

Mrs Delores Matadeen

# Mrs Delores Matadeen - 98 Beeches Road - Lyndel Homes

## Inspection report

98 Beeches Road West Bromwich B70 6HJ

Tel: 01215800759

Website: [www.example.com](http://www.example.com)

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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



### Overall summary

Our inspection was unannounced and took place on 2 February 2015.

The provider is registered to accommodate and deliver personal care to a maximum of nine people who have a mental health condition or associated need. On the day of our inspection seven people lived there.

At our last inspection in June 2013 the provider was meeting all of the regulations that we assessed.

The provider was also the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Some aspects of medicine record keeping had not been utilised to ensure safety. There were no plans available to instruct staff when 'as required' medicine should be given. We also found that where medicine records had been handwritten there was no countersigning to confirm their accuracy.

Not all areas of environmental risk were assessed which potentially could increase the risk of people self-harming and injury.

We saw that there were systems in place to protect people from the risk of abuse. People told us that they had not experienced any bad treatment or abuse. Staff confirmed that they would not tolerate abusive practice and knew who they should report to if they had a concern.

The provider had a suitable, safe system in place to recruit new staff. Staff received an induction to give them the initial knowledge and support they required to meet people's needs. Staff numbers and experience ensured that people would be safe and their needs were met in the way that they wanted them to be.

Staff received one to one supervision to equip them with the knowledge and support they needed to provide appropriate care the people who lived there. Staff we spoke with understood their job role and responsibilities.

People told us that the staff were lovely and kind and we saw that they were. We observed that interactions between staff and the people who lived there were positive in that staff were attentive, polite and helpful to people.

Records highlighted and people confirmed that they were monitored, treated and supported by a range of external health and social care professionals. This promoted their health and well being.

Most staff understood the requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). We found that the provider/registered manager was meeting the requirements set out in the MCA and DoLS to ensure that people received care in line with their best interests and were not unlawfully restricted.

All of the people we spoke with told us that they liked the food and drink that they were offered. Records confirmed that the people who lived there were supported to have a varied diet in sufficient quantities.

We found that people engaged in the recreational pursuits that they preferred and enjoyed both in the home and in the wider community.

We found that a complaints system was available for people to use. This meant that people and their relatives could state their concerns and dissatisfaction and any issues would be looked into.

People told us that the service was well led. We saw that the provider/registered manager had an auditing system in place to ensure that the service was safe and met people's individual needs and preferences.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe.

Some aspects of medicine record keeping needed further development as there were no plans available to instruct staff when 'as required' medicine should be given.

Not all environmental risks had been taken into consideration to prevent the possibility of injury and untoward events occurring.

Recruitment systems were in place to prevent the employment of unsuitable staff being employed to work there.

Staff were aware of the processes they needed to follow to minimise the risk of people being harmed and abused.

**Requires Improvement**



### Is the service effective?

The service was effective.

People told us that they were happy regarding the meals and meal choices on offer.

Staff worked closely with a wider multi-disciplinary team of healthcare professionals to provide effective support.

Staff understood the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards which ensured that people were not unlawfully restricted and received care in line with their best interests.

Staff told us that they felt competent to undertake their work. Staff had received training to enable them to carry out their job roles.

**Good**



### Is the service caring?

The service was caring.

People told us that the staff were kind and considerate and we saw that they were.

People's dignity and privacy were promoted and maintained and their independence regarding daily life skills and activities was encouraged.

We determined that people's appearance was very important to them and they told us that staff supported them to look their best.

Staff encouraged people to make their own choices regarding their daily routines.

**Good**



### Is the service responsive?

The service was responsive.

**Good**



# Summary of findings

People's needs were assessed regularly and their care plans were produced and updated with their involvement.

Staff were responsive to people's preferences regarding their daily wishes and needs.

People were encouraged to engage in or participate in recreational pastimes that they enjoyed.

## Is the service well-led?

The service was well-led.

A provider/manager was registered with us. They knew their legal responsibilities towards staff and to ensure that the service provided was safe and met people's needs.

Management support systems were in place to ensure staff could ask for advice and assistance when it was needed.

The provider/registered manager had processes in place for people to raise the views and opinions.

Good



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## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Our inspection took place on 2 February 2015 and was unannounced so no-one knew we would be inspecting that day. The inspection was conducted by one inspector. We started our inspection early in the morning as the service provides support to younger adults who are often out during the day.

We had not asked for a Provider Information Return (PIR) to be completed. The PIR is a form that we usually ask the provider complete to give us some key information about their service and how it is meeting the five questions, and what improvements they plan to make.

