and registered manager that supported them. People were happy to chat and relate with them.

Facilitators knew people's individual care needs and respected people's dignity and had been supported to maintain relationships with their families [where appropriate].

People got to enjoy the things they liked to do and chose how they spent their days in their home, the garden or out on planned trips. People had the opportunity to raise comments or concerns and these were addressed. The registered manager was looking at ways to develop record people's feedback in the form of questionnaires.

There were processes in place for handling and resolving complaints and guidance was available in alternative formats. Facilitators were also encouraged to raise concerns on behalf of people at the home and they had done so where necessary.

The registered manager was available, approachable and known by people and relatives. Facilitators also felt confident to raise any concerns of behalf of people. The provider ensured regular checks were completed to monitor the quality of the care delivered.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.
People were safe living at the home
Facilitators understood their responsibilities to protect people from the risk of harm and abuse. All facilitators and the registered manager ensured lessons were learnt from any incidents or accidents.
People were protected from the risks associated with their care and support. People were supported to take positive risks, including partaking in a range of social activities.
People's medicines were managed well through robust systems.
People were protected from the risk of infection through good infection control procedures.

Is the service effective?

Good

The service was effective.
Where possible, people were supported to make decisions in relation to their care. Where people required support to make decisions, or if they didn't have capacity to make a specific decision, the service ensured their legal rights were protected.
People's healthcare needs were met by trained and confident facilitators. The service worked with and followed the guidance of healthcare professionals to ensure people's needs were maintained.
People were supported with their dietary needs

Is the service caring?

Good

The service was caring.
People were supported to spend their days as they choose and enjoyed positive caring relationships with facilitators.
Facilitators knew people well and used this knowledge to support them. People were at the centre of their care and where possible were involved in planning and reviewing their own care.
Facilitators were considerate of people's feeling at all times and always treated people with respect and dignity

Is the service responsive?

Good

The service was responsive.
People received care and support which was personalised to their individual needs and preferences.
People were supported with activities and events which were appropriate for their needs, abilities and preferences.
People knew how to raise a concern and their relatives knew how to make a complaint.

Is the service well-led?

Good

The service was well led.
The provider and, registered manager had effective management systems in place to monitor and improve the quality of service people received.
People's views on the service provided were sought daily and acted on.
Facilitators felt supported and spoke confidently about the registered manager.

Matrixcare

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection site visit activity started on and ended on 9 July 2018. The inspection was completed by one inspector. As part of the inspection, we reviewed the information we held about the home and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law. The inspection considered information about people's care that was shared from the local authority who are responsible for commissioning some people's care. We also contacted Healthwatch to see if they had any information to share with us. [Healthwatch is a consumer champion representing people using health and social care services].

We requested and reviewed a Provider Information Return (PIR) for this inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service which included notifications about important events which the service is required to send us by law.

During the inspection, we spoke with two people who lived at the home and one family member. We spoke with three facilitators, [the provider refers to its support staff as facilitators], the registered manager and the Head of Service for Wales and West. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at two records about people's care, two medicine records, medicine audits, care plan audits, provider improvement plans, falls and incidents reports, training records and checks completed by the provider.

Good

Is the service safe?

Our findings

During the inspection we spent time with people in the communal lounge. We heard and saw that people happily approached facilitators to chat to them or ask questions. People were confident and were comfortable when facilitators were with them and were offered reassurance if they became upset. Facilitators then offered guidance and support to help the person with their expectations or emotions. A relative that we spoke with told us they would talk to any of the facilitators if they had any concerns about their family member's safety. They felt assured their relative was "Very happy living at the home."

All facilitators that we spoke with told us they recognised and would respond to potential signs of abuse. They said the training they had received helped them to be aware of the different ways to spot potential concerns. For example, changes in a person's personality or unexplained bruising. All facilitators we spoke with felt they also helped people understand where they may be at risk of harm when they became upset or anxious. For example, we saw facilitators gave positive encouragement or reassurance to a person to reduce their anxiety. Where people needed support with medicines or emotional support to keep them and other people safe, facilitators understood when this may be required.

