

St. Matthews Limited

Kingsthorpe Grange

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This unannounced inspection took place on 9 November 2016. This residential care home is registered to provide accommodation and personal care for up to 51 people who may have dementia or mental health needs. At the time of our inspection there were 51 people living at the home.

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 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.

People felt safe living in the home. Staff understood the need to protect people from harm and knew what action they should take if they had any concerns. Staffing levels ensured that people received the support they required to keep them safe and recruitment procedures protected people from receiving unsafe care from care staff unsuited to the job. People had risk assessments in place which identified and managed people's known risks, and appropriate arrangements were in place to manage and store people's medicines.

People received care from staff that were supported to carry out their roles to meet the assessed needs of people living at the home. Staff received training in areas that enabled them to understand and meet the care needs of each person. People were actively involved in decisions about their care and support needs. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). People had their healthcare needs managed in a way that was appropriate for each person and people's nutritional needs were well supported.

People received support from staff that treated them well and prioritised their needs. People were relaxed and comfortable around staff and staff understood the need to respect people's confidentiality. People were supported to maintain good relationships with people that were important to them and the home had good links with advocacy services to ensure people had the support they required.

People were encouraged to make their own personal choices and to be in control of their own lives. The Registered Manager was making progress to ensure people's care plans reflected people's interests. People participated in a range of activities and received the support they needed to help them do this. People were able to choose where they spent their time and what they did.

People at the home reacted positively to the manager and the culture within the home focussed upon supporting people to receive the care they needed and to be as independent as possible. Systems were in place for the home to receive and act on feedback and policies and procedures were available which reflected the care provided at the home.

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.

People felt safe and comfortable in the house and staff were clear on their roles and responsibilities to safeguard them.

Risk assessments were in place and were managed in a way which enabled people to be as independent as possible and receive safe support.

Appropriate recruitment practices were in place and staffing levels ensured that people's support needs were safely met.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

Is the service effective?

Good 

The service was effective.

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People received personalised support. Staff received training which ensured they had the skills and knowledge to support people appropriately and in the way that they preferred.

People's physical health needs were kept under regular review. People were supported by a range of relevant health care professionals to ensure they received the support that they needed in a timely way.

Is the service caring?

Good 

The service was caring.

People were encouraged to make decisions about how their support was provided and their privacy and dignity were protected and promoted.

There were positive interactions between people living at the house and staff. People were happy with the support they received from the staff.

Staff had a good understanding of people's needs and preferences and these were respected and accommodated by staff.

Staff promoted people's independence in a supportive and collaborative way.

Is the service responsive?

Good 

The service was responsive.

Pre admission assessments were carried out to ensure the home was able to meet people's needs.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

People were supported to engage in activities that reflected their interests and supported their well-being.

People living at the home and their relatives knew how to raise a concern or make a complaint. There was a transparent complaints system in place and concerns were responded to appropriately.

Is the service well-led?

Good 

The service was well-led.

A registered manager was in post and they were active and visible in the house. They worked alongside staff and offered regular support and guidance.

Systems were in place to review the quality of service people received.

People, relatives and staff were encouraged to provide feedback about the service and it was used to drive continuous improvement.

Kingsthorpe Grange

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 9 November 2016 and was unannounced. The inspection was completed by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law. We also contacted health and social care commissioners who place and monitor the care of people living in the home.

During our inspection we spoke with thirteen people, two people's relative, nine members of care staff, an acting manager and the provider. We observed the care and interactions between staff and people living at the home.

We looked at care plan documentation relating to seven people, and three staff files. We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Is the service safe?

