

Matrixcare

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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 

Overall summary

Matrixcare provides accommodation and personal care for people with a learning disability who may also have complex needs for five people. On the day of our inspection there were three people living at the home.

The inspection took place on the 18 November 2015 and was unannounced.

There was a registered manager at this home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered providers and registered managers 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.

Relatives said they were happy about the care their family member received. They told us staff were caring and promoted people’s independence. We saw people were able to maintain important relationships with family and friends. People had food and drink they enjoyed and had choices available to them, to maintain a healthy diet. Staff knew the people who lived at the home well and were able to support them to eat and drink. People were

Summary of findings

protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage them. Relatives told us they had access to health professionals as soon as they were needed.

Relatives said they felt included in planning for the care their relative received and were always kept up to date with any concerns. People living at the home were able to see their friends and relatives as they wanted. People had support available from independent advocates to help them make decisions. Relatives knew how to raise complaints and felt confident that they would be listened to and action taken to resolve any concerns. Staff and the registered manager knew people well and were aware if people were unhappy. The registered manager had arrangements in place to ensure people were listened to and action could be taken if required.

Staff we spoke with were aware of how to recognise signs of abuse, and systems were in place to guide them in

reporting these. They were knowledgeable about how to manage people's individual risks, and were able to respond to people's needs. Staff had up to date knowledge and training to support people. We saw staff treated people with dignity and respect whilst supporting their needs. They knew people well, and were focussed on each person as an individual.

The registered manager promoted an inclusive approach to providing care for people living at the home. Staff were encouraged to be involved in regular meetings to share their views and concerns about the quality of the service. The registered manager included staff to support their learning and understanding of areas of legislation that effected people at the home. The provider and registered manager had systems in place to monitor how the service was provided, to ensure people received quality care.

Summary of findings

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

People were supported by staff who understood how to meet their individual care needs safely. People benefitted from sufficient staff to support them. People received their medicines in a safe way.

Good



Is the service effective?

The service was effective

Peoples best interests were protected in a least restrictive and lawful way. People's needs were met by staff who were well trained. People enjoyed their meals and were supported to maintain a healthy, balanced diet. Relatives were confident staff had contacted health care professionals when they were needed.

Good



Is the service caring?

The service was caring

People living at the home and relatives thought the staff were caring and treated them with dignity and respect. People were supported to maintain important relationships.

Good



Is the service responsive?

The service was responsive

Relatives felt listened to. They were able to raise any concerns or comments with staff, or the registered manager and they were confident that these would be resolved satisfactorily. People were supported to make everyday choices and to have interesting things to do that they enjoyed.

Good



Is the service well-led?

The service is well-led

People and their families benefited from a management team that regularly monitored the quality of care provided, and an open and inclusive culture.

Good



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.

This inspection took place on 18 November 2015 and was unannounced. The inspection team consisted of one inspector.

We looked at the information we held about the service and the provider. We looked at statutory notifications that the provider had sent us. Statutory notifications are reports that the provider is required by law to send to us, to inform us about incidents that have happened at the service, such as an accident or a serious injury. Before the inspection,

the provider completed a Provider Information Return (PIR). 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 spoke with three people who lived at the home, and two relatives. We looked at how staff supported people throughout the day.

We spoke with the registered manager, the provider and four staff. We also spoke to an independent person employed by the provider to inspect the home monthly. We spoke with a member of the speech and language therapy team and a social worker that supported people living at the home. We spoke with an assessor who supported staff with their job related qualifications, who regularly visited staff at the home. We looked at three records about people's care. We also looked at three staff files, staff rosters, complaint files, and minutes of meetings with staff. We looked at quality checks on aspects of the service which the registered manager and provider completed.

Is the service safe?

Our findings

People said they felt safe. Some people we spoke with were not able to communicate verbally and were not able to tell us if they felt safe. We saw through people's communication with staff that they were confident and secure. For example we saw people had relaxed facial expressions and smiled a lot when staff communicated with them. We also saw that people were confident to communicate with staff using different methods, such as hand gestures and body language, and that staff were able to understand what the person wanted. One member of staff said, "We can read their body language and gestures because we know them so well." They also said that the family had supported them with their knowledge and understanding of the person.

