

Matthew Residential Care Limited

Matthew Residential Care Limited - 1 Milton Avenue

Inspection Report

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Summary of findings

Overall summary

1 Milton Avenue provides accommodation for up to five people who require treatment and care and personal care and support on a daily basis. The home specialises in caring for adults with learning disabilities and challenging behaviour. When we visited, five people were living in the home.

Three of the five people who lived at the home were able to tell us about the treatment and care they received. Other people using the service communicated through gestures and facial expressions rather than verbally. People told us that they were happy with the care and support they received. They told us that they liked the staff and enjoyed the activities provided. One person in particular told us of the regular trips to restaurants and cafés and the activities offered at a local day centre. They told us that staff was “very kind and caring” and that “staff was available in sufficient numbers.”

We observed that people received the required support they needed at lunch time and told us that they were able to “choose the food they liked.”

Care workers we spoke with demonstrated good understanding of people’s needs and had received

training in how to respond pro-actively to challenging behaviours. One member of staff told us, “we need to be sensitive to people’s needs and listen to and observe their moods to reduce challenging behaviour.” Staff showed good understanding of the provider’s safeguarding procedures and were able to explain how they would protect people if they had any concerns.

The home’s registered manager, who was also one of the directors of the service, had been in post since the home opened. Staff told us that she was a strong leader and was always listening to people using the service, and to staff and relative’s needs to improve the standard of care.

The home was meeting the requirements of Deprivation of Liberty Safeguards.

We saw that people’s medicines were managed and stored appropriately and staff received accredited medicines training ensuring their competence in the safe administration of medicines.

The home was clean and well maintained and we saw people’s bedrooms with their permission, which were nicely decorated and comfortable.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

People we spoke with told us they felt safe. They told us that there was usually enough staff working to support them to go for activities and support their personal care needs. Staff told us that since the new hand over system had been introduced, they were always informed of changes in people's behaviour, which helped to reduce challenging behaviour overall.

Risk assessments were in place, which ensured that risks to people were minimised and a consistent approach taken to manage behaviours. This ensured that people understood how their behaviour impacted negatively on others. One person told us that staff, "helped me a lot to calm down."

A robust medicines administration procedure ensured that people received their medicines as prescribed and regular monitoring ensured that the provider responded without delay if medicines were administered unsafe.

CQC is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). We found that the provider was meeting the requirements of the DoLS. Staff received DoLS and Mental Capacity Act (MCA) 2005 training and were able to tell us the appropriate process to follow if required. None of the people currently living at the home required DoLS authorisations. One person told us, "I am new here and I am in the process of finding out if I want to stay here for good."

Are services effective?

The provider ensured that people's health and social care needs were assessed throughout their stay. People who used the service told us that they had been involved in the assessment and decision making process about their care where possible. Some of the people who used the service were not able to communicate verbally, in such instances people were supported by an independent advocate or relative.

Care plans were detailed and covered people's health, social, personal care needs and behavioural needs holistically. Care plans had been reviewed monthly by key workers and annually by social workers, relatives and independent advocates. We also found that care plans had been reviewed more frequently if people's needs had changed.

Summary of findings

People who used the service were involved in their nutrition and hydration and their nutritional needs were assessed and recorded. Records were well maintained to show people were protected from risks associated with nutrition and hydration.

Are services caring?

People who used the service told us that staff were caring and demonstrated good understanding of their needs. People told us that they were offered choices and staff listened to their concerns.

Staff told us that they received training in dignity and respect as part of their induction. We observed staff respecting people's wishes and were sensitive to their complex needs.

Are services responsive to people's needs?

People told us that they enjoyed the activities offered, which included sessions in local day centres, community based activities such as restaurant and café visits and in-house activities, which included listening to music, puzzles, watch DVD's and television. Staff told us that they found it easy to access training and the provider supported staff to access training to improve their skills and knowledge in how to best support people who used the service.

People who used the service were actively encouraged to comment on their care and suggest improvements in their treatment or care. We saw that 'best interest' discussions happened in the past, however the decision made in the 'best interest' of the person was not to implement restrictions.