People's risks were known by all facilitators we spoke with. They told us the risks to people's health and safety in the home, and any physical and emotional risks they may present. These included supporting people with personal care and reassurance to allow people to manage their own risks. Plans were in place to prevent or minimise any identified risks for people and facilitators told us they would look at these if they needed to. These were also amended and updated as required. However, we although we saw fire risk assessments were in place, they were not personalised to each person's needs, [to assist safe evacuation of the home in the event of an emergency]. We discussed this with the registered manager who told us they would put Personal Emergency Evacuation plans [PEEPs] in place for each person living at the home.

People's incidents and accidents had been recorded and reviewed by the registered manager. The information had been used to review the support offered and if any actions could be taken to reduce a reoccurrence or if further support was required. For example, one person's personal care routine had changed to offer them more choice and encourage them to be more independent, make it a more positive experience and reduce their anxiety. We heard how one person had learnt to shave themselves and as a result became less anxious during personal care routines.

Facilitators were available for people when needed and could communicate their needs. The registered manager told us thought was given to allocating staff to work with each person to make sure there were sufficient facilitators. They also adjusted the staffing levels according to how many people lived at the home. They told us they were going to increase the staffing levels to accommodate a new person's needs who was due to move into the home.

We saw facilitators and the registered manager had a good understanding of infection control to protect people from the risk of infection. Facilitators told us, they had access to personal protective equipment such as gloves and aprons.

We asked the registered manager about the provider's recruitment processes but were unable to examine any recruitment files because they were stored at the provider's head office. However, all the facilitator's confirmed they were interviewed, references taken and a Disclosure and Barring Service {DBS} check had been performed before they could work at the home. A DBS checks potential employees for any criminal records, to ensure they are suitable to work in certain roles.

One person said that their medicines were looked after by facilitators. People's medicines were stored securely in the medication room and temperatures recorded, to ensure they stayed within the safe range. Facilitators had been trained in the administration and management of medicines and people received their medicines when needed. Facilitators were competent through observation of their practice, refresher training and mentoring. People's medicines records were checked daily by staff to ensure people had their medicines as prescribed. Facilitators encouraged people to understand why they were taking their medicines and the amount they were required to take. We heard one person during the administration of their medicines say, "I need one of [tablet name]."

Good

Is the service effective?

Our findings

People were supported by facilitators that had the training and knowledge to meet their needs so they would be able to enjoy the best well-being possible. A relative told us, "Staff are very well trained." Facilitators told us they received regular training which helped them deliver up-to-date, evidenced based care.

The registered manager told us the home benefitted from a stable staff team but told us when new staff started their employment at the home they were expected to complete a three-week induction programme which is based on the Care Certificate. The Care Certificate is a set of standards that health and social care workers can work in accordance with. It is the minimum standards that can be covered as part of the induction training of new facilitators

Facilitators told us they received regular supervisions with the registered manager, where they were given the opportunity to reflect on their practice and identify any training needs. One facilitator told us how they had asked to be trained in oxygen therapy and percutaneous endoscopic gastrostomy [PEG feeding]. PEG feeding is used where people cannot maintain adequate nutrition with oral intake. They had attended this training within the last two weeks and told us how good the training had been, so they felt confident in delivering this care. when the new person comes to live at the home.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 the mental capacity to take 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.

We checked whether the service was working within the principles of the MCA. Facilitators told us they had been trained in MCA. We heard how people were supported to make choices about the care and support they received, including how they spent their time and what they chose to eat. During our inspection we saw people being given information in ways they understood [including easy read format and Makaton a specialised sign language] to help them make decisions.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had made applications in relation to DoLS for two people living at the home
The registered manager was aware of their responsibilities to ensure where people were being deprived of their liberties that an application would be made to the supervisory body. Where people were living with an authorised DoLS in place this was reflected in their care plans..

Two people we spoke with told us they enjoyed the food and were involved with making their own meals

where they wanted. Facilitators told us about the food people liked, disliked and confirmed who received any special requirements. For example, one person required supervision at meal times due to being prone to choking, because they ate their food too quickly. At lunchtime we saw a facilitator sit with the person to encourage them to eat more slowly. Three facilitators told us the menu was flexible and people could choose something else if they preferred.