Before our inspection we reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as notifications. We looked at the notifications the provider had sent to us. We also asked the local authority their views on the service provided. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

On the day of our inspection we met and/or spoke with all seven people who lived there. We spoke with four staff members, the acting manager and also to the provider/registered manager. We spent time in communal areas observing routines and the interactions between staff and the people who lived there. We looked at the care records for two people and medicine records for all seven people, accident records and the systems the provider/registered manager had in place to monitor the quality and safety of the service provided. As training records were not available we asked for them to be provided to us following our inspection and they were.

# Is the service safe?

## Our findings

All of the people we spoke with told us that they felt safe living there. One person said, "It is safe here. I like it". Another told us, "Oh no nothing like abuse here". Staff gave us verbal assurance that the people who lived there were protected from harm and abuse. Our observations showed that people who lived there were comfortable and at ease with the staff. We saw that they voluntarily engaged with staff. Staff we spoke with told us that they had received training in how to safeguard people from abuse and knew how to recognise signs of abuse and how to report their concerns. A staff member said, "I would not let anything like that happen without reporting it and being assured that it was dealt with". This showed that there were processes in place that staff understood, in order to protect the people who lived there from abuse.

A person who lived there told us, "I think that everything is looked at to make sure we are safe. They [The staff] have to make sure that we are safe". However, we found that there was a lack of risk assessment regarding possible harm from a small number of ligature points that we saw throughout the premises. The provider/registered manager told us that they had not taken this into account but would make sure it was included in their environmental risk assessment. We saw that a join on the carpet in the lounge was not secured and was potentially a trip hazard. We also saw that the chairs in the conservatory area which people and staff told us was used were in a poor state of repair. The fabric was ripped which could have caused skin damage and infection transmission. This showed that some aspects of risk minimisation required more attention to prevent people being at risk of accidents and injury.

A person said, "The staff give me my medicines at the right time". A staff member told us, "We have all had training and I feel confident in managing medicines". We looked at what arrangements the provider had in place for the safe management of medicines. We looked in detail at Medicine Administration Records (MAR) for seven people. We saw that the MAR were maintained correctly. We carried out audits of two people's medicine, we looked at records to see how much medicine should have been available against what was actually available and found that the

balance was correct. This confirmed that processes were in place to ensure that people received their medicines as they had been prescribed by their doctor to promote their good health.

We saw that medicines were being stored in a locked cupboard. The key to the medicine cupboard was held by the person in charge so that there was no risk that unauthorised people could access the medicines.

We saw that at least two MAR had been handwritten by staff. However, they had not been checked and signed by another staff member to make sure that the transcribing from the medicine bottle/box label to the MAR was correct. We found that a person had recently been prescribed medicine on an 'as required' basis. Their MAR confirmed that staff had given the medicine at least once. Staff confirmed when we asked them that there was no protocol or care plan to instruct them in what circumstance this medicine should be given. They told us that they did not know there had to be a plan or protocol. Further development of those systems would decrease the risk of medicine errors.

We spoke with staff about what first aid action they would take in emergency situations. They told us that they would assess each situation as it arose. They told us that they would reassure the person, get appropriate medical input and then make records of the event. This meant that staff had the knowledge to deal with emergency situations that may arise so that people should receive safe and appropriate care in such situations.

A person who lived there told us, "The staff look after me how I like". Another person said, "I think there are enough staff here to look after us". Staff told us that staffing was sufficient to meet people's needs and to keep them safe. People we spoke with confirmed that this was correct. We found that effective systems were in place to cover staff leave. For example, staff would cover each other's absence or agency staff could be secured. A staff member said, "We never have a problem covering shifts". This meant that staffing levels ensured that the people who lived there were supported appropriately and safely by staff.

One person said, "I have been here a long time as have most of the staff. They are good". All staff we spoke with confirmed that no new staff had been appointed for a long time. One staff member said, "When we have new staff the full checks are carried out before they can start work". As no

## Is the service safe?

new staff had been appointed for some and we did not have access to staff records we asked the provider/registered manager about the processes they followed when employing new staff. They told us that an application was completed by applicants and before they started to work references were obtained and that checks were

carried out with the Disclosure and Barring Service (DBS). The recruitment policy that we looked at reflected what we had been told by the provider/registered manager. This gave assurance that only suitable staff would be employed to work there which decreased the risk of harm to the people who lived there.

# Is the service effective?

## Our findings

People told us that in their view the service provided was effective. One person said, “It is good here. The staff do as they should”. A staff member said, “We look after people well and their needs are met”.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care. The MCA Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a ‘Supervisory Body’ for authority to deprive someone of their liberty. CQC is required by law to monitor the operation on the DoLS and to report on what we find.

