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 effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires improvement**

Overall summary

This unannounced inspection took place on 1 February 2016. The home provides accommodation for up to 33 people with dementia or mental health needs who require support with their personal care. At the time of our inspection there were 32 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.

Improvements were required to ensure the registered manager followed up on action in a timely manner when

Summary of findings

concerns had been identified. This included maintenance issues and feedback from people living at the home. In addition, quality assurance systems needed to ensure they were robust to identify the areas that required improvement, this included people's risk assessments.

People felt safe at the home and did not express any concerns with the way they were treated. Staff understood the need to protect people from harm and knew what action they should take if they had any concerns. The recruitment practices were thorough and protected people from being cared for by staff that were unsuitable to work at the home. People were supported to take their medicines as prescribed. Records showed that medicines were obtained, stored, administered and disposed of safely.

People received support from staff that had received appropriate training and supervision. 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 were supported to maintain a balanced diet and eat well and where necessary, people's weight was monitored to ensure that people remained within a healthy range and action was taken if concerns were identified. People's healthcare needs were met in a timely and supportive way.

People gave positive feedback about the care and support they received and about the quality of the staff that worked at the service. People were encouraged to express their own views and make their own choices and there was information available about advocacy services. People's dignity and privacy was promoted by staff and people were involved in identifying their diverse needs related to their religious or cultural requirements. People's visitors were made welcome whenever they visited the home.

People's care and support needs were assessed before they came to live at the home. Care plans were in place and there was an enthusiastic activities program which was supported by skilled and engaging occupational therapists. People told us they had no complaints about the service.

People and staff had confidence in the management team. Staff were clear on their roles and responsibilities and there was a shared commitment to ensuring that the support people received was provided at the best level possible. The provider had a process in place to gather feedback from those involved in the service and policies and procedures were in place to provide staff with the knowledge and information about how to perform their role competently. The home took an active role in supporting members of the Huntingdon's Disease community.

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 safe.

Risk assessments were in place to keep people safe.

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

Appropriate recruitment practices were in place to ensure appropriate staff were employed.

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

Good

Is the service effective?
The service was effective.

Staff received adequate training and supervision to provide competent care and support to people.

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 were supported to maintain a balanced diet and eat well.

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

Good

Is the service caring?
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 home and staff. People were happy with the support they received from the staff.

People had access to advocacy services when they required it.

People were supported and able to have visitors whenever they wished.

Good

Is the service responsive?
The service was responsive.

Pre admission assessments were carried out to ensure the service was able to meet people's needs, as part of the assessment consideration was given to any equipment or needs that people may have.

Good

Summary of findings

The service provided an enthusiastic activities program which was supported by skilled and engaging occupations therapists.

People using the service 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?

Requires improvement

The service was not always well-led.

Improvements were required to ensure that management followed up on actions that had been identified as requiring improvements and that these actions were adequately monitored and documented.

Quality assurance systems were in place however they were not always effective at identifying areas that required improvement.

The home took an active role in supporting members of the Huntingdon's Disease community.

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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.

This inspection took place on 1 February 2016 and was unannounced. The inspection was completed by one inspector and one specialist advisor. A specialist advisor is a person who has skills, qualifications or experience of working with people who may use a service like this.

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 also 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.

During our inspection we spoke with 11 people who used the service, 11 members of care staff, three members of housekeeping staff, the registered manager and the registered manager of another service owned by the provider. We also spoke with one doctor who supported people at the service.

We looked at care plan documentation relating to 15 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, maintenance schedules, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Good

Is the service safe?

Our findings

Risk assessments were in place which identified areas that people needed additional support to keep them safe. Risk assessments, and the approach to risk, was on a balanced and individual basis, ensuring that people's individual needs, competencies and abilities were assessed when determining the risks to each person. Risks assessments had been reviewed on a regular basis however further improvements were required to ensure that risk assessments contained specific guidance that staff could reasonably follow. In practice we saw that staff had a good understanding of people's needs and how they could be safely met and staff had a relaxed and calm approach which helped to keep control over identified risks.

