

Midland Heart Limited

St Matthews Place

Inspection report

270 Willenhall Road
Wolverhampton
West Midlands
WV1 2JN

Tel: 01902459772
Website: www.midlandheart.org.uk

Date of inspection visit:
23 May 2019
03 June 2019

Date of publication:
31 July 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

St Matthews Place is an extra care housing scheme that provides care and support for up to 50 people in self-contained flats. At the time of the inspection, 35 people were receiving the regulated activity of personal care.

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

People were cared for safely and staff understood their responsibilities to keep people safe from abuse or harm. Risk assessments were in place which ensured that staff knew what to do to mitigate the risks identified. People received their medicines safely and there were effective practices in place to protect people from infection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff received the support they required and had access to training and career development.

Staff were kind and caring and passionate about the care they provided. People told us how well looked after they were, and staff were respectful. People's dignity and privacy was maintained, and people felt in control of their lives.

People had individualised care plans which ensured they received person-centred care. Plans considered people's preferences, likes and dislikes and their cultural and religious backgrounds. People knew who to speak to raise concerns and were confident they would be listened to. Staff were described as compassionate and patient.

The registered manager was open and honest and strived to look at ways to improve the service. Staff felt well supported and people were confident in the service. Staff liaised with other health professionals and looked at ways to improve people's life experiences.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 21 September 2016).

Why we inspected

This was a planned inspection based on the previous rating.

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 effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring 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 Place

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.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

The service had a manager registered with the CQC. 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.

Inspection site visit activity started on 23 May 2019 and ended on 3 June 2019. We visited the extra care housing scheme on 23 May to speak with people using the service; and to review care records and policies and procedures. We received telephone calls from relatives and a social care professional between 24 May and 3 June 2019.

What we did before the inspection

We reviewed the information we had about the service which included any notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law.

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 this information to plan our inspection.

During the inspection

We spoke with five people who used the service and four relatives and friends. We also had discussions with eight members of staff, which included four care staff, two team leaders, the business support worker and the registered manager. We also spoke with two health and social care professionals. We looked at the care records of five people who used the service, quality assurance checks, staff training and supervision records, safeguarding information and accidents and incident information.

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, good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe with the staff who supported them. One person told us "I feel safer here than I did when I was living on my own and I feel safe with all the lovely staff."
- Staff knew what signs to look for to keep people safe from harm or abuse and there were up to date procedures in place for them to follow. One staff member said, "If I had any concerns I wouldn't hesitate to report them to a senior staff or the manager and I know who to contact outside of here [St Matthews Place] as well."
- The registered manager and senior staff team understood their responsibilities to keep people safe and they had raised concerns appropriately with the local authority and notified the Care Quality Commission as required.

Assessing risk, safety monitoring and management

- People's risk had been assessed and plans were in place to mitigate the risk identified. For example, there was a plan in place for someone identified as being at risk of falls which included actions for staff to take to mitigate the risk.
- Environmental risk assessments of people's homes had been undertaken which ensured the home was safe and free from hazards for both the person and staff.
- Fire, security and health and safety checks were in place which ensured that people and staff were safe in their home environment.

Staffing and recruitment

- People continued to be safeguarded against the risk of being cared for by unsuitable staff because there were appropriate recruitment practices in place.
- Staff had been checked for any criminal convictions and references had been obtained before they started to work for St Matthews Place. One member of staff told us, "I couldn't start the job until all my checks had come though."
- There was enough staff to meet people's needs. People told us that they received support from staff who knew them well and they didn't have to wait for care and support if they pressed their call bell. One person told us, "I could set my clock by these staff, always arrive on time and always with a smile."

Using medicines safely

- Medicines systems were organised, and people were receiving their medicines when they should. The registered manager was following safe protocols for the receipt, storage, administration and disposal of medicines.

- Detailed assessments were in place to enable people to manage their own medicines where they were capable, and checks were in place to offer reassurances that people continued to be safe administering their own medicines.
- Staff had received training and their competencies were tested regularly.

