

Matthew Residential Care Limited

# Matthew Residential Care Limited - 1 Milton Avenue

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

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

Matthew Residential Care Limited – 1 Milton Avenue is a residential care home providing personal care and accommodation to 4 people at the time of the inspection. The service can support up to 5 people.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture (RSRCRC)' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

During our last inspection we found the provider had made improvements to ensure that the underpinning principles of RCRSRC were addressed. However, we were not fully assured that the changes the service had made were fully embedded. At this inspection we found further improvements had been made.

**Right Support:** People were supported by staff who understood their needs and had received training to support them in their roles. We observed good communication between people and staff, and noted the provider was developing picture assisted and easy read information to enhance people's understanding of the care and support they received. There were sufficient staff on duty to meet people's identified needs and additional staffing was provided as required to support activities outside the home. The provider's staffing rotas had not always been updated to accurately reflect staff members working at the home at any given time.

**Right Care:** People's care plans were regularly reviewed and updated to include important information and guidance for staff on supporting their identified needs. Staff understood people's wishes and preferences and were observed to support people in a friendly and respectful manner. Where appropriate, staff encouraged people to take positive risks, such as participation in new activities. Staff had engaged with people, family members, health care professionals and other relevant individuals to ensure people's care and support met their needs.

**Right Culture:** People and those important to them, such as family members, had been involved in planning their care and support. People were regularly asked about their needs and preferences and staff developed activities and support to ensure their individual choices were addressed. Staff training reflected current best practice in supporting people with learning disabilities and autistic people. Staff were supported to discuss best practice for the people they supported in supervisions and team meetings. People were provided with the support they required to use the home and the local community as they wished. There was no evidence of restrictive practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update - The last rating for this service was requires improvement (published 31 October 2022). We made one recommendation regarding accessible information. At this inspection we found improvements had been made and further improvements were in progress.

#### Why we inspected

We carried out this inspection following concerns we had received from a local authority in relation to safeguarding of people living at the home.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Recommendations

We made one recommendation regarding ensuring the accuracy of staff rotas.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform us when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** 

### Is the service effective?

The service was 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** 

# Matthew Residential Care Limited - 1 Milton Avenue

## **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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by 2 inspectors.

#### Service and service type

Matthew Residential Care Limited – 1 Milton Avenue is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

## Notice of inspection

This inspection was unannounced.

## 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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

## During the inspection

We spoke with 3 people who used the service about their experience of the care provided. We spoke with 4 members of staff including the registered manager, quality assurance manager and 2 care staff. We also spoke with a visiting professional from a healthcare team. Following this inspection, we received feedback from 1 relative.

We reviewed a range of records. This included 3 people's care records and medicines records. We looked at a variety of records relating to the management of the service, including 5 staff files, policies and procedures and quality assurance monitoring records.



# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- The provider did not demonstrate that staffing at the home was always safe.
- During our inspection there were sufficient staff members on shift, including agency workers, to meet the needs of people using the service. We looked at recent staff rotas and noted some agency workers appeared to be working a 7-day week without breaks. We raised this with the quality assurance manager who subsequently provided evidence that agency staff were having days off during each week that we looked at. However, the home's rotas had not been updated to reflect the actual staff who were working at the home. This meant we could not be fully assured there were always sufficient numbers of staff at the home, nor that staff always had days off each week to ensure they were not over-tired at work.

We recommend the provider ensures staff rotas are updated when there are changes to ensure they accurately record the staff working at the home on any given day.

- The provider had processes in place to support safe recruitment decisions. This included pre-employment checks to ensure staff were suitable to work with people living at the service, such as references and criminal records checks. Checks of agency workers' suitability had also been carried out prior to their working at the home.
- Where people required additional staffing, for example, to attend activities or appointments, this was provided. During our inspection, people went to activities outside the home, and we saw additional staffing was rostered to ensure they had appropriate support.

### Assessing risk, safety monitoring and management

- The provider had procedures in place to identify, assess and manage risk.
- The provider had carried out person-centred risk assessments for people living at the home. People's risk assessments covered a range of needs, including personal care, community-based activities, medicines, eating and drinking and specific healthcare needs such as diabetes and epilepsy. People's risk management plans included guidance for staff on supporting people in ways which reduced identified risks.
- Behavioural risk assessments for people included information about current risks and how to manage these. Positive behaviour support plans (PBS) were in place for people who required these. A PBS outlines the supports and strategies to be implemented by team members to reduce the occurrence of problem behaviour through positive and proactive means. The provider had sought guidance on developing these from specialist professionals.
- The provider had carried out regular health and safety risk assessments and checks at the home. Servicing of, for example, gas, electricity, fire equipment and appliances had been carried out and were up to date.

Fire safety measures were in place including weekly tests of fire alarms and regular fire drills.