Our findings

At the last inspection in December 2015, we identified concerns with staffing arrangements and found that staff were not always adequately deployed and people did not always receive one to one support when they needed it. At this inspection we found there had been improvements to staffing arrangements. There was enough staff to keep people safe and to meet their needs. One person told us that there was a member of staff available when they needed them. They said "There's always staff around." Another person said, "I go to my room sometimes but the staff come and check on me all the time." One relative we spoke to said, "There always seems to be lots of staff around and if anything happens, you know if someone starts shouting or something, the staff come quickly to help calm everything down." Staff told us that there was enough staff available to meet people's needs and to ensure people received good support throughout the day. The registered manager used agency staff on occasions to ensure all shifts were fully staffed, and spent time in the home supporting people when necessary. We reviewed staffing rotas which showed that staffing levels were consistent and we saw that the levels of staffing allowed each person to receive attentive support from staff. Call bells were answered efficiently and people were not left unsupported.

People were protected against the risks associated with the appointment of new staff because the required checks were completed before staff started providing care to people. The acting manager confirmed, "There is a central team that get people's references and background checks before they are allowed to work in the service." We found there were appropriate recruitment practices in place. Staff employment histories were checked and staff backgrounds were checked with the Disclosure and Barring Service (DBS) for criminal convictions before new staff were able to start working with people who used the service.

People were supported by staff that knew how to recognise when people were at risk of harm and knew what action they should take to keep people safe. Staff received training to support them to identify signs of abuse and they understood how they could report their concerns. One member of staff said, "If we notice any bruising or marks on people we know we need to record it and it will be investigated." The provider's safeguarding policy explained the procedures staff needed to follow if they had any concerns and the registered manager submitted appropriate safeguarding referrals to the local authority and to the Care Quality Commission when necessary. We saw that full investigations had been completed when concerns were identified. The registered manager reviewed each incident for learning or further action and took appropriate steps to reduce the risk of further incidents occurring.

People's needs were reviewed by staff so that risks were identified and acted upon as people's needs changed. One person said, "Sometimes I try and hurt myself but the staff try to help me and they check on me all the time." Staff understood the varying risks for each person, and took appropriate action to reduce these risks. For example, it had been identified that one person was at risk of falls. We saw that plans had been put in place to support the person with these needs however they showed a flexible approach which recognised that there may be times when the person's health deteriorated, or improved which had an impact on the support they required. Staff also understood their responsibility to identify new risks, for example if people's behaviours or health changed, staff raised their concerns with the nurse team and prompt action was taken to meet people's needs and keep people safe.

Accidents and incidents were recorded by staff and reviewed by the registered manager. Staff discussed incidents during handover to identify if any immediate action needed to be taken to prevent future incidents. In addition, a monthly log was maintained and the registered manager reviewed this to identify if there were any trends or repeated incidents. For example, if people had repeated falls, the registered manager considered if the person needed to be referred to the falls clinic.

There were appropriate arrangements in place for the management of medicines. One person said, "I get my tablets every day [from the nurse]. They're usually at the same time every day." We observed that people were able to choose if they wanted to take their medicines and in what order. For example, one person told the staff which medicine they would like to take first and staff respected this. People received their medicines in a caring and encouraging way. People were told what their medicines were for and were given reassurance when they needed it. We heard staff giving instructions to people who required it; for example about how to take their medicines safely.

Staff had received training in the safe administration, storage and disposal of medicines and they were knowledgeable about how to safely administer medicines to people. People's medicines were stored securely and there were suitable arrangements in place so that homily remedies such as paracetamol could be given when people required it. We saw that medication administration records (MAR) were completed accurately after each person had received their medicine.

Is the service effective?

Our findings

People received support from staff that had received training which enabled them to understand the needs of the people they were supporting. One member of staff said, "New staff receive an induction. If they're new to care they get more support to help understand how they need to do their job, but everyone has to complete the induction." New staff were supported in their role to understand and learn about the people they were supporting and they were required to 'shadow' a variety of shifts to observe how people's needs were met at different times of the day. Staff told us they felt the training was good and prepared them to perform their role well. One member of staff said, "I think the training is good. We usually need to complete a new training session once a month to make sure we keep refreshing our skills and knowledge". Staff also had additional training specifically relevant to the people that lived at the home which included supporting people with particular health needs such as diabetes, or helping to reduce the number falls people experience. A program was in place to ensure staff regularly refreshed their training and knowledge on current practices including safeguarding and supporting people to move safely. The registered manager monitored staff training and ensured staff received the training when it was required.

