Matthew Residential Care Limited

Matthew Residential Care Limited - 1 Milton Avenue

Inspection report

1 Milton Avenue
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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

This inspection took place on 10 August 2015 and was unannounced. We were unable to review staff records during this visit as the registered manager was away from the home, so we returned on 26 August to complete our inspection.

1 Milton Avenue is a care home registered for five people with a learning disability situated in Kenton. At the time of our inspection there were no vacancies at the home. The people who used the service had significant support needs because of their learning disabilities. The majority of people had additional needs such as autistic spectrum conditions, mental health conditions, and communication impairments.

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

Summary of findings

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.

A person who lived at the service told us that they felt safe, and this view was confirmed by a family member whom we spoke with. We saw that people were comfortable and familiar with the staff supporting them.

People who lived at the service were protected from the risk of abuse. Staff members had received training in safeguarding, and were able to demonstrate their understanding of what this meant for the people they were supporting. They were also knowledgeable about their role in ensuring that people were safe and that concerns were reported appropriately.

Medicines at the service were well managed. People's medicines were managed and given to them appropriately and records of medicines were well maintained.

We saw that staff at the service supported people in a caring and respectful way, and responded promptly to meet their needs and requests. There were enough staff members on duty to meet the needs of the people using the service.

Staff who worked at the service received regular relevant training and were knowledgeable about their roles and responsibilities. Appropriate checks took place as part of the recruitment process to ensure that staff were suitable for the work that they would be undertaking. All staff members received regular supervision from a manager, and those whom we spoke with told us that they felt well supported.

The service was meeting the requirements of The Mental Capacity Act 2005 (MCA). Information about capacity was included in people's care plans. Applications for Deprivation of Liberty Safeguards (DoLS) authorisations had been made to the relevant local authority to ensure that people who were unable to make decisions were not inappropriately restricted. Staff members had received training in MCA and DoLS, and those we spoke with were able to describe their roles and responsibilities in relation to supporting people who lacked capacity to make decisions.

People's nutritional needs were well met. Meals provided were varied and met guidance provided in people's care plans. Alternatives were offered where required, and drinks and snacks were offered to people throughout the day.

Care plans and risk assessments were person centred and provided detailed guidance for staff around meeting people's needs.

The service provided a range of activities for people to participate in throughout the week. Staff members supported people to participate in these activities. People's cultural and religious needs were supported by the service and detailed information about these was contained in people's care plans.

The service had a complaints procedure. A family member told us that they knew how to make a complaint, and we saw evidence that complaints were dealt with quickly and appropriately.

The care documentation that we saw showed that people's health needs were regularly reviewed. The service liaised with health professionals to ensure that people received the support that they needed.

We saw that there were systems in place to review and monitor the quality of the service, and action plans had been put in place and addressed where there were concerns. Policies and procedures were up to date.

People who used the service, their relatives and staff members spoke positively about the management of the service.

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?

Good

The service was safe. The home had an up to date policy on the safeguarding of adults. Staff members were aware of safeguarding policies and procedures and were able to describe their role in ensuring that people were safeguarded.

Up to date risk assessments were in place and these provided detailed guidance for staff around managing risk to people.

Medicines were administered and managed in a safe and appropriate manner.

Is the service effective?

Good

The service was effective. People who used the service and their family members were satisfied with the support that was provided.

Staff members received the training and support they required to carry out their duties effectively.

The service met the requirements of The Mental Capacity Act. People who used the service and their family members were involved in decisions about people's care. People were supported to maintain good health and to access health services when they needed them.

People chose their meals and were provided with the support they needed to eat and drink.

Is the service caring?

Good

The service was caring. People who used the service and their family members told us that they were satisfied with the care provided by staff. We observed that staff members communicated with people using methods that were relevant to their needs.

Staff members spoke positively about the people whom they supported, and we observed that interactions between staff members and people who used the service were positive and caring

People's religious and cultural needs were respected and supported.

Is the service responsive?

Good

The service was responsive. People and their relatives told that their needs were addressed by staff.

Care plans were up to date and person centred and included guidance for staff to support them in meeting people's needs.

People were able to participate in a wide range of activities.

The service had a complaints procedure. Complaints had been managed in an appropriate and timely way.

Is the service well-led?

Good

The service was well-led. There were systems in place to monitor the quality of the service and we saw that these were evaluated with improvements made where required.

The registered manager demonstrated leadership and accountability. She was available to people who used the service, staff members and visitors.