There was enough staff to keep people safe and to meet their needs. One person told us, "The staff are all great and look after me very well. I feel safe and well cared for." People using the service positively commented about the availability of staff and told us that there was always a member of staff around if they needed them. We saw that call bells were answered promptly and people were supported with having their needs met in a timely manner. One member of staff told us "I have enough time to do my job – which is very important." The service avoided using agency staff and if necessary used staff from other locations owned by the provider. This ensured staff were trained to the same standards and provided consistency for 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. People were relaxed and comfortable around staff and people that were able to communicate with us told us or indicated to us that they felt safe living at the home and staff treated them well. One person told us "I like it here because I am safe." Staff received training to support them to understand the different types of abuse and how to identify signs of abuse. Staff were able to explain who they would contact if they had any concerns that people were at risk of harm. The provider's safeguarding policy explained the procedures staff needed to follow if they had any concerns, and the staffing team had a good knowledge of the procedure. The registered manager had submitted safeguarding referrals to the local authority and the Care Quality Commission where necessary which demonstrated their knowledge and understanding of the safeguarding process. Where safeguarding referrals had been made, we saw that the registered manager and staff team had taken immediate steps to support people and ensure their safety.

There were appropriate arrangements in place for the management of medicines. People said that they got their medicine when they needed it and we saw that people were supported to take their medicines in a way that was appropriate for each individual. There were robust systems in place to ensure everybody got their medicine when they needed it. 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. There were arrangements in place which ensured that excess or unused medication was documented and disposed of.

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 they were able to start work and provide care to people. This meant that people were safeguarded against the risk of being cared for by unsuitable staff. One member of staff confirmed, "I wasn't allowed to start work until they got all my checks [references and DBS] back."

Good

Is the service effective?

Our findings

People received support from staff that had received suitable training which enabled them to understand the needs of the people they were supporting. Staff received an induction and mandatory training which included basic life support and health and safety. Additional training relevant to the needs of people were also included such as dementia awareness, Huntingdon's Disease and managing aggression or violence which reflected the needs of people that used the service. One member of staff said, "The training here is good. When I first came here, I was supervised for the first week and there are always colleagues to help even now if I get stuck." Another member of staff said, "The training is good and varied. I learn a lot on the job as well as from my colleagues and other specialist trainers." There was a plan in place for on-going training so that staff's knowledge could be regularly updated and refreshed.

Staff had the guidance and support when they needed it. One member of staff said, "Supervision and training is good, especially for the harder things like lifting and bathing". Staff were confident in the manager and were happy with the level of support and supervision they received. They told us that the manager was always available to discuss any issues such as their own further training needs. Staff told us that the registered manager and deputy manager worked alongside staff on a regular basis. This helped provide an opportunity for informal supervision and to maintain an open and accessible relationship. We found that staff had an annual appraisal which provided feedback on their performance.

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 home 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. We saw that DoLS applications had been made for people who had restrictions made on their freedom and we saw that the management team were waiting for the formal assessments to take place by the appropriate professionals although some had already been approved. Staff understood their roles and responsibilities in relation to assessing people's capacity to make decisions about their care. They were supported by appropriate polices and guidance and were aware of the need to involve relevant professionals and others in best interest and mental capacity assessments if necessary. For example, this included decisions about whether people had the capacity to decide on the level of care and support they required. We saw that some doors had security keypads to prevent people from leaving without staff support but when people wished to go outside they were supported to do so.

People were supported to maintain a balanced diet and eat well. People told us they enjoyed their food and they always had enough to eat. One person also told us "If I need anything to eat or drink outside of meal times I can get it." People's nutritional needs were assessed and people were supported to have their meals in a way that was suitable for them. For example, one person required a pureed diet and this was reflected in their care plan. Staff supported people to eat their meals in a timely way, and did not rush people that liked to take their time to eat.

People's weight was regularly monitored to ensure that people remained within a healthy range if it was identified they were at risk of malnutrition. Referrals to dieticians or speech and language therapists had been made when necessary to ensure people had access to additional nourishment or support if required. This meant that people were able to receive ongoing monitoring and support of their health. Staff at the home also monitored the amount of food and fluids people had, when it was identified they were at risk of malnutrition. Staff encouraged people to eat and drink as much as they were able to, particularly people where concerns with their nutrition had been identified, and if any deterioration was found, staff identified this to the nurse and if necessary, to other healthcare professionals.

Good

Is the service effective?

People's healthcare needs were met in a timely and supportive way. The home always had a nurse on duty and they were able to recognise when additional healthcare support was required. We saw that staff followed up ongoing health conditions and ensured people received ongoing support when required. A doctor regularly visited the home and was very complimentary about the care and support people received. One doctor said, "I see many nursing and residential homes. This is by far the best in the area, especially for patients with some dreadfully difficult conditions to manage."