Relatives we spoke with said they felt their family member was safe. One relative told us, "I know they are safe, all the staff want what's best for [family member]." They also said, "There are usually enough staff on duty, and (family member) gets the attention (family member) needs when they need it."

We spoke with staff about what actions they would take to ensure people were protected from abuse. They said they would report any concerns to the registered manager and take further action if needed. The registered manager was aware of their responsibilities and explained how they would report any concerns to the correct authority in a timely way. Staff explained what action they would take and were aware that incidents of potential abuse or neglect should be reported to the local authority. One member of staff told us, "If I was not satisfied I would take it further." Staff said they spent time with people to get to know them. They told us they were confident they would know if a person was distressed or worried about anything. One member of staff said, "We know them really well." There were procedures in place to support staff to appropriately report any concerns about people's safety.

We observed staff receiving information about people who lived at the home during handover. Staff said they were aware of any current concerns about each person's health and wellbeing. They told us this contributed to the safe care of people. The registered manager worked along staff and reviewed risk assessments with the support from the staff team. Staff told us immediate concerns would be discussed and they would take action straight away. People

had their needs assessed and risks identified. Staff said they followed plans to reduce these identified risks, and they were regularly reviewed. For example we saw one person had a specific risk to their wellbeing and all staff we spoke with were aware of this risk and had received appropriate training to support this.

People's relatives told us there were enough staff on duty to meet people's needs. One relative told us there was always enough staff available to support their family member. They said, "All the staff support each other and will come in to help if needed." We saw and staff told us there were enough staff on duty to meet the needs of people living at the home. One staff member said, "If we need extra staff for an activity they (the registered manager) will arrange for an extra member of staff to come in." The registered manager told us staffing levels were determined by what the people at the home wanted to do. For example, when one person wanted to go out into the community there were always two staff available to go with them. This had been identified in their risk assessment.

Newly recruited staff we spoke with said they did not work alone until they had completed the main part of their induction training. They spent time being introduced to people and shadowed experienced staff. This was to give people time to get to know them and for them to know about the people living at the home. Staff told us the appropriate pre-employment checks had been completed. These checks helped the registered manager make sure that suitable people were employed and people who lived at the home were not placed at risk through recruitment processes.

We looked at how people were supported with their medicines. Relatives told us they were confident their family members received the support they needed. All medicines checked showed people received their medicines as prescribed by their doctor. We saw staff supported people to take their medicines; they explained what they were doing and encouraged people to be as involved as they could be in the process. For example we saw one person got ready what they needed whilst having their medicines administered. Staff were trained and assessed to be able to administer medicines. The registered manager ensured that there were always two staff to administer medicines. Staff we spoke with felt this

Is the service safe?

was a good idea because it reduced the likelihood of mistakes being made. Staff told us and we saw suitable storage of medicines. There were suitable disposal arrangements for medicines in place.

Is the service effective?

Our findings

Relatives told us staff knew how to meet their family member's needs. One relative said, "Staff are very good they know what they are doing." We saw people were supported by staff who knew their needs well. Staff we spoke with said the registered manager ensured their training was up to date. Staff were able to explain how their training increased their knowledge of how to support people. For example, a member of staff said how their training about first aid had also supported their knowledge about epilepsy. The provider told us that their first aid training was completed at the home, and was related to specific concerns for the people that lived there by the training provider. Staff said and we saw they were supported to achieve their job related qualifications. The assessor that visited the home to support staff completing their job related qualifications told us that staff were very engaged with their training and the registered manager was open to ideas.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

We looked at how the MCA was being implemented. We saw the registered manager had completed this assessment of people's needs when it was needed. For example, we saw that the best interest decision process had been followed around keeping the front door locked. This decision process involved the person's family, health professionals and social worker to ensure the decision was made in their best interest. Staff explained they understood the importance of ensuring people agreed to the support

they provided. We saw they worked with people and let the people decide what they wanted to do, with encouragement for people to be as independent as possible. All staff had an understanding of the MCA.

Staff we spoke with understood about the legal requirements for restricting people's freedom and ensuring people had as few restrictions as possible. The registered manager had submitted DoLS applications and had approval from the local authority. They understood the process and were aware of how to access any further support and to keep the DoL under review.