Staff had the guidance and support when they needed it. One member of staff said, "I feel very well supported here. We work quite well as a team." Staff were confident in the registered manager and were satisfied with the level of support and supervision they received from senior members of staff. One member of staff told us, "We do have supervisions, but we can request them if we need them." Supervisions and appraisals were used to discuss performance issues, training requirements and to support staff in their roles.

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 decisions made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and we saw that they were. The management team and staff were aware of their responsibilities under the MCA and the DoLS Code of Practice. Staff understood their roles and responsibilities in relation to assessing people's capacity to make decisions about their care; staff had involved appropriate professionals when necessary, for example regarding the high level of support people required with aspects of their personal care. One member of staff said, "The manager and the senior staff carry out assessments on people's mental capacity but we also have training on it so we have an understanding and help people make their own choices if they can." Staff carefully considered whether people had the capacity to make specific decisions or provide consent in their daily lives; where they were unable to, decisions were made in their best interests. We found that best interest decisions had been recorded in people's care plans regarding staff supporting people with their personal care. We saw that DoLS applications had been made for people who had restrictions made on their freedom, for example by ensuring people did not leave the home without staff support. We saw that some

applications had been authorised by the local authority, and other people's applications were waiting for the formal assessments to take place by the appropriate professionals.

People were supported to maintain a balanced diet and eat well. One person told us "The food is alright, they [the staff] make sure I get something I like." We saw that after breakfast had finished, one person told the staff they were still a bit hungry. They talked with the person about what they would like to eat and made their preferred choice for them. We saw that people with communication difficulties were shown two different options at mealtimes to help them understand their choices. People were given encouragement and equipment to enable them to eat their meals as independently as possible and staff provided good support to people who required it. We also saw that people were not rushed to eat their meals and people that required support from staff to eat their meals, were enabled to eat at their own pace.

People's nutritional needs were assessed and regularly monitored. Staff were aware of the importance of good nutrition and the positive impact this can have on people's health. We saw that where concerns had been identified with people's weight they were regularly monitored to ensure that people remained within a healthy range. People were also supported with their nutrition with referrals to dietitians or speech and language therapists if staff identified concerns with people's ability to eat well. One member of staff said, "I have noticed that [name] is having difficulty swallowing their meals so I have arranged for them to be assessed by the speech and language team to see if they can do anything to help." We saw that staff followed guidance from specialists and made additional requests for support when concerns or changes had been identified.

People's healthcare needs were monitored and care planning ensured staff had information on how care should be delivered effectively. One person told us, "The nurses here are nice and make sure I'm alright but they get a doctor if someone is poorly." Staff were knowledgeable about people's health needs and understood when people were not feeling themselves. We also saw that staff were vigilant to people's changing health needs and identified when they needed extra support.

Is the service caring?

Our findings

People appeared relaxed and comfortable in the company of staff and people told us that the staff treated them well. One person said, "The staff are nice." Another person said, "The staff take their time with us." Staff told us they enjoyed their jobs, and liked working with the people they supported. One member of staff said, "I love helping people." We saw that staff focussed on supporting people's individual needs and provided a person centred approach.

Staff demonstrated a good knowledge and understanding about the people they cared for. One relative told us, "The staff really seem to know [name of relative] and she really likes them. They give her cuddles and she is very settled here." People had developed positive relationships with staff and they were able to provide reassurance and warmth when people were unsure or were distressed. For example, we saw staff holding people's hands or giving them a cuddle and people reacted very well to this. The staff showed a good understanding of people's needs and they were able to tell us about each person's individual choices and preferences.

