

St. Matthews Limited

St Matthews Limited - The Avenue

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

St Matthews Limited – The Avenue is a residential care home providing personal and nursing care to 31 older people living with dementia and/or mental health needs at the time of the inspection.

St Matthews Limited – The Avenue, accommodates up to 33 people in one adapted building, across two floors.

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

Staff knew how to minimise risks for people and followed good practice guidance as detailed within risk assessments and support plans.

People were supported by sufficient numbers of staff who had undergone a robust recruitment process. Medicines were stored and administered safely, and staff were trained to support people effectively. Staff were supervised well and felt confident in their roles.

The service was clean, and staff understood infection control procedures and followed them. Staff wore appropriate personal protective equipment.

People's needs were assessed, kept under review and support plans were adapted to suit people's individual needs. Staff received ongoing support through training and supervision, to enable them to provide good quality care.

Governance systems, including quality assurance policies and practices, were embedded to ensure good outcomes for people. Systems to monitor the quality of the service were used to drive improvements, and included seeking the views of people, family members and stakeholders.

The registered manager was aware of their role and responsibilities in meeting legal obligations and was supported by the head of service to achieve these.

Rating at last inspection

The last rating for this service was Good (published 20 December 2019).

Why we inspected

The inspection was prompted due to concerns received about the provider's other homes in the area. A decision was made for us to inspect and examine those risks.

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.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

St Matthews Limited - The 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 Care Act 2014.

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 one inspector, a specialist adviser and expert by experience. The specialist nurse had experience in working with older people, dementia care and a number of other areas within the healthcare field. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

St Matthews Limited – The Avenue is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

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 authorities who commission the service on behalf of people. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spent time with people who used the service and spoke with two people. We spoke with the registered manager, deputy manager and two care staff. We were introduced to with two visiting directors. The expert by experience spoke with one person and six relatives of people living in the home.

We reviewed a range of records. This included three people's records, including their medication records. We looked at three staff recruitment files and a variety of records relating to the management of the service. These which included minutes of meetings and documentation to support the monitoring of the service for its quality.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- We received some concerns from people's relatives about a small number of unwitnessed incidents that had taken place. One relative said, "What really concerns me is that [named] is on one to one care and there have been a few mishaps (accidents) due to falling down." We found these had been investigated by the local authority and provider and found these were accidents with no blame attached to staff or other person in the home. The manager stated there had been changes made to reduce the likelihood of a re-occurrence.
- People's safety was monitored and promoted. One relative said, "[Named staff] has been absolutely brilliant as have the senior carers, easy to talk to." Staff were trained in safeguarding procedures and they knew what action to take to protect people from harm and abuse. Staff training was supported by the understanding and implementation of the provider's policies and procedures, and the following of local safeguarding protocols.
- A system of analysis for safeguarding, incidents and accidents was in place to enable the provider to identify trends or themes and to assist in risk assessment reviews.

Assessing risk, safety monitoring and management

- People were safe in the home. One relative said, "At the end of the day we are happy, [named] is safe."
- People's safety was promoted through the monitoring and maintenance of the environment, which included fire, gas and electrical systems, some of which were overseen by external contractors.
- Audits were undertaken on the premises to identify any potential hazards, or changes required to the environment. For example, since the registered manager had recently commenced at the home, they had identified that none of the toilet doors were painted the same colour. This is seen as good practice where people have an impaired memory. Records showed the registered manager had identified this and other changes and action was being taken to bring about improvement where required.
- The assessment and monitoring of risk promoted people's safety. Comprehensive risk assessments based on best practice guidance were undertaken and regularly reviewed. Measures to reduce potential risk were individual to each person. For example, instructions for staff to follow should a person become anxious or distressed.
- Individual emergency evacuation plans were in place to ensure staff knew how to support people leave the premises safely. Regular fire drills were held.

Staffing and recruitment

- One relative said, "On the negative side, the changes of staff seem to be quite dramatic which is not good for people with dementia." We spoke to the registered manager about this who explained a number of staff had recently left. This situation had stabilised, and the deputy manager spent all of their time supporting

and developing the staff team.

- There were sufficient numbers of staff to meet people's needs and keep them safe. The provider had arranged for the registered and deputy managers to be 'supernumerary'. That means that they were not involved in practical care so could spend all of their time running the service and supporting the staff team.
- Staff underwent a robust recruitment process. Staff records included all required information, to evidence their suitability to work with people, which included a Disclosure and Barring Service check (DBS). The DBS can assist employers to make safe recruitment decisions by ensuring people that are employed are suitable individuals to care for people.
- Staff were supported through a regular system of supervision and appraisal. This ensured staff had access to the appropriate support, to increase their knowledge and competence, which in turn promoted people's safety and well-being.