#### Using medicines safely

- People's medicines were safely managed.
- People's prescribed medicines were safely stored. Medicines administration records (MARs) were appropriately completed and up to date.
- The provider had developed protocols and staff guidance on the administration of PRN (as required) medicines. These included guidance for staff on when these medicines should be given. People who were prescribed PRN medicines to manage behaviours or anxieties had evidence of recent medicines reviews in their files.
- The service had up-to-date medicines policies and procedures, and these included reference to STOMP principles. STOMP stands for stopping over-medication of people with a learning disability, autistic people or both. Staff had been provided with information about STOMP, and the principles had been discussed in staff meetings.
- Staff administering medicines had received appropriate training. Competency checks of safe administration of medicines had taken place.

#### Learning lessons when things go wrong

- Staff recorded information about incidents and events. These included details of events leading to people becoming anxious, along with actions taken to reduce reoccurrences of behaviours. Following incidents people's care plans and risk assessments had been updated.
- The provider used an electronic system for record keeping. Staff had access to a tablet which they used to record incidents. This enabled the registered manager and quality assurance manager to review records in real time and act accordingly.
- Staff attended regular team meetings, where lessons learned and improvements to people's support were discussed.

#### Systems and processes to safeguard people from the risk of abuse

- The service had safeguarding policies and procedures and staff were aware of these. Staff had received safeguarding training to ensure they had the skills and ability to recognise when people may be unsafe.
- The provider had procedures to manage the risk of financial abuse. Where people's monies were looked after, these were safely stored and staff checked people's financial records on a daily basis. The quality assurance manager had carried out regular audits of people's monies and financial records.
- We looked at the provider's safeguarding records. There had been a number of safeguarding incidents since our last inspection. These had been reported to the relevant local authority safeguarding team and notified to the CQC.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider was facilitating visits for people living at the home. This was confirmed by a person's relative.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated good. At this inspection the rating has remained 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

- The provider ensured people needs and choices were assessed and care and support delivered to people met current best practice.
- The provider had carried out assessments of people's needs at the point of referral to the home. The assessments were used to develop person-centred care plans and risk assessments. People's care plans and risk assessments included guidance for staff about how to support people effectively. They had been reviewed and updated when there were any changes in people's care and support needs.
- Where people had been assessed as having behaviours considered challenging, PBS plans were in place. People's PBS plans had been discussed in staff team meetings and staff had signed to demonstrate they had read them.
- People were supported to engage in a variety of planned activities. During our inspection, 1 person attended a day centre and another person went shopping with staff. People's individual care records showed that other activities such as day trips, meals out and sporting and leisure activities had taken place. Personalised risk assessments had been carried out for activities outside the home.

Staff support: induction, training, skills and experience

- The provider had systems in place to ensure staff received appropriate training and support relevant to their roles.
- The provider had put in place a training programme for staff. This included mandatory training, for example safeguarding adults, infection control, medicines administration and fire safety. Staff had also received training on specific health needs, such as diabetes and epilepsy, and on PBS. Regular agency workers had access to the staff training programme.
- Staff received regular supervision to support them in their roles. However, these were mainly group supervisions, and some staff had not received individual supervision sessions with a manager for some time. The quality assurance manager showed us a matrix which demonstrated that individual supervision sessions had been planned for all staff. A staff member told us they were able to speak with a manager at any time they required guidance or support.

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.

In care homes this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was meeting the requirements of the MCA.
- Information about people's capacity to make decisions was included in their care plans. Best interest meetings had been carried out in relation to specific decisions where people had been assessed as being unable to make a decision independently.
- The provider had applied to the relevant local authority for DoLS authorisations where this was required.

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

- The provider worked with other agencies to ensure people's care and health needs were met.
- People's care records confirmed referrals had been made to other healthcare professionals, such as psychiatrists, dentists and GPs. People had received annual health checks by a GP.
- People's care records contained health action plans (HAPs). A HAP is a record of a person's health and provides accessible information about what that person needs and wants to do to stay healthy. These can be used to advise health professionals of people's needs and preferences.

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

- Staff supported people to have a balanced diet. They told us people chose their meals and if they didn't want the meal on offer an alternative meal was provided. We observed a mealtime and saw people were offered choices and appeared to enjoy their meal. People told us they liked the food at the home.
- Staff offered people drinks and snacks at other times during the day.
- Information about people's eating and drinking preferences and needs was included in their care plans. People were provided with cultural foods in accordance with their preferences.

Adapting service, design, decoration to meet people's needs

- The environment was partially adapted to meet people's needs. A person with mobility impairments had a ground floor room and access to an accessible bathroom. Furniture was sturdy and in good condition, and a communal television was secured to reduce risk of damage.
- People's rooms had been decorated in line with their individual preferences.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated good. At this inspection the rating has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People took part in a variety of planned activities, such as outings to places of interest, meals out, shopping and other community-based activities. Staff supported people to organise holidays and day trips and we saw these were discussed in regular house meetings and key worker sessions. Additional staffing had been rostered to ensure people had staff support to participate in activities outside the home.
- People's care records contained activities plans. The quality assurance manager told us that these were flexible and subject to change if people wished to do a different activity.
- People appeared at ease with staff, and people who could speak with us confirmed they liked the staff. Staff engaged with people and were observed to respond immediately and respectfully when people required support.
- People's privacy was respected. Support plans described how people should be supported so that their privacy and dignity were upheld. We observed staff knocking on people's doors and announcing themselves before entry.
- Staff understood people's right to privacy and confidentiality. People's care records were stored securely.