Preventing and controlling infection

- People were protected by the prevention and control of infection. Staff were provided with protective clothing such as gloves and aprons and there was information in people's care plans about the prevention of infection.
- People told us that staff wore gloves and aprons when they were being supported with personal care tasks.
- Staff were trained in infection control and there was a policy and procedure in place which staff could access.

Learning lessons when things go wrong

- Accidents and Incidents were monitored, and action taken to address any identified concerns.
- Any lessons learnt from incidents were discussed with staff and action plans put in place to ensure similar incidents did not happen again. Learning from incidents that had taken place in other services operated by the provider was incorporated as part of the learning.

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 as good. At this inspection this key question has remained the same, 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

- People's needs were fully assessed before any care was agreed and delivered. This ensured that there was sufficiently trained staff to provide the care and support required.
- People and their families were involved in developing their care plan. One person said, "They (St Matthews Place staff) asked lots of questions when they came out to see me before I moved in; it worked well because they knew all about my health before I moved in."
- The plans detailed how people wished to be cared for, what staff needed to be aware of, their likes and dislikes, communication needs and their cultural background. The plans also detailed what people were important to the person and who they would like to be informed if they were unwell.

Staff support: induction, training, skills and experience

- People were supported by staff who were trained, and who received the guidance and support they needed to deliver care effectively.
- Staff induction procedures ensured they were trained in the areas the provider identified as relevant to their roles. The registered manager had developed a shadow 'champion' team; this was a group of staff who new staff shadowed to ensure consistency in learning to support people the right way and according to the care plans and providers policies and procedures.
- Staff were given opportunities to review their individual work and career development opportunities.

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

- There were clear guidelines in place for staff to follow to support people with food and fluid.
- People were supported to eat and drink when required. Staff were aware of the need to refer people to other professionals such as a dietitian if they had any concerns.
- Information was recorded in care plans as to what support people required in relation to eating and drinking. For example, we read in one person's care plan staff were instructed to encourage the person to eat fruit or low sugar snacks to help manage their diabetes.

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

- People were supported to live healthier lives and were supported to maintain good health. The service worked alongside GPs, district nurses and involved dietitians when required.
- Staff knew the procedure to follow if they found a person needed urgent medical assistance.

- Health professionals were positive about the support staff provided to people. One health professional told us, "The staff are really on the ball, they care for patients well and really good record keeping. I have no concerns about the staff or the way people are treated."

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty authorised under the MCA. We checked whether the service was working within the principles of the MCA and we saw that they were.

- Staff had received training in MCA and understood the importance of seeking consent before supporting people. People told us that staff always sought their consent before providing care to them.
- Care records guided staff on the support people needed to make decisions and choices about their care which helped to ensure people had maximum control of their care and support.
- There were no people who were currently being deprived of their liberty.

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

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

- People made many positive comments about how caring the staff were. A person said, "The carers are more like part of the family to me." Another person told us, "I think of them as my guardian angels, they make such a difference to my life."
- Staff understood people's individual preferences and consideration was given to match people with care staff who shared the same language and interests. One staff member said, "We take into account people's preferences as to the gender of their carer."
- Care plans detailed how people wished to be supported, what was important to them and what staff needed to know about the person. This provided the staff with the information they needed to deliver consistent care and support.

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

- People told us they had been involved in developing their care plans and that they were consulted about their care. One person said, "I am always asked if everything is okay, if I want to change anything, it's all written down. How could I complain when whatever I ask for the answer is always yes!"
- A relative said, "If the carers have any concerns about [family member] they always contact me." Staff used mobile phone applications to keep in contact with some family members and share information with them.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected, and their dignity maintained. One person said, "The staff are all very respectful, and very gentle with me."
- Staff described to us how they maintained people's dignity. One said, "I always talk to them and explain what I am doing, and I tell them if I have any concerns about pressure areas. I always make sure curtains are closed and that the room is right temperature before delivering personal care."
- Staff kept people's documentation secure in their office and only care plans and risk assessment were kept in people's homes to reduce the risk of a breach of confidentiality.

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, good. This meant people's needs were met through good organisation and delivery.