We saw people had choice about the food they ate; staff used pictures to support people with their choices. Time was taken with each person to ensure they understood what was available. People were encouraged with healthy options. We saw a member of staff encouraging one person to eat in a way that showed how well the staff member knew them; they ate all of their meal. Relatives told us people ate well and had a balanced diet. One relative told us, "(family member) eats a more varied diet now than when they were at home." We saw when extra support was needed that staff did this in a discreet way, promoting people's independence as much as possible. Staff we spoke with said people were monitored regularly to ensure they were maintaining a healthy diet with both food and drink. Staff knew how to support people and knew how to manage risks associated. The registered manager showed us how people's nutritional requirements were met. For example, one person needed their food to be cut up into small pieces, staff were aware and we saw they consistently provided this. They were aware which people had special dietary needs and how they needed to meet them.

Relatives told us their family member had access to health care when they needed it. One relative said, "The dentist comes into the home now to help [family member]." Relatives we spoke with said their family members received support with their health and wellbeing when they needed it. One relative said, "In an emergency they would always contact us straight away." Staff we spoke with told us how important it was to monitor the health of each person. We saw there was regular input from specific health care professionals. For example a behavioural nurse specialist had worked with staff to establish the behavioural support passport. This then assisted staff to support people at the home.

Is the service caring?

Our findings

People told us and showed us they were happy at the home. One person said, "I am happy here." Other people were able to make it clear through gestures and signs that they were happy at the home and we saw positive interactions with staff. Relatives told us they were happy with their family members care. One relative said, "[Family member] is so settled, and they are always happy." We saw a relaxed atmosphere at the home and staff told us they enjoyed supporting people who lived there.

We saw people were treated in a caring and kind way. The staff were friendly and patient when providing support for people. The staff took the time to speak with people as they supported them. People's wellbeing was supported by positive interactions such as the use of non-verbal techniques to communicate. We saw a member of care staff support a person to participate in a game they had chosen. We saw through their facial expressions and body language the person and the member of staff enjoyed the experience.

Relatives said they were involved in the care planning for their family member. A relative said, "I am always involved." Relatives confirmed staff knew the support people needed and their preferences about their care. One relative told us, "Staff know what they (family member) like." Staff said they included relatives and contacted them regularly, or spoke with them when they visited. Staff were knowledgeable about the care people required, they were able to describe how different people liked their support to be given. This was confirmed in records we looked at.

We saw staff promote people's independence, and respond to each person with knowledge of them as an individual. For example staff encouraged one person to get things ready for their meal, and another person to choose which fruit they wanted. We heard staff calling people by the names they preferred. We saw that people's rooms were personalised and people had a choice of different communal rooms to spend time in.

We saw people were treated with dignity and respect. For example, we saw doors were closed whilst people were receiving support with personal care, assistance was offered discreetly and in a kind manner. People had been supported with their appearance and were dressed in clothes reflecting their personalities. One person told us what they were going to wear on the day of our inspection, and we saw them wearing the cloths they had described. Staff told us they were able to communicate using a range of techniques, and knew how people preferred to be communicated with. Information was available in easy read formats such as the complaints procedure.

Relatives said they were able to visit whenever they wanted to support their links with their family member. They told us they were welcome to visit or call on the telephone if they wanted. They said they felt involved and included in the care for their family member.

People who could not easily express their wishes had the individual support of an advocate to help them make decisions about their care. Advocates are people who are independent of the service and who support people to make decisions and communicate their wishes.

Is the service responsive?

Our findings

Relatives said they were included in their family members care. We saw that staff gathered as much information as possible about each person living at the home, their interests, and preferences.

We saw staff were familiar with people's likes and dislikes. For example, we saw one member of staff talking to one person about what they wanted to do next. The staff member gave a range of ideas that showed how well they knew the person. The social worker we spoke with said staff really knew people well and would know how people living at the home communicated if they were unhappy. They also told us that staff would ask for support if they had a concern and would take advice and tackle everything in a person centred way.

Staff said they would observe people's body language or behaviour to know if they were unhappy. People's care plans contained information about how they would communicate if they were unhappy about something. The care plans we looked at gave clear information for staff to follow and were in a format some people could understand. They had included advice from a behavioural nurse and gave clear guidance for staff to follow. Staff we spoke with said they were aware of how to communicate with people effectively. We saw staff were following the guidance given.