All people we spoke with told us that they could go out when they wanted to. One person said, “We can go out and do what we want to really. There are no real restrictions”. Staff and records we looked at confirmed that where it was determined that a person lacked capacity staff involved appropriate family members, advocates or health/social care professionals to ensure that decisions that needed to be made were in the persons best interest. This demonstrated that the provider had taken action to ensure that people did not have their right to freedom and movement unlawfully restricted.

One person told us, “The staff all seem to know what they should do. I am happy they support me well”. One staff had been transferred from another of the provider’s services. They told us that they had completed an induction when they started there so that they knew the policies and practices and to familiarise them with the building and the people who lived there. All staff we spoke with told us that they received regular supervision and support. This showed that staff were supported to have the knowledge and support when they first started to work there to carry out their job roles effectively and were given guidance through one to one supervision.

A person who lived there said, “The staff always ask us first before they do anything like giving us our tablets or going to the doctor”. All of the staff told us that they would always ask for verbal consent from people if, for example, before

they gave support. During our inspection we heard a staff member remind one person that it was time to go to an appointment they had in the community. We saw that the person immediately stood up and smiled and followed the staff member willingly. This showed that people were given an informed choice about accepting a variety of support.

All people we spoke with told us that they received assessment from doctors and nurses. One person said, “I am going to have my feet done today”. Another person told us, “We always get the medical support we need”. Staff told us, and care records confirmed, that people were supported to attend health care appointments. Records we looked at highlighted that staff worked closely with a wider multi-disciplinary team of healthcare professionals to provide effective support. This included community psychiatric nurses and the local mental health team. This ensured that the people received the healthcare support that they required.

People we spoke with told us that they liked the food and drinks offered. One person patted their stomach and laughed when they said, “The food is nice”. Another person said, “We are always offered choices”. At breakfast and lunchtime we heard staff ask people what they would like to eat. At lunchtime we saw that some people had different meals to others which confirmed that they had been given a choice. We saw that people accessed snacks and drinks whenever they wished to throughout the day.

The provider/registered manager knew the importance of equipping staff with the knowledge of healthy eating to prevent people developing ill health from obesity, malnutrition and dehydration. We saw that there was plenty of fresh fruit and vegetables available. Records we looked at and staff we spoke with confirmed that meals offered were made from fresh ingredients, were varied and nutritious. Records we looked at confirmed that people were weighed monthly to ensure that they did not gain or lose weight that could make them ill. Staff confirmed that links were maintained with community dieticians to assess people’s needs and give advice when risks regarding eating and drinking were identified. Throughout the day we heard staff offering people hot and cold fluids and encouraged them to drink.

# Is the service caring?

## Our findings

People told us that the staff were nice and good. One person said, “The staff are nice I like them all”. We observed staff interactions with all of the people who lived there. We observed that staff greeted each person when they arrived on shift and asked them how they were. We saw that staff took time to listen to what people said. We saw that people responded to this by engaging in conversation with the staff and smiling.

Staff encouraged people to make their own choices regarding their daily routines. Throughout the day we heard staff asking people what they would like to do and what they had planned for the day. One person confirmed, “The staff always allow us to decide what we are going to do for the day. That is good”.

A person told us, “The staff are always polite”. Records highlighted that staff had determined the preferred form of address for each person and we heard that this was the name they used when speaking to people. During the day we heard staff speaking to people in a respectful manner they were polite and gave people choices.

Another person who lived there said, “Sometimes I like to have time on my own in my bedroom to watch my television or listen to the radio. I can do this”. People all told us that they had a key to their bedroom door so that they could ensure that their private space was protected. Staff we spoke with were able to give us a good account of how they promoted dignity and privacy in every day practice for example; ensuring toilet and bathroom doors were closed when they provided personal care. This showed that staff promoted people’s dignity and privacy.

People told us that they selected the clothes they wanted to wear each day. A person said, “I like to look good”. Staff confirmed that they encouraged people to select what they wanted to wear each day and where people wanted them to they supported them to shop for new clothes. We saw that another person’s hair was styled. They told us, “The

staff helped me with it. I like my hair like this”. This showed that staff knew that people’s appearance was very important to them and they supported people to look their best.

All of the people had regular contact with their family and told us that this was very important to them. One person told us, “I like to see my family and I see them a lot”. Records we looked at and staff we spoke with highlighted that there was no visiting restrictions and families could visit when they wanted to. A staff member said, “Some people here are visited everyday”. A person who lived there told us, “My family can visit when they want to. There are no restrictions and they are made to feel welcome”.