Are services well-led?

The home was managed by an experienced and qualified registered manager who promoted a high standard of care and support. Staff told us that they had confidence in the registered manager and felt well supported. They told us that the registered manager was approachable and available for advice if and when required.

The provider has a robust system in place to monitor and assess the quality of care, this included monthly health and safety checks, checks of medicines administration systems, checks of care plans and equipment. Staff and people who used the service had regular opportunities to comment on the care and discuss areas which required improvements.

The home worked well with external agencies to make sure people received the care, treatment and support they needed.

Summary of findings

What people who use the service and those that matter to them say

We spoke with three people who used the service who were able to express their views. People told us that they were very happy with the care they received. Their comments included, “the staff helped me a lot to become better” and “all staff are excellent and lovely.” Another comment made, “I really love my room and home.”

We spoke with one independent advocate, who said, “this is a good home and people are looked after well.” Another comment made by the independent advocate, “staff are available in sufficient numbers and have a good understanding of peoples’ needs, they are very caring and take an interest in people’s lives, X is very happy here.”

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Detailed findings

Background to this inspection

Before our inspection we reviewed information we held about the home including the last inspection report from October 2013. We visited the home on 24 April 2014. The inspection was carried out by a CQC inspector. This inspection was part of the first test phase of the new inspection process we are introducing for adult social care services.

We spent time talking with three people who used the service, the registered manager, the deputy manager and number of care workers. We observed care in the lounge, dining room and kitchen. We looked at all communal parts of the home and were invited in one of the people's bedrooms. We looked at people's care records and records relating to the management of the home.

We also spoke with the independent advocate after our inspection by phone.

Are services safe?

Our findings

People who used the service told us that they felt safe and well cared for. Comments made by people who used the service included “it’s nice to be treated lovely, staff are very caring and treat me nice” and “I am very safe here, they (staff) helped me a lot to improve my behaviour.” Another person told us, “I am safe here and think I would like to stay.” We observed care workers responding to people’s requests for support promptly and observed staff offering people with choices of what they wanted to do or where they wanted to go.

Another person told us, that “in the past I had horrible behaviour and I didn’t like this behaviour and I stopped it because they helped me with it.” We saw in care plans behaviour intervention plans, which ensured staff responded consistently to behaviours that challenge. Staff told us that these plans helped to reduce the challenging behaviours displayed by people who used the service. Staff also demonstrated good understanding of people’s behaviours, for example one care worker told us that the recent increase in challenging behaviour of one of the people was due to replacing the sofa.

People told us that there were usually sufficient staff available and we noted on the rota that staffing numbers were increased to ensure people’s needs and demands were met. Comments made included “there is always staff available for me to go out.” We observed during the day of our inspection, that people were offered various activities including going to the day centre and a local shopping centre.

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). We found that the provider was meeting the requirements of the DoLS. Staff received appropriate DoLS and Mental Capacity Act (MCA) 2005 training and was able to tell us the appropriate process to follow if required. None of the people currently

living at the home required DoLS authorisations. One person told us, “I am new here and I am in the process of finding out if I want to stay here for good.” This meant that people’s human rights were recognised, respected and promoted.

We looked at care records for two people who used the service and saw that risk assessments were completed when required. The risk assessments we saw covered community access, nutrition, activities, personal care, behaviour and medicines management. Where risks had been identified, clear behaviour management guidance ensured that people’s needs and risks were minimised. Staff told us that they would review risk assessments as part of their monthly review process or if people’s risks and needs had changed.

We spoke with three care workers who told us that they had received safeguarding adults and Mental Capacity Act 2005 training. Training records viewed confirmed that all staff had received this training. Care workers who had worked at the home for more than 12 months had annual refresher training.. We asked care workers how they would respond to allegations of abuse. They all told us that they would report it to the manager and felt confident that the manager would deal with the allegations appropriately. Staff also told us that they would use the homes whistleblowing procedure if they felt that their concerns had not been taken seriously. Since our last inspection there had been no safeguarding alerts.