People said they could choose to spend time in their room, or the communal areas, wherever they liked. We saw people were able to have breakfast when they wanted to. Staff told us it was up to the person to decide when they wanted to get up; if they were going out they would be reminded to get up in time.

We saw people chose what they wanted to do with their time. One person went out for the day to do an occupation of their choice. We spoke with one member of staff and they explained to us how they knew one person had enjoyed their car ride. They could tell from their body language and facial expressions that they always had a lot of pleasure from a trip out. We also saw people involved in domestic tasks around the home. For example one person

helped with the hanging out of the washing which we saw they enjoyed this from their smiles and conversation with the member of staff. The social worker we spoke with told us they saw people that lived at the home went out to do things they liked regularly. We saw staff encourage people to do interesting things throughout the day. Each person's pastimes were personal to them and not generic activities. The social worker said that staff really thought outside of the box to encourage people to be healthy and happy. The registered manager told us they were in the process of reviewing how they supported people to do interesting things during their day. He was working to put a more comprehensive plan in place without losing the individuality they had achieved.

Staff told us each person had their own key worker. This was a member of staff who had an overview of what each person needs. For example hospital appointments, dentist and opticians. They also were responsible for ensuring care needs were up to date and reviewed. Any concerns were monitored and appropriate involvement of other services were achieved promptly. For example we saw that specialist teams such as the speech and language therapy team were referred to in a timely way. We spoke with a speech and language therapist and they said that they were involved when needed and the staff team followed advice given.

Relatives told us they were happy to raise any concerns with either the registered manager or staff. Relatives said they felt listened to and were happy to discuss any concerns with any of the staff team at the home. The registered manager had endeavoured to make the complaints procedure available in formats that people could understand. Some people would be unlikely to be able to make a complaint due to their communication needs and level of understanding. If people were unhappy about something their relative may have to complain on their behalf.

The registered manager regularly used questionnaires to gain feedback from relatives and professionals. All the comments we saw collected were positive. The registered manager said he would continue to look at ways to improve how they gathered feedback.

Is the service well-led?

Our findings

We saw through people's facial expressions they enjoyed spending time with the registered manager. The registered manager told us he spent time working alongside staff with people who lived at the home and knew them well. Relatives told us they were confident with the registered manager and staff at the home. One relative said, "Very well managed."

Staff told us the registered manager was available when they needed to speak to them. The registered manager said staff could speak directly to them at any time when they were on duty or out of hours on the phone. Staff also told us they would raise any concerns with the registered manager. They said they felt listened to and if they had an idea they could share it with the registered manager and he would listen. For example, staff had requested further specific training. The registered manager had sourced the training and was in the process of arranging dates for staff. Staff said the registered manager was proactive and would listen if they made suggestions. Staff told us the culture of the home was open and inclusive, and centred on each person as an individual.

Staff told us there were regular staff meetings. These ensured that staff received the information they needed and were given an opportunity to voice their opinions. Staff we spoke with said they felt these meetings were useful and they felt supported. The registered manager included staff in work that they undertook. For example completing applications to the local authority when considering depriving people of their liberty. This ensured that staff had

a good working knowledge of the impact of legislation on the people they supported. They were aware of the whistle blowing policy and said they would be confident to use it if they needed to.

All the staff we spoke with said they had regular one to one time with the registered manager. They said this was very helpful in their development and they had the opportunity for further vocational qualifications. The staff we spoke with said they felt valued by the provider and the registered manager. One member of staff we spoke with said, "We work as a team and all support each other." A speech and language therapist told us that the registered manager was always open to ideas and was working hard on improvements for people living at the home. The social worker said they had a good relationship with the registered manager and they were always willing to listen to advice.

The registered manager completed regular audits to monitor how care was provided. For example the registered manager had an overview of accidents and incidents to ensure that concerns were identified and investigated. The provider regularly visited and employed an independent person to regularly monitor how care was provided and how people's safety was protected. For example, the independent person looked at the overall health and safety of the home. We saw the provider looked at an overview of all aspects of care provision, what was going well and what need improving. We saw that the area's identified for improvement had been acted on and were subject to ongoing monitoring.