We observed that staff had reassured a person appropriately. They were going to a health appointment and looked apprehensive. The staff discussed this with them and told them what would happen. A person said, “I am glad that my appointment is all sorted”. We saw that the person was happy with the way staff had reassured them. Another person said, “The staff speak with me and I understand”. We saw that staff were aware of people’s individual communication needs and how to address them. A care plan highlighted that one person could get upset if people spoke loudly. We observed that staff spoke with them calmly. We heard staff asking people questions to ensure that they had understood what had been said. Throughout the day we heard staff speaking to people in an appropriate adult to adult way.

A person told us, “I like to do things for myself”. A staff member told us, “We always encourage people to do as much as they can for themselves such as tidying their bedrooms and washing up after meals”. One person said, “I like to go to the shop to buy my own things”. All people we spoke with confirmed that they could go out into the community on their own. During the day we saw most of the people who lived there going out of the home and returning they had been shopping or to other places that they wanted to visit. This highlighted that staff knew it was important that people’s independence was maintained.

# Is the service responsive?

## Our findings

All of the people we spoke with told us that staff involved them in their care planning and supported them to make decisions about their care. One person said, “They review the records often and discuss things with me”. Records we looked at and staff we spoke with confirmed that a reassessment of people’s needs was regularly completed. These processes and records enabled the provider to confirm that they were able to continue to meet people’s needs and informed staff how to care for them appropriately and safely. We found that there was a system of daily recording to ensure staff coming on shift were kept updated on any changes to people’s support needs. There was also a verbal handover process between shifts so staff were able to discuss any concerns there maybe with the support to people.

People told us that they liked eating out and going shopping. Staff and people we spoke with confirmed that people ate out and went shopping regularly. One person told us, “I like to go out and about and I do most days”. Records we looked at confirmed that people accessed the community on a daily basis. During the afternoon a few people joined in a game of bingo. Another person said, “We always enjoy that”. This showed that the staff supported and enabled people to follow their preferred interests and pastimes.

One person said, “I go to church when I want to”. Records that we saw highlighted that people had been asked about their personal religious needs. Staff told us and records confirmed that people had been asked and offered support to attend religious services. This showed that staff knew it was important that people were offered the choice to continue their preferred religious observance if they wanted to.

Although no recent complaints had been made the provider/registered manager had ensured that people knew that complaints processes were available for them to use. A person who lived there said, “I am happy here. I don’t have any complaints. If I did I am sure the staff would sort them”. We saw that complaints procedure was on display in the premises for people to read and access. The complaints procedure highlighted what people should do if they were not satisfied with any part of the service they received. It gave contact details for the local authority and other agencies they could approach for support to make a complaint. We saw that complaints processes and what people should do if they felt the need to complain was discussed in meetings held for the people who lived there. A person said, “I know how to complain the staff have told us what we should do”.

# Is the service well-led?

## Our findings

We found that a positive culture was promoted that was transparent and inclusive. One person said, “They ask me things and I feel happy”. In June 2014 Sandwell Council asked independent advocates to visit and speak to the people who lived there. The findings from their conversations with people were mostly positive and similar to ours. This showed that the people who lived there had been consistently satisfied with the service they had received.

One person said, “The staff ask questions and I feel that we are listened to. We are always included in decisions about this place”. We saw that provider questionnaires had been completed and positive comments had been made. We found that meetings were held for the people who lived there. This gave them the opportunity to give their views on the service. People told us and meetings minutes we looked at confirmed that activities, complaint process and menus were discussed. We asked people if any changes were made when they raised issues. One person said, “Yes for instance if we ask for new things on the menu the staff sort that”. This meant the provider/registered manager supported people to request changes to service provision in order to meet their needs. This showed that systems were used to enable people and relatives to make their views known about the running of the service.

The provider had a clear leadership structure that staff understood. The staff were led by the provider/registered

manager who was supported by an acting manager and senior support workers. One staff member said, “The management are very helpful”. Another said, “There is always someone we can go to if we need help and advice”. Staff we spoke with were able to explain the on call process and who they needed to contact in an emergency. This ensured people were not left in a vulnerable situation or at risk.

Staff told us and we saw that a range of audits were undertaken to ensure that the service provided was safe and that people were cared for in the way they wanted to be. These included checks on medicine management systems, infection prevention, care files and records relating to accidents and incidents. However, we found that there was an inconsistency in the adequacy of the action taken where issues were identified. An environmental audit that the provider/registered manager had undertaken six months prior to our inspection highlighted the unsecure carpet join yet no action had been taken to address that.

Staff we spoke with gave us a good account of what they would do if they learnt of or witnessed bad practice. One staff member said, “If I had any concerns at all, which I do not have, I would report them straight away to Social Services or you”. We saw that a written policy was available to staff regarding whistle blowing and what staff should do if an incident arose. This showed that staff knew of processes they should follow if they had concerns or witnessed bad practice.