People were encouraged to express their views and to make their own choices and staff responded to the manner in which people communicated with them. One person said, "I decide where I want to go. Sometimes I like to go to my room, sometimes I go and see what's going on downstairs but it's up to me." People were supported to wear clothes they liked and staff explained that if people were unable to verbally communicate they presented them with the physical options to support them to make their choices.

Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was placed in a confidential document or discussed at staff handovers. Staff respected people's privacy and ensured that people's personal care was supported discreetly and with the doors closed. Staff supported people to maintain their dignity and offered support to people to adjust their clothing when this was compromised.

We observed the home provided personalised care which supported people's individual requirements. Staff were encouraging and attentive. Staff recognised when situations or circumstances were agitating people and took action to give them the support they required. For example, one person showed signs of agitation whilst they spent time in a loud communal area. The staff supported the person to move to a quieter area of the home which seemed to help resolve some of their anxiety.

There was information on advocacy services which was available for people and their relatives to view. Staff demonstrated their understanding of decisions that may require support from an independent advocate which included decisions around handling their money or moving home. We saw evidence that people that required support with these decisions had been supported by an advocate.

Visitors, such as relatives and people's friends, were encouraged at the home and made to feel welcome. One relative said, "I must say, I do feel welcome here. I come at all different times of the day and it's never a problem. They're [the staff] very friendly to me and [name of relative]."

Is the service responsive?

Our findings

People's care and support needs were assessed before they came to live at the home to determine if the service could meet their needs. One person's relative told us they felt involved throughout the process. They said, "One of the managers came and met the manager at [name of relative]'s old home. They talked about the support they needed and little things that they preferred or didn't like and they talked to me about it all too. The manager here told me they would only take [name of relative] if they felt they could meet all their needs, and they could and now they are here, they seem to be much happier." People were encouraged to visit the home or have a trial period if possible to determine whether they wanted to come and live at the home. People and their relatives or advocates were also encouraged and supported to visit the home during the decision making process. We saw that the registered manager ensured they gathered as much information and knowledge about people during the pre-admission procedure from people themselves if they were able to communicate, and from relatives, advocates and professionals already involved in supporting each person. This ensured as smooth a transition as possible once the person decided they would like to move into the home.

People received care and treatment that met their needs and supported them to be as independent as possible. One person told us that they liked to try and do as much for themselves as they could, but the staff helped them if they needed them to. They said, "I do what I can myself. I prefer to move my own wheelchair myself but they help if I want them to." We saw that when people required staff to support them, for example with getting out of a chair or visiting another area of the home, staff did this with a gentle and supportive approach.

People were able to participate in a variety of activities they enjoyed. One person said, "I like the ball games but I'm not very good [at them]." Another person commented that they preferred to watch but could join in if they wanted to. One person told us they liked going out of the home to the shops and we saw that this was arranged with a member of staff. Staff told us that there was a variety of activities available and we saw people completing chair exercise, playing dominoes, and completing jigsaws. People were encouraged and supported to join in with activities but they were able to make their own decisions about what they did.

People were involved, and kept up to date with significant events. For example, in recognition of Remembrance Day, the home had completed a display of photographs, pictures and people's memories of the war. People were able to look at the visual reminders and read snapshots of information about the war if they wished. The display was presented so that people of all abilities could participate and benefit in the display. For example, the snapshots of information were short and in large print so most people would be able to read them if they wanted to.

Staff and the registered manager had a great knowledge about people's interests, and people were supported to complete activities they enjoyed. The care plans that were in place provided staff with guidance and information about the care that people required. They encouraged staff to show a flexible approach and were tailored to meet each individual person's needs. However, the registered manager had recognised further improvements were required to the level of detail in people's care plans about their

specific interests and person centred care they required, and work was underway to make these improvements.

People's care needs were regularly reviewed and their support was amended if their needs changed. We also saw that people's care records were updated on a regular basis to reflect their current needs. For example, if people's mobility deteriorated, or people's eating requirements changed this was reflected in people's care plans and staff were knowledgeable about those changes. Staff knew when people had chosen to give up smoking and understood the support they required to help manage their cravings whilst respecting people's ability to make their own choices.