Good

Is the service caring?

Our findings

People gave positive feedback about the care and support they received and about the quality of the staff that worked at the service. One person said, "I feel well cared for – no, very well cared for." Another person said, "I like it here because people are kind and nice – everyone!" Staff were compassionate and supported people with fondness and care. We observed many examples of genuine tenderness in staff interactions with people and staff showed empathy and concern when people had felt unwell. Staff used people's preferred names and gave people time to communicate with them. Observations showed staff had a caring attitude towards people and a commitment to providing a good standard of care. We saw one person relax and enjoy a member of staff style their hair in an interactive and therapeutic manner. The member of staff was gentle and made efforts to make the person feel good.

People were encouraged to express their views and to make their own choices. 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. For example one member of staff told us, "If someone can't tell me what they would like to wear I get out a few options and look for their reaction to find something I think they would like." There was information in people's care plans about what they liked to do for themselves. This included how they wanted to spend their time or if they had preferences about how to receive their care, for example by male or female members of staff, and this was respected and accommodated by the staffing team. Staff had a good understanding of what information was in people's care plan, and the preferences they had, for example whether people preferred a bath, shower or wash and staff supported people with these decisions.

There was information on advocacy services which was available for people and their relatives to view and we saw that at least one person had the support of an advocate. Staff were knowledgeable about how people could access advocacy services and what advocacy services could offer people.

People's dignity and right to privacy was promoted by staff. We saw staff ensure people's bedroom doors were closed whilst people received support to maintain their personal care. We noted that the location of one person's downstairs bathroom window could compromise their privacy and dignity and the provider took immediate action to rectify this by installing a reflective plastic covering so members of the public would not be able to look through the window from the outside.

People were involved in identifying their diverse needs related to their religious or cultural requirements. We saw evidence that people were offered support to maintain their religious beliefs and attend religious activities. One person told us they felt respected at the home. They said, "I feel treated as an equal". People were able to decorate their bedrooms how they liked with their own accessories and furnishings.

People were supported to have friends and family visit them as they wished and staff told us how they supported people's visitors to feel welcome. One member of staff told us, "Visitors are welcome here. There are private areas they can use if they don't want to be in busy communal areas." One person who used the service told us, "I don't have any visitors but the staff here love me!" Another person told us that they were able to use the telephone whenever they wanted to which ensured they could meet their own needs independently.

Good

Is the service responsive?

Our findings

People's care and support needs were assessed before they came to live at the home. A dedicated member of staff employed by the provider assessed each person that wished to access services run by the provider to determine which service would most suitably meet their care needs. The assessment included identifying the staff support people required and if risk assessments or additional equipment would be required to meet their needs. We saw that one person that had recently moved into the service had a pre-admission assessment completed and staff were following up on the care they required with healthcare professionals to ensure a smooth transition into the service. Staff also explained that dependent on people's circumstances, people and their relatives were encouraged to visit the home or to stay for lunch to ensure they service was right for them. Staff at the service obtained as much information as possible from people and those previously involved in their care to ensure a detailed handover and comprehensive care plan could be produced which reflected people's needs and preferences.

Care plans were in place for each individual which described their care and support needs. Staff were knowledgeable about people's current needs and supported people in a way they preferred. For example people that were independent with their personal care were encouraged to complete this with minimal staff support whilst staff provided full support to others that were unable to complete this themselves. Staff understood that some people preferred to have their breakfast before they completed all elements of their personal care and this was respected.

The service provided an enthusiastic activities program which was supported by skilled and engaging occupational therapists employed by the provider. People provided excellent feedback about the activities that were on offer, which included a variety of lively communal activities and quieter therapeutic activities. One person commented, "I like OT [occupational therapy] very much because the ladies are funny". Staff offered appropriate support and encouragement to allow people to participate in the well planned activities. We heard numerous examples of staff praising people to encourage them to participate if they wanted to. People with limited concentration were supported to attend the activities on offer on an intermittent basis and people were able to make their own choices to attend or participate. Each person was invited to contribute as best they could and there was a strong sense of inclusivity. People's artwork and crafts were proudly put on display in the home. Staff told us they used people's reaction to each activity to determine if it had been successful and if it would be repeated. Staff told us they ensured they spent time with people on a one to one basis to support people who were unable to, or did not enjoy group activities.