We viewed the home’s medicine storage arrangements, which was compliant with their policy and guidance. Staff had received training in the administration of medicines and records were legible and of good standard. People who used the service told us that staff supported them to take their medicines and raised no concerns. We viewed many medicines audits by the registered manager and annual audits carried by the dispensing pharmacist.

Are services effective?

(for example, treatment is effective)

Our findings

People who used the service told us that they knew about their care plan and that they were involved in the review of the care plans. Care planning records we viewed confirmed this, one of the care plans for a person who was non-verbal, had detailed information and comments made by their relative documented in the care plan and care plan review.

Care plans we looked at included a detailed pre-admission assessment of the person's health and social care needs, likes and dislikes, hobbies, interests and people important to their lives. We saw that this information had been used to develop a detailed person centred care plan and risk assessments. Care plans and risk assessments we saw were all up to date and current and had been reviewed monthly by staff and we saw evidence that care plans had been updated when people's needs had changed. This meant care staff had up to date information about each person's care needs and how these should be met best in the home. Daily care notes were detailed and provided sufficient information about how people spent their day, their behaviour and any concerns about their health.

People who were able told us that they were able to access health care services as and when necessary. One person said, "I see the doctor and talk about my tablets." Care plans included information about people's health care needs in a health action plan.. Staff spoken with understood people's health care needs and how these were best met in the home.

We observed interaction between staff and people who used the service. Staff demonstrated good understanding of peoples communication needs. For example we

observed people leading staff by the hand and showing them what they wanted. We also observed staff using basic signs to communicate with people. Longer serving staff told us that they knew people quite well and had a good understanding of how people communicated.

We saw that people who used the service had activities of their choice. For example one of the people living at the home required two to one staff support when accessing the community. Another person whose mobility had deteriorated. The person enjoyed going to the café for lunch. The person was currently waiting for the on-going occupational therapy assessment to be completed. In the meantime staff purchased food at the café and brought it to the home for the person. During the day of our inspection we observed people who used the service accessing local day centres, visit Brent Cross shopping centre and go for a long walk with staff.

We saw nutritional assessments in people's care plans and staff told us people's dietary needs. One of the people was from a different religious back ground and the home provided culturally and religious appropriate food to people who used the service. Meals were provided by staff and people who used the service were involved in the weekly shop to the local supermarket. We found the fridge and freezer well stocked and fresh fruit and vegetable were available. We observed people having breakfast and lunch and saw that people were given choices of cereals and sandwich fillings. People who used the service were able to eat independently and meal times were a social event were people got together. People told us, "the food here is very nice" or "I help cooking, but only with staff so I don't hurt myself." or "We go to ASDA and buy food."

Are services caring?

Our findings

People who used the service told us that staff were kind and caring; they told us that they were offered choices and staff knew about their needs and preferences. Comments made by people who used the service included, “I like living here its lovely, staff are very nice to me.” “I am very happy here, I am telling you I just enjoy it.” “It’s nice to be treated lovely.” Comments made by the independent advocate we spoke with included, “staff here genuinely care and take an interest in people’s lives and needs.”

People who used the service told us that they were given choices by staff. This was confirmed by our observations during the inspection when we saw many good interactions between staff and people who used the service. For example during lunch time a person was asked which sandwich filler the person liked. We also observed staff offering choices to people where they wanted to go for an outing.

Each care plan folder we viewed had a personal profile, which described the person’s likes, dislikes, needs and routines. Staff told us that they had a good understanding

of people’s needs and behaviours. We saw examples of this. For example one of the people using the service became agitated during our inspection and staff immediately diffused the situation by offering the person alternatives.

People maintained their independence and staff supported people according to their needs. For example we saw in care plans that some people were able to choose their own clothes in the morning and staff told us that they showed people different outfits or people got the clothes independently out of their wardrobe.