Staff were responsive to people's needs. They spent time with people and responded quickly if people needed any support. Staff were always on hand to speak and interact with people and we observed staff checking people were comfortable and asking them if they wanted any assistance. Staff knew people well and were able to understand people's needs from their body language and from their own communication style which was also documented in people's individual care plans.

People were supported to become involved with their care. People living at the home were invited to attend regular meetings with other people living at the home, and the staff so they could discuss the care and treatment they received. We saw that people's views were listened to and action was taken to make improvements people suggested. For example, we saw that people living at the home had commented that they enjoyed doing exercises and the activity timetable had been amended to ensure this was scheduled on a regular basis.

A complaints procedure was in place which explained what people or their relatives could do if they were unhappy about any aspect of the home. Staff were responsive and aware of their responsibility to identify if people were unhappy with anything within the home and understood how they could support people to make a complaint. We saw that complaints that had been raised were responded to appropriately and in a timely manner, and further action had been taken to prevent future incidents. We also saw that information about how people could make a complaint was on display in an easy read format.

Is the service well-led?

Our findings

People at the home were familiar with the registered manager and showed respect towards him. One person said, "I know who the manager is. He comes and has a chat with me every now and then and listens to what we say." Staff commented that they had confidence in the management and felt that the home was well led. Staff felt confident to speak with the registered manager or team leaders if they had suggestions for improvement or concerns. One member of staff said, "The manager is very supportive, on a personal and professional level. He spends a lot of time out here [throughout the home] and making sure people are getting the support they need." On the day of the inspection the registered manager was not present however another manager and the provider spent time at the home to support the staff throughout the process.

The culture within the home focused upon supporting people to have fulfilled lives and to have all of their care needs met. All of the staff we spoke with were committed to providing a high standard of personalised care and support. Staff were focussed on the outcomes for the people who lived at the home and they worked together as a team to ensure that each person's needs were met. Staff clearly enjoyed their work and people reacted well to the staffing team.

Systems were in place for people, their relatives and staff to provide feedback about the home and the quality of care people received. Annual surveys were given out to each group and the results were analysed to identify if any improvements could be made. The results of all the surveys were very positive, with results showing that there was a strong majority of people who were very happy with the care they received. Staff told us there was also a suggestion box anybody could use to make comments anonymously if they felt unable to do so personally. Staff also attended regular staff meetings and they were kept up to date with developments at the home and asked for their feedback and opinions. We saw that staff were thanked and recognised for their efforts, particularly when they had experienced busy or challenging periods.

The registered manager maintained a number of quality assurance systems to review and improve the quality of the service. This included having an independent person visit the home to provide an external insight and review of the quality of the service. Their assessment was used to help identify if any improvements could be made, and to follow best practice when this had been recognised. The registered manager also completed audits of different aspects of the service including care plan reviews and behaviour charts. We saw that where there were shortfalls, or further action was needed this was followed up, for example by staff or external healthcare professionals.

The provider had a good knowledge of what was happening at the home and the registered manager regularly met with the provider and other managers to ensure they were all identifying good practice and working together to achieve good results for people. The provider visited the home regularly and people recognised them and spoke freely about the home.

The home had policies and procedures in place which covered all aspects relevant to operating a care home which included safeguarding and recruitment procedures. The policies and procedures were detailed and

provided up to date guidance for staff. Staff had access to the policies and procedures whenever they were required and staff were expected to read and understand them as part of their role. The registered manager had submitted notifications to the CQC when required, for example, as a result of safeguarding concerns.

The registered manager worked to maintain community links by arranging events that members of the local community could attend, for example, at the time of the inspection, people, staff and volunteers were making arrangements for a Christmas fayre that members of the public could attend. All those involved enjoyed events such as this and it offered an opportunity to work together for the benefit of everyone.