People said they had no complaints about the service. One person told us, "This place is the best!" and another person said "I get everything I need." We saw that information on how to raise a complaint was displayed within the home and records were maintained of any complaints that had been raised with an accompanying action plan to prevent future reoccurrences.

Requires improvement

Is the service well-led?

Our findings

Improvements were required to ensure the management followed up on actions that had been identified as requiring attention. For example, most maintenance issues were promptly identified and submitted to the maintenance team to complete however further action was not taken by the management team to ensure that serious issues were resolved quickly. This had resulted in doors within the home being insecure for longer than necessary. We also found that there were limited records of the monitoring of accidents and incidents that occurred to identify trends which could prevent further incidents. Whilst the management team took action following each accident or incident, this was not always appropriately monitored or documented. Action plans that had been produced were not specific about timelines for completion, for example, following the results of a survey completed by people living at the home, many actions were recorded as ongoing with no definitive plans to ensure the actions were resolved efficiently. Whilst there had been no impact from any of the lack of follow up or recording, this was an area of the service that required improvement.

Quality assurance systems were in place however they were not always effective in identifying areas that required improvement. For example the quality assurance processes had not highlighted that risk assessments were not sufficiently detailed, or that they were not always being followed in practice. In addition the quality assurance systems did not record that care plans were not sufficiently person centred. The registered manager confirmed that this had already been identified as an issue and they were in the process of radically improving people's care plan. At the time of the inspection there was no timescales in place to ensure everybody's care plan was reviewed and updated to the new system. We found examples of audits that had been followed to make improvements. This included audits around medication. The pharmacy completed an annual audit on medication and the management team completed their own regular medication audits. Following each audit, the registered manager was responsible for producing and completing an action plan. We saw examples of actions having been completed as a result of the audits including improvements to the disposal arrangements of excess medicines.

Throughout the home there was a calm atmosphere which focussed on the needs of people. Staff responded patiently and effectively to people's requests which contributed to an ambient and relaxed environment which also had elements of fun and humour between staff and people that used the service. People had good rapport with members of the management team and they were easily accessible.

People and staff had confidence in the management team. One person said "I know who the managers are and they are all OK." A member of staff told us, "This is a good place to work because we learn a lot." Another staff member said, "Management cares, we keep the modern standards". We saw that whilst the registered manager was on annual leave the deputy manager supported staff and was able to request additional support from the provider if they needed it. Staff were confident in the managerial oversight and found them to be accessible and friendly. One member of staff said, "The manager is very open and approachable. I can talk to her if I need to ask something or raise an issue."

Staff were clear on their roles and responsibilities and there was a shared commitment to ensuring that the support people received was provided at the best level possible. Staff shared the same commitment that the service was people's home and did what they could to make them as happy and comfortable as possible. One newer member of staff commented on the positive environment and attitude of the staff. They said, "I have been made to feel very welcomed here. It is a lovely inclusive environment." Most staff commented that they worked well together as a team, although some staff felt this could be improved. We saw that when people required the support of more than one member of staff this was available and most staff were able to identify when other members of staff needed additional assistance. Staff were aware of the whistle blowing policy and told us they knew who to contact if they felt they needed to raise concerns outside of the service.

The provider had a process in place to gather feedback from those involved with the service. This included people who used the service, their relatives and staff. People using the service were invited to attend residents meetings. We saw that people were involved in deciding on how the home would be decorated at Christmas time. We also saw that a relatives meeting was planned to update them on

Requires improvement

Is the service well-led?

the service and involve them in how the service was run. Staff meetings were also held regularly and staff told us they felt listened to at these meetings. One member of staff said “We can suggest training ideas and they do it.”

Policies and procedures were in place which provided staff with underpinning knowledge and information about how they expected staff to support people and perform their roles. Staff had a good knowledge of the policies that impacted on their work on a day to day basis, which included the medication and safeguarding policy. The registered manager understood their policies and procedures and the requirements of their role. We saw that notifications were sent to the appropriate agencies promptly wherever necessary.

The provider took an active role in supporting members of the Huntingdon’s Disease community. People, carers and professionals involved in supporting or living with the condition were invited to attend a group event held at the home on a monthly basis to share experiences and listen to speakers. This enabled further understanding of the condition and how people could most appropriately be supported.