Staff offered people choices about activities and what to eat during the day of our inspection. Staff waited for people to make their choices, without pressurising them. For example we observed how staff discussed with one of the people to go to Brent Cross or to go to the local café. The person initially chose to go to the café, but later changed their mind and decided to go to Brent Cross for shopping. Staff accommodated this decision and told the person that they would book transport.

We observed staff respecting peoples dignity and saw them knocking on doors before entering and closing doors when supporting people with their personal care.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

People who used the service told us that they enjoyed the activities that were arranged and offered by the provider.. One person told us, "there is always enough to do." We observed people who were unable to verbally communicate returning from an outing and noted the person to be extremely happy, smiling a lot and humming happily. Staff told us that the person always did this, when the person was happy and satisfied. We saw in peoples care plans contact details of their next of kin and records were made when relatives wished to be contacted by the home to inform them of any incidences, emergencies or hospital admissions.

During the day of our inspection one person went to the local day centre for the whole day, another person went to Brent Cross and another person went for lunch and a walk in the local park. Another person was offered various activities, but decided to watch TV instead. During the afternoon of our inspection people listened to music, watched TV or did some drawing. We observed staff interacting with people who used the service and supporting people if they asked for help.

We saw activity records in people's daily records, the activities recorded were the same as documented in

peoples activity plans in their care plan. Though on occasions we saw that people chose different activities. Staff told us that sometimes people don't want to do what we planned and this is no problem. This meant that peoples social care needs were met and people who used the service were able to choose what they wanted to do.

The registered person told us that people at 1 Milton Avenue had capacity to make decisions about their live, but would do capacity assessments under the Mental Capacity Act 2005 if required.

We saw the provider's complaints procedure displayed in communal areas of the home and were told that people had been issued with the complaints procedure during their admission. People who used the service raised no complaints with us, but told us "I would talk to staff or the manager if I had a problem and they will sort it out for me." We viewed the complaints log and found the home had received no complaint since our last inspection on 2 October 2013 and all previous complaints had been resolved.

We saw minutes of regular team meetings, were people who used the service were able to contribute to their care, make suggestions of planned activities, discuss menus, discuss holidays or raise any other concerns in regards to the running of their home.

Are services well-led?

Our findings

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. We saw one completed stakeholder survey. This asked for feedback on how the service was doing in attending to the needs of people it supported. The survey contained questions such as "Do staff support service users to express their own needs and wants especially those with communication difficulties?", "Over the past twelve months how would you rate overall performance and service delivery?" The manager said that they often found it difficult to get completed surveys back from stakeholders. The provider had recently sent out the questionnaires for this year, but had not received any back and thus we were not able to view any during our visit.

We were provided with a copy of the stakeholder report dated October 2012. This confirmed that the provider had tried to make improvements in the service as a result of feedback from stakeholders. The report stated that the provider had sent out stamped addressed envelopes in response to try to increase the likelihood that people would send back a completed survey. The provider also commented on a revision to their complaints policy in the report, which showed that the provider had in place systems to ensure that its policies and procedures were up to date with changes in national procedures.

The home's manager is a qualified social worker and had been working in the home since their initial registration in

2003. Staff told us that the manager was approachable and said that there was an 'open door' policy. Staff told us that they felt well supported, listened to and their suggestions were acted upon to improve the treatment or care to people who used the service. Staff also told us that training was available and training records viewed confirmed that staff received training in manual handling, medicines administration, fire safety, adult protection, equality and diversity and food hygiene in November 2013. Regular supervision was provided quarterly as stated in the providers' supervisions policy.

During our inspection we saw there was enough staff working in the home to support people and meet their care needs and social needs. We saw that additional staff were allocated to ensure that people could go out if required. During the day of our inspection four care workers were on duty in the morning and three care workers were on duty during the afternoon to support five people who used the service. We asked people who used the service if there were enough staff available. One person told us "I can do what I want and there is always enough staff around."

Accidents and incidents were recorded and staff told us that they discuss all incidents during team meetings. Regular health and safety checks were carried out and mandatory safety certificates were in place, this ensured that people who used the service, staff and visitors can be confident that they live in a safe and well maintained environment.