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

- People attended regular monthly house meetings where they were able to discuss changes taking place at the home and to plan activities and menus. People's requests at these meetings had been followed up. For example, menus had been changed and activities had been planned following house meetings.
- The provider had commenced a formal satisfaction survey. This was in progress at the time of our inspection.
- The home had a key-worker system to allow people to speak confidentially about issues which were important to them. Key worker meetings had taken place monthly or more frequently where people preferred. The notes of the meetings showed that staff had followed up people's individual requests and recorded the outcomes of their actions.

Ensuring people are well treated and supported; respecting equality and diversity

- Information about people's specific needs in relation to religious, cultural and other lifestyle preferences was included in their care plans.
- People were supported to attend places of worship and celebrate cultural and religious festivals. Culturally appropriate foods were provided as required.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

### 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.

At our last inspection we recommended the provider takes action to ensure people's care plans and other information in relation to their care and support are provided in accessible formats. At this inspection we found some improvements had been made and further improvements were planned.

- The provider's plans to develop picture assisted information for people were contained within the home's service improvement plan. The quality assurance manager told us that work had commenced on developing easy to read care plans.
- People's care plans contained communication plans which provided guidance for staff on supporting people to make decisions about their care and support and everyday activities. Staff used a tablet to show people information about activities, and some pictures had been developed to support choices, for example in relation to meals and activities.
- The provider's plans to develop picture assisted information for people were contained within the home's service improvement plan. The quality assurance manager told us that work had commenced on developing easy to read care plans, However we were not shown evidence of this.
- People and staff appeared to communicate well with each other. Staff understood people's verbal and visual communication needs and used language people understood.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were personalised and included guidance for staff on how to support people to make choices.
- People's care plans included information about their specific needs and preferences. Regular reviews of people's care plans had taken place, and these were updated when there were any changes.
- People had been supported to participate in reviews of their care and support. Where appropriate, these reviews involved relatives or significant others. Where people were unable to understand or sign consent for their care plans, this was recorded.

### Improving care quality in response to complaints or concerns

- The provider had systems in place to manage complaints or concerns.

- The service had a complaints policy and procedure. A relative told us they had no complaints but if they did, they knew how to contact the registered manager.
- The registered manger told us no complaints had been received since our last inspection.

#### End of life care and support

- The service was not providing end of life care. Procedures were in place to support people if end of life support was required.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated requires improvement. At this inspection the rating has changed to 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, their relatives and staff were engaged and involved in developing their care and support.
- People's care plans were regularly reviewed and information in relation to outcomes were recorded.

People were involved as much as possible in developing their care plans.

- People's views of the home were sought through regular house meetings. People had named key workers who met with them regularly to discuss their needs and wishes and to plan activities. These showed people were actively involved in planning activities and menus and informed about any changes.
- The provider had recently commenced a formal satisfaction survey. We saw feedback that had been received from a relative and this was positive. People told us they were satisfied with the care and support they received from staff.
- People's care plans included information about their communication needs. Work had commenced on developing these in an accessible format.

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

- Managers and staff were clear about their roles. Staff had received regular training and supervision to support them in their roles. Staff told us they received the information and support they required.
- We found some actions, such as the updating of staff rotas and the completion of work to develop accessible information needed to be addressed. However, there was no evidence that staff deployment was unsafe, and the work on accessible information was included as an ongoing action in the provider's service improvement plan.
- The provider was carrying out regular quality assurance monitoring. Monitoring of safety including fire safety, fire drills, hot water temperatures, infection control and environmental risks had taken place.
- People's care plans were evaluated on a monthly basis or when there were changes to people's needs.
- People's care records were maintained in an electronic format. The home's electronic monitoring system created alerts for any records that had not been completed by staff and could be reviewed by any manager in 'real time'. Staff on shift had access to a tablet which they used to record daily care records.
- The provider had been working with a consultant to support them through the process of improving the service to meet regulatory and commissioning requirements. The home's service improvement plan showed that many improvements had been made such as improvements to record keeping and quality monitoring.

#### Working in partnership with others

- The provider worked in partnership with others.
- People attended regular appointments with healthcare professionals. We saw evidence the management team had liaised with other professionals to ensure people's needs were met. Where appropriate, guidance provided by key professionals, such as psychiatrists and GPs were contained within people's care plans.

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 provider understood their responsibilities in relation to duty of candour. Duty of candour requires that providers are open and transparent with people who use services and other people acting lawfully on their behalf in relation to care and treatment.
- The provider had notified commissioning local authorities and CQC about appropriate incidents and concerns.