Summary of findings

Staff members told us that they felt well supported by the registered manager. A family member of a person who used the service felt that the home was well managed.

The registered manager had a good working relationship with health and social care professionals and organisations. Links with the community were promoted on behalf of people who used the service.

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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 10 August and 26 August 2015 and was unannounced.

The inspection was carried out by a single inspector.

Before the inspection the provider had completed a Provider Information Record (PIR). This is a form that asks the provider for key information about the service, what the service does well, and what improvements they plan to make. We also reviewed our records about the service, including previous inspection reports, statutory notifications and enquiries.

During our visit we spoke with two people who lived at the home. Other people whom we met were unable to communicate with us verbally or tell us how they felt about the service as they had complex needs such as autism or communication impairments. However, we were able to spend time observing care and support being delivered in the communal areas, including interactions between staff members and people who used the service. We also spoke with three family members. In addition we spoke with the registered manager, the provider's responsible individual for the home, and two members of the care team. We looked at records, which included three people's care records, three staff recruitment records, policies and procedures, medicines records, and records relating to the management of the service.

Good

Is the service safe?

Our findings

One person who used the service told us, “The staff do keep me safe.” A family member said, “This is the best place they could be. They are really looked after.”

People’s medicines were managed safely. The provider had an up to date medicines procedure. Staff members had received medicines administration training, which was confirmed by the staff members that we spoke with and the records that we viewed. Records of medicines maintained within the service were of a good standard, and included details of ordering, administration and disposal of medicines. One person who used the service had been prescribed controlled medicines during the past year. Although these medicines had been discontinued, we noted that the service did not have a separate controlled drugs cabinet. We discussed this with the registered manager who assured us that a suitable controlled drugs cabinet would be purchased should there be a need to store such medicines in the future.

The service had an up to date procedure on the safeguarding of adults and this made reference to the local authority interagency safeguarding procedures. Staff members had received training in safeguarding and regular refresher sessions were arranged to ensure staff knowledge was up to date. Staff members that we spoke with demonstrated a good understanding of the signs of abuse and neglect and were aware of their responsibilities in ensuring that people were safe. They knew how to report concerns or suspicions of abuse using the procedure. We reviewed the safeguarding records and history for the service and saw that there had been no safeguarding concerns raised since our previous inspection.

The service had suitable arrangements in place to protect people from identified risks associated with day to day living and wellbeing. Risk assessments for people who used the service were personalised and had been completed for a range of areas including people’s behaviours, mental health needs, anxieties, health and mobility needs, and epilepsy. We saw that these were up to date and had been reviewed on a regular basis. Risk management plans were detailed and included guidance for staff around how they should manage identified risks. Where relevant this was situational. For example, we saw behavioural risk assessments that provided guidance for staff supporting people both at home and in the community. Behavioural risk assessments included guidance for staff around providing positive approaches to supporting people and identifying and reducing ‘triggers’ that might create anxieties.

The home environment was suitable for the needs of the people who lived there. The communal areas were spacious and furnished in a homely way. We saw that there was sufficient space for people with mobility and sensory impairments to move around safely.

We saw from the service’s staffing rotas and our observations of staff supporting people during our inspection that the provider had made appropriate arrangements to ensure that people received the support that they required, and that there was continuity of care from a stable staff team. Staffing rotas were designed to provide flexibility of support. For example, some people required one-to-one support. During our inspection we saw that the staff support that people received reflected this. We observed that people who used the service were familiar with the staff members supporting them, and the staff members that we spoke with were knowledgeable about people’s individual care and support needs.

We looked at three staff files and these showed us that the provider had arrangements in place to ensure that they recruited staff that were suitable to work with the people whom they supported. Staff recruitment records included copies of identification documents, evidence of eligibility to work in the UK, two written references, application forms and criminal record checks. Detailed policies and procedures were in place in relation to staff recruitment and the staffing records showed that these had been followed.

The service was well furnished, clean and well maintained. An annual environmental audit of the safety of the buildings had taken place in. This included an action plan and we saw that the actions identified had been addressed. Health and safety records showed that safety checks for the home, for example in relation to gas, electricity, fire equipment, and portable electrical appliances, were up to date.

Accident and incident information was appropriately recorded. Staff members described emergency procedures at the home, and we saw evidence that fire drills and fire safety checks took place regularly.

Good

Is the service safe?

The provider maintained an out of hours emergency contact service and staff we spoke with were aware of this and how to use it.