Using medicines safely

- People were supported with their medicines in a safe and timely way. People's support plans detailed the prescribed medicine and the reason for its prescription, which included clear guidance as to the use of medicine to be given as and when required. For example, to reduce people's anxieties or to help control pain.
- Staff received medicines training and their competency was checked regularly. Staff were aware of the process to be followed in the event of a medicines error or missed signature.
- An electronic medicine monitoring system was in place. Medicine systems were organised, and staff followed the safe protocols for the receipt, storage and disposal of medicines.

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 meeting shielding and social distancing rules.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- There was a robust system in place for the analysis and review of incidents and accidents. This enabled the provider to ensure lessons were learnt and then distribute information through a regular newsletter for other homes to amend their practice accordingly.
- After an incident had taken place, this was discussed in the staff meeting and at shift handover. This meant staff could review how to reduce the risk of a similar incident occurring again.

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 good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- People's concerns and complaints were recorded and investigated. One relative said, "I've never had to complain." Another relative said, "To me there are no issues about the place, it's much better than the place they were in before. [Name] needed more care and it is given here."
- Actions taken as a result of complaints and concerns were recorded.
- An analysis of complaints and concerns was kept under review as part of the provider's governance and quality assurance system.

We recommended the registered manager keep a record of what would be considered 'minor' complaints. That would ensure if any issue were repeated, information would be in place to provide a speedy resolution.

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

- Support plans provided a comprehensive guide as to people's needs, which took into account aspects of their care. This included detailed information about their physical, mental, emotional and social needs. One relative told us they felt staff looked after their family member's complex needs well.
- People or close relatives, where appropriate, were encouraged and supported to develop support plans. Where people were able to do so, they and/or their close relatives assisted to keep these under review.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff encouraged people to maintain relationships and develop new ones. Staff supported people to maintain their relationships with family members. Family members visited people in line with the government guidance during the pandemic period.
- Where visiting was not possible staff assisted people to have telephone and video contact.
- People's support plans were outcome focused and reflected their social care needs. People were encouraged and supported to take part in a range of in-house pastimes and activities. These included sing-a-longs, bingo, card games, hand massages and activities to encourage individual fitness through ball games.

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.

- Where required, people's support plans included information about their individual communication needs and documents could be provided in easy read or other accessible formats.

End of life care and support

- The service provided personal care assisted by relevant health professionals, to support people's palliative and end of life care when needed.
- The registered manager had recognised further work was needed to ensure people's end of life care plans were proactively assessed and agreed with them, or a close relative where people were unable to do this. Measures were planned to address this with further staff instruction and training. This included a revised care planning approach, to help promote people's related involvement and decision making; tailored for people who were living with dementia and not always able to express their views regarding end of life care.

Is the service well-led?

Our findings

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

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

- Systems were in place which kept the day to day culture of the service under review. This ensured the values and behaviour of staff reflected the principles and values of the provider. This was achieved by providing staff with a range of opportunities to share their views.
- Staff spoke positively about the day to day management of the service, and how both the registered manager and deputy manager created an inclusive environment. This encouraged the sharing of ideas, and continued development of staff through training and career progression.
- The registered manager was instrumental in developing an assistant practitioner role within the staff team. Those posts were developmental and would in time allow staff to become trained nurses.
- Staff had a good understanding of whistle-blowing, and knew how and who to raise concerns with.

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 nominated individual and registered manager were aware of, and the provider had systems in place, to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had a robust quality monitoring system with identified staff having responsibility for quality monitoring. This was achieved through the completion of audits, directors visiting and making observations, the analysis of data on a local level, and provider oversight. Where shortfalls were identified a plan was developed to implement and monitor ongoing improvement.
- Where trends and patterns were identified through quality audits these were then discussed by the directors and Board of Trustee meetings. This prompted the sharing of information with other company homes through a regular newsletter in order to improve the overall quality in the providers other homes.
- The registered manager understood their legal obligations. CQC were informed about events as required by law. We saw the provider displayed the last inspection rating on their website and within the service as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relative's views were sought about the quality of the service. This included sending out surveys and the registered manager encouraging relatives to speak with them during their visits. Where required, surveys could be provided in an easy read format, supported by pictures to aid people's understanding of the content. Surveys were also sent to key stakeholders, and their feedback was also used to improve the service provided.
- Staff meetings and individual staff supervision sessions were held regularly and provided an opportunity for staff to share information about the people they supported to improve their care and support. Staff meetings were also used by the registered manager to update staff on key issues, and to encourage staff to share ideas.

Continuous learning and improving care

- Systems were in place to continually review good practice guidance, and implement changes where required.
- The analysis of incidents and events in the service were used to identify potential themes and trends, so action could be taken to further develop the service as a whole, and for people who lived at St Matthews Limited – The Avenue.

Working in partnership with others

- The registered manager and staff worked with key statutory organisations, which included the local authority, safeguarding teams, and clinical commissioning groups. This was to enhance the support and care of people using the service.