People had support to maintain good health. Where required facilitators supported people to attended appointments with health professionals. We saw each person living at the home had a Health Action Plan. This is a plan recording any health appointments and actions taken for that person, Facilitators had access to these records and felt they worked well in being accurate and up to date following any appointments.

Facilitators told us that they reported concerns about people's health to the registered manager, who then took the appropriate action. For example, contacting the doctor for an appointment. People's consultants reviewed their needs and where changes were needed their care records had been updated.

We noted all areas of the home was well maintained and very clean. People had assisted in the decoration and painting of the home to help them feel at home and comfortable in their environment. We saw the adaptations to the home were in progress to reflect the needs of the people living at the home. For example we saw a walk in shower was being installed on the day of our inspection to meet the needs of a person with physical difficulties.

Good

Is the service caring?

Our findings

All people enjoyed the company of the facilitators and knew them well. A relative told us [Person's name] regards all the staff as their family, they are very happy living there." One facilitator told us, "They [people living at the home] are like my extended family. I really do care for them." People happily chatted and spent time with the facilitators talking about their day or sharing news about their lives. People were confident in their home and approached facilitators and the registered manager when needed to chat or discuss their plans for the day or other events that they were planning. For example, one person told us they were going shopping and then going to a fast food restaurant for an ice-cream.

People could express their views and wishes to the facilitators in a variety of ways. Facilitators looked for visual and emotional signs to understand a person's needs. The registered manager told us one person used basic Makaton signs to help them communicate with facilitators. [Makaton is a specialised sign language]. Facilitators understood these signs as they had received training.

During our conversations with all facilitators we spoke with and the registered manager we found they all had a detailed and personal understanding of each person's individual needs. People received care from facilitators who respected it was their home and were attentive to their individual interests. All facilitators that we spoke with felt the home was caring with the focus on people and their support to aid their independence.

People's achievements were celebrated by facilitators and were commented on in a loving and caring way. One facilitator said, "I've found a way of giving [person's name] choices in way that doesn't cause them anxiety, so they now choose to have a bath because they are offered a choice."

Throughout our inspection we saw people had developed positive relationships with facilitators. Where needed facilitators supported people's wellbeing and encouraged their independence. People were involved in their own care and treatment and made day to day choices. The registered manager told us, they felt it was paramount that people were assisted to increase their independence. For example, they said, "One reason we don't have a dishwasher [person's' name] is they love to do the drying up. It may take up to an hour but it's something they love to do, so it's important." Where people asked for support this was provided with facilitators knowing the level of assistance the person needed.

In the Provider Information Return [PIR] the registered manager had written "Residents are supported to spend quality time with parents and families through a variety of means such as visits to the home, local community, phone and Skype calls." We were given examples where people's relatives were invited to visit the home. For example, one person told us how they had recently enjoyed an outing with their niece. A relative told us, "We can visit when we want and at any time."

Facilitators supported people's privacy when we were in their home and respected where people wanted a lie in, spend time in their rooms or spend time with us during the inspection. People's privacy and dignity

was respected by facilitators at the home.

Whilst reviewing records we saw people had expressed choices about their care or information had been obtained from relatives or facilitators who knew the person well. Relatives [where appropriate] were also asked for their opinions in support of people's care.

Good

Is the service responsive?

Our findings

Facilitators knew and understood each person well, had information about their families and past and used this to guide each person's care and support.. Facilitators could tell us about the level of support people required. For example, facilitators knew where people required regular checks or when other appointments were needed to maintain and monitor people's health. Three facilitators told us that they knew people well so they could recognise changes in people's health or social needs. The registered manager and the facilitators were also looking at ways to continue to support people as their needs changed as they became older. This included for example, working with the consultant psychiatrist to support people with their mental health and behaviour.