Good

Is the service effective?

Our findings

One person that we spoke with told that they were happy with the support from staff. They said that, "Staff help me when I need it." A family member told us, "They are really good at making sure that [the person] has what they need." Another family member told us that they had not been happy with staffing at the home in the past, "But there are some good new staff now who know [my relatives] needs."

Staff told us that they had received an induction when they started working at the service. The induction included information about people using the service, policies and procedures and service specific information such as the fire procedure, report writing and the environment. One staff member told us, "The induction was good. It helped me to understand the work I would be doing and the people I would be supporting." We saw that all staff had received mandatory training such as safeguarding of adults, infection control, manual handling, epilepsy awareness and medicines awareness. Staff also had opportunities to take up care specific qualifications and we saw that a number of staff members either had these or were currently working towards achieving them.

Policies and procedures were in place in relation to the Mental Capacity Act (MCA) 2005. These were consistent with the MCA Code of Practice for health and social care providers. Staff had received training in the MCA 2005 and demonstrated that they were aware of the key principles of the Act. We observed that staff members used a range of methods, including words, signs, pictures and objects to support people to make decisions. Information about supporting choice for people with limited or no verbal communication was contained in people's care plans, as was information about people's capacity to make decisions.

People's care plans included information about restrictions that were in place, with evidence that these had been agreed with others, such as family members and key professionals, to be in people's best interests. Applications had been made to the local authority for Deprivation of Liberty Safeguards (DoLS) to be put in place for people who lived at the care home to ensure that they were not unduly restricted, and we saw evidence of this.

One person who used the service told us that they enjoyed the food but said that they would like, "more plain food." We saw that this person's care plan and daily care record showed that staff members were aware of this. Daily records of meals provided showed us that the food was varied. People's dietary needs and preferences were recorded in their care plans, and we saw that the menus available to people reflected these. The registered manager told us that the menus were for guidance and where people chose not to eat what was on the menu, they were offered alternatives. The daily notes for people included information about the meals that they had eaten which confirmed this.

There were effective working relationships with relevant health care professionals. We saw that regular appointments were in place, for example, with challenging behaviour and epilepsy services, as well as the GP and dentist. Staff members accompanying people to appointments had completed a record of what had been discussed and agreed at these. Care plans included information about people's health needs which included details about the support that they required to maintain their health and wellbeing.

People's families were involved in their care and their feedback was sought in regards to the care provided to their relative. A family member said that "I know the staff well, and they always make sure I am informed about changes." One family member told us, however, that messages that they left on the home's voice mail did not always seem to be passed on, although they also said that they did speak regularly with staff members.

Good

Is the service caring?

Our findings

One person told us, “the staff are good. I have two key workers.” A family member said that, “the staff are very caring with [my family member]. I can’t fault them at all.”

People were supported by staff members who treated them with dignity and respect. We saw that care was delivered in a sensitive manner, and was flexible in ensuring that people were given the time that they needed for activities. For example, one person had a detailed daily activity plan that was linked to a need for structured activities which was identified in their care plan and risk assessment. The registered manager and a care worker told us that this would sometimes change if the person did not wish to do the planned activity. We were told that staff would offer alternatives so that the person was always engaged in an activity that they wished to do at the time. We saw that this person was supported by a staff member to undertake activities that they preferred. Staff members were courteous and positive in their communications and people appeared relaxed and comfortable with the workers who were supporting them. We saw that staff members were familiar with the people they supported, and spoke with them about the things that were meaningful to them. We observed friendly interactions between people who used the service and their care staff who used words and signs that people understood, and we saw that people responded positively to this.

Staff members had time to deliver person centred care and our observations showed that they knew people well. For example, we saw that staff members communicated with a person with autism in a positive way using words that they understood. The person was responsive to their communication. When we arrived at the home on the first day of our inspection, the two staff members on shift asked us to wait whilst they supported people with their personal care needs. This showed us that staff put people who used the service first.

The service was sensitive to people’s cultural, religious and personal needs. We saw that information about people’s religious and cultural and personal needs were recorded in their care plans. A family member confirmed that staff brought their relative to their home on Sundays so that they could go to church together.

The registered manager told us that people could access advocacy services if required, and we saw that information about local advocacy services was available at the service. However, most people had very strong links with their families who were fully involved in their care. Family members called their relatives regularly, and we saw that regular home visits were included in people’s activity plans. During our inspection, a person had been supported by staff to visit a family member at their home.