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

- People received their care flexibly and on time. A person said, "The carers are very punctual. If they were ever going to be late, which is rare, they would let you know." Another person said, "They meet my needs. They are flexible in everything they do for me. If they haven't got time they make time."
- People's care plans were personalised and set out how people wanted their needs met. Some people had made progress and increased their independence while using the service. For example, one person was now more mobile through doing exercises with the staff supporting them.
- Care plans were reviewed and updated regularly, and the registered manager ensured care workers were aware of any changes. A care worker told us, "We get updated daily on people's changing needs and care plans are always updated straight away."

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.

- The service provided information for people in accessible formats including large print and sound recordings. Staff were trained to work with people with visual impairment and other sensory disabilities and understood their communication needs.

Improving care quality in response to complaints or concerns

- People knew who to speak to if they had a complaint. One person said, "I would speak to either [name of registered manager and senior care worker] or my family, they are very approachable and would sort things out."
- There was a complaints procedure in place and people were given information as to how to make a complaint. No complaints had been received by the service that related directly to care and support.

End of life care and support

- If people needed end of life care, the senior team and staff worked closely with healthcare professionals to ensure people were comfortable and pain-free.
- Staff were trained in end of life care and knew how to provide compassionate and responsive care and support to people. There was an established relationship in place with the local hospice.
- The registered manager organised for funeral directors to visit the supported housing scheme so people who wished to consider purchasing pre-paid funeral plans could look at the options available to them. The

registered manager also arranged for a solicitor to visit the service to speak to people about writing a will.

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 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

- People told us the service achieved excellent outcomes. A person said, "They [the staff] have exceeded my expectations in every way. I would say they are all outstanding, they go above and beyond." Another person told us, "I used to live in hell and now I feel like I am living in heaven. The support I get, and the caring staff is amazing. True Angels."
- The registered manager knew all the people using the service and their relatives and was in regular contact with them, ensuring they were satisfied with the care and support provided. A relative said, "[Registered manager] is always out and about, always approachable and gets things done."
- Care workers praised the service and recommended it. A care worker told us, "This is a great team to work in; everyone really pulls together. All the staff are understanding and helpful to the clients and each other." Another care worker said, "Midland Heart are great to work for, they really look after you from the day you start. I've been supported extremely well both on a professional and personal level."

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 registered manager had an open-door policy. Staff confirmed they always felt able to speak to any of the management team, the registered manager and the provider.
- When things had gone wrong the registered manager had notified the appropriate authorities and shared the outcomes with people and staff to ensure lessons were learnt.
- Staff knew about how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.

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

- Staff understood their roles and responsibilities and who to go to if they had any concerns about people's well-being. Managers were always available if staff needed to contact them for support and advice. A care worker said, "We get fantastic support from the managers. You can ring them any time, there's always someone on call in the day and night and they always pick up the phone."
- The registered manager understood regulatory requirements and completed statutory notifications and the provider information return (PIR). The information given in the PIR reflected what we found on the inspection.

Engaging and involving people using the service, the public and staff

- People and relatives commented on the service via regular surveys. The last of these, completed in March 2019 showed a high level of satisfaction with all aspects of the care and support provided.
- Care workers shared their views at meetings, supervisions and appraisals. A care worker said, "We are a team and we all want the best for our clients. If we've got any ideas on how to improve things [registered manager] wants to hear them."

Continuous learning and improving care

- The registered manager used the service's quality assurance systems to monitor the service. Records showed audits were comprehensive and if any improvements were needed they were carried out.
- There was a culture of learning at the service. Managers and care workers were committed to continual learning through training, teamwork, and sharing good practice.

Working in partnership with others

- The registered manager and care staff worked in partnership with health and social care professionals to ensure people's needs were met and they had the community services they were entitled to.
- Where necessary, staff liaised with other agencies to ensure people received 'joined-up' care. For example, they worked with the benefits agency to ensure people got their right financial entitlement, liaised with community groups to promote the well-being of a person using the service and ensured people felt safe by inviting the local police force and fire department into the scheme for talks and advice on safety.