We looked at two people's records which had been updated regularly to reflect their current care needs. Facilitators told us they used people's care and support plans to find out the way in which people preferred to receive their care and how to support the individual. For example, how facilitators would understand people's responses and how they preferred things done in certain way. Where information or advice from an external source had been sought this had been recorded when updating care records.

People were encouraged to maintain friendships and interests outside of their home and were supported by facilitators. For example, we heard how one person had volunteered in a charity shop which they enjoyed. People made choices about how they spent their time. Each person was supported to peruse an active social life, hobbies and interest. For example, facilitators supported people to go out for lunch, go to the shops or activities within the home. People were involved in planning their outings. We heard how one person particularly loved a certain type of transport. We could see from photographs around the home this had been facilitated and from the person's body language it was clear they had an enjoyable time.

Families and friends spent time with their relatives. One family member told us they could visit when they wanted and were always made to feel welcome. They also felt the atmosphere in the home was social and relaxed. The registered manager showed us the plan to introduce a new person to the home and had taken care to make sure all the people at the home were happy and compatible with the new person. The new person had chosen colours and decorations for their new room and had made several visits for tea.

Throughout the day people approached facilitators to speak about their concerns, worries or social plans. Facilitators listened with interest and answered questions or gave supportive advice and guidance. Facilitators were patient and made sure people were happy with the response. There was a complaint procedure in place and available in an easy read format, although no complaints had been received in the last 12 months. We spoke with the registered manager about people's end of life wishes as they were not recorded in people's care plans. They acknowledged this deficit and assured us this would be addressed.

We heard from the registered manager that people would be assisted to use advocacy services either local or through the National Star Foundation should they require independent support and advice. Although currently no-one was using this service.

Good

Is the service well-led?

Our findings

People were involved in their home and had their views and opinions listened and responded to by the facilitators and registered manager. Facilitators at the home helped people by answering their questions at any time. People were also asked for their daily views on their care, meals and activities on offer on a day to day basis. We saw that any actions had been recorded and completed. The registered manager told us they were working on a project with another registered manager, to develop a questionnaire that people could understand to reflect their opinions and so improve the service as required. Facilitators told us that where people had not contributed to the meetings individual conversations were held or looked at people's experiences and expression in other ways. They achieved this by, for example, through monitoring people's body language. A relative told us that all facilitators and management were approachable and listened to their comments. One relative said, "The care is good we've no complaints."

The provider had not yet sent questionnaire to families and professionals to gain their views on their overall experience and opinions of the care provided. They planned to introduce this and the outcomes of the surveys would be used to develop an improvement plan for the home,

We heard from the registered manager the provider had received many positive comments from community professionals but there was no formal recording of these statements. The registered manager told us he would formally record these comments for future evidence.

Facilitators were aware of their responsibilities in relation to the care and support needs of people. All the facilitators we spoke with told us the home was run well for the people that lived there. One facilitator told us "It's people's home. Facilitators stay working here for a long time, because we all love the guys who live here." The registered manager told us they all worked well together and were there for people who lived there. The registered manager said their aim was to ensure, "People feel they are the centre of their care. They need to have control over their lives".

The facilitators we spoke with told us they felt involved in people's lives and the registered manager was keen to listen and try their ideas in relation to people's care. Facilitators had the opportunity to raise concerns or comments about people's care at team meetings. These were held to discuss how staff felt about their role, staffing arrangements, any changes and topics around care. Facilitators we spoke with felt that they were a caring team and the management team recognised that their facilitators worked well together. We saw that registered manager spent time with people and working alongside facilitators.

The provider and the registered manager carried out a series of quality checks and audits on different aspects of the service to check people were receiving safe, good quality care. These included six weekly medication and health and safety audits.These quality checks had resulted in improvements in a number of areas, including staff training, aspects of the physical environment and health and safety arrangements at the service

The registered managers' skills and knowledge were supported by their head of services and other professional involved in people's care. For example, advice from consultants and therapist for each person to help ensure the care continued to meet their needs. This support led them to recognise and deliver high quality care to people in line with current best practice. The registered manger told us they were joining the local community forum for professionals to keep their knowledge up-to date.