People were involved as much as possible in decisions about their care. A staff member told us, “when we know them, we can work out what they like and dislike by their behaviour.” We saw that care plans included information about people’s likes and dislikes, along with guidance for staff on their communication needs and preferences.

Good

Is the service responsive?

Our findings

People's needs were regularly assessed and reviewed and they were involved in the assessment of their needs. A family member said, "we are happy about the care. The home lets us know if there is anything we need to be aware of."

Care plans were up to date and person centred, and contained guidance for staff in relation to meeting people's identified needs. The care plans were clearly laid out and written in plain English.

The care plans that we viewed detailed people's personal history, their spiritual and cultural needs, likes and dislikes, preferred activities, and information about the people who were important to them.

Information about people's communication needs was detailed and ensured that staff members had clear guidance on how to ensure that people were enabled to communicate their needs effectively. For example, we saw that examples of Makaton signs were included in one person's plan for staff to follow.

The care plans provided information for staff about the care and support that was required by the person and how this should be provided. For example, behaviour plans clearly described behaviours that might indicate that a person was anxious or distressed, along with 'triggers' to be avoided where possible. These were supported with clear stage-by stage information to reduce levels of arousal and enable staff members to support the person to manage their behaviours in a positive way. The registered manager told us that incidents of behaviours that were challenging had significantly reduced for one person who used the service, and we saw that staff interacted with this person in a supportive and encouraging way.

People participated in a range of activities within the local community that included shopping, walks and meals out. People's care documentation included individual activity plans and we saw that people participated in individualised activities. A person who used the service told us, "I go shopping and for walks. We go to restaurants on special occasions." We observed a staff member discussing arrangements with this person to visit their previous home on the day following our inspection. The home arranged outings to places of interest, and at the time of our inspection staff members were planning a day trip to Brighton for all the people who lived at the home. People had access to individual activity equipment such as music players, and laptops, and staff members supported them to use these. Records of activities, including how people were supported were completed regularly for each person.

Family members were fully involved with the service, and we were told that regular visits were encouraged and supported. During our inspection we saw that one person had been taken by staff to visit their family, and a family member of another person told us that staff brought them to visit on a regular basis

The service had a complaints procedure that was available in an easy read format. A family member that we spoke with confirmed that they knew how to raise any complaints or concerns, "but I can't imagine any reason why I would want to complain." Another family member told us how they had complained in the past and said that they had not been happy with the outcome. We saw that the home's complaints' register showed that complaints had been managed appropriately, and that outcomes had been recorded.

Good

Is the service well-led?

Our findings

A family member told us, “the manager and the staff at the home are very good with [my relative].”

The registered manager was also the service provider. They were supported by a senior care worker, and the responsible person who was a co-director of the organisation.

People who used the service, their families and other stakeholders were asked for their views about the home on an annual basis. We saw copies of the completed questionnaires from the most recent survey that showed high levels of satisfaction with the service. We also saw evidence that this feedback was evaluated by the registered manager and discussed with the staff team.

The staff members that we spoke with told us that they felt that the manager was supportive and approachable. One told us, “I feel very well supported in my job.” We saw that the registered manager spent time with staff members and people who used the service, and that their interactions were positive and informal. Staff told us that the registered manager or the senior support worker was readily available if they needed any guidance or support.

Minutes of regular staff team meetings showed that there were regular opportunities for discussion about quality issues and people’s support needs. Staff members told us that they valued these meetings and that they provided opportunities to ask questions and offer suggestions that were listened to. One staff member told us, “we learn from each other to make the care better” The registered manager told us that urgent information was communicated to staff immediately, and the staff members that we spoke with confirmed that this was the case.

Staff members had job descriptions which identified their role and who they were responsible to. The staff members that we spoke with were clear about their roles and responsibilities in ensuring that the people who used the service were well supported.

There were systems in place to monitor the quality of the service and we saw evidence that monthly safety and quality reviews had taken place. These included reviews of medicines, safety and records. Where actions had been identified as a result of these reviews, we saw evidence that these had been acted on and addressed.

We reviewed the policies and procedures.in place at the service. These were up to date and reflected good practice guidance. There was a process in place to ensure that staff members were required to sign when they had read the policies.

Records maintained by the service showed that the provider worked with partners such as health and social care professionals to ensure that people received the service that they required. Information regarding appointments, meetings and visits with such professionals was recorded in people’s care files.