

Mrs Delores Matadeen

Mrs Delores Matadeen - Beeches Road

Inspection report

98 Beeches Road
West Bromwich
West Midlands
B70 6HJ

Tel: 01215800759

Date of inspection visit:
27 October 2016

Date of publication:
13 December 2016

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 26 October 2016. At our last inspection on 2 February 2015, we found the provider's environmental risk assessments for the premises and the protocols for administering medicine on an 'as required' basis required improvement. At this inspection we found there had been an improvement.

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 at the home.

The provider was also the registered manager and was present during our visit. 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 told us that they were safe living at the home. Staff understood their responsibilities to protect people from the risk of harm. Risks to people had been assessed and managed appropriately to ensure care and support was provided safely. Staff had been recruited appropriately and pre-employment checks had been completed. People received their medicines as prescribed.

Staff told us that they were given the opportunity to develop their knowledge and skills in order to carry out their roles effectively. Staff received a planned induction before they started to work unsupervised and felt supported when they started to work at the home. People were supported by staff that understood the principles of The Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards. The provider knew what appropriate action should be taken to protect people's legal rights. People told us that they had enough to eat and drink and were complimentary about the choice and quality of food available to them. People told us that they were involved in accessing health care professionals to maintain their health and general well-being.

People were supported by kind and caring staff and were involved in making decisions in all aspects of their lives. People told us that staff treated them with dignity and respect. Staff described examples of how they promoted independence and maintained confidentiality when supporting people.

People's care and support was planned around their individual preferences. People were supported by staff who knew them well and supported them to make decisions about their care and support. People, where they chose to, were supported to participate in activities that interested them. A complaints procedure was in place and people felt confident to raise any concerns.

People and staff were happy with how the service was managed. People were given opportunities to express their opinions on the service that was provided. Staff felt valued and well-supported by the provider and care home manager. There were effective systems in place to monitor the quality of the care and support provided to people.

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 were protected from the risk of abuse because the provider had effective safeguarding systems in place and staff were aware of the processes they needed to follow.

Risks to people were assessed and systems were in place to minimise risks to people.

People were supported by adequate numbers of staff members so that their individual needs would be met. The provider's recruitment process ensured suitable staff were employed to support people.

People received their medicines as prescribed by health professionals.

Is the service effective?

Good ●

The service was effective

People were supported by staff that were experienced and suitably trained.

People enjoyed the food and drink available to them and staff encouraged people to consider healthy eating options.

People's rights were protected because staff understood the legal principles to ensure that people were not unlawfully restricted.

People were supported to meet their healthcare and support needs and had access to health and social care professionals.

Is the service caring?

Good ●

The service was caring.

People were supported by staff that were caring and kind and that knew them well and understood the things that were important to people.

Staff were respectful of peoples' choices.

Staff encouraged peoples' independence.

Is the service responsive?

Good ●

The service was responsive.

People's support needs and preferences were assessed to ensure that their needs would be met in their preferred way.

People were encouraged to take part in group or individual hobbies and activities.

The provider ensured feedback was sought through meetings and satisfaction surveys.

People knew how to complain if they were unhappy.

Is the service well-led?

Good ●

The service was well-led.

The provider has effective systems in place to access and monitor the quality of the service.

People told us they were happy with the quality of the service they received.

The management team were visible in the home and knew peoples' needs. Staff told us that they felt supported by the provider.

Mrs Delores Matadeen - Beeches Road

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.

The inspection visit took place on 26 October 2016 and was conducted by one inspector.

Before the inspection, we asked the provider to complete 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. This was returned to us within the timescale requested. As part of the inspection process we also looked at information we already had about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any incidences which put people at risk of harm. We refer to these as notifications. We reviewed the notifications that the provider had sent us and any other information we had about the service to plan the areas we wanted to focus our inspection on. We reviewed regular quality reports sent to us by the local authority to see what information they held about the service. These are reports that tell us if the local authority has concerns about the service they purchase on behalf of people.

We spoke with four people who lived in the home, three support workers, the care home manager and the provider. We looked at records in relation to two care plans and four medication records to see how people's support and treatment was planned and delivered. We looked at the medicine management processes and records maintained by the service about recruitment, staffing levels and training. We also looked at records relating to the management of the service and a selection of the provider's policies and procedures, to check people received a good quality service.

Is the service safe?

Our findings

At the last inspection in February 2015, there were some items of furniture that were in a poor state or repair and the environmental risk assessments for the home required some improvement. We found at this inspection improvements had been made. There was one item of furniture that remained in poor condition. However on speaking to the person, who regularly used the chair, they told us they liked the chair and was happy with it. We spoke with the provider who confirmed the chair was in poor condition. They continued to explain it was due to be replaced, however because one person preferred to sit in this chair, the matter required a sensitive approach before the chair could be replaced. The care home manager told us the provider had a refurbishment plan arranged for the home and this would include replacing some of the furniture. Risk assessments, that included the home's environment, had been reviewed and updated and reflected the support needs of people living at the home. Staff members explained to us what risks had been identified in relation to people they supported. For example, certain circumstances that could prompt a person to become anxious and upset. Information was also available to staff about patterns of behaviour that could identify when people were becoming unwell. The information assisted staff to support people safely and explained what action should be taken. The files we looked at also contained individual risk assessments to make sure the provider continued to meet people's individual needs.

We saw that safety checks of the premises and equipment had been completed and that records were up to date. Staff were able to tell us what they would do and how they would maintain people's safety, for example, in the event of fire. Staff we spoke with explained where the assembly point was, how one staff member would call 999 while a second staff member would ensure all people were out of the home. Staff knew what action to take because procedures had been put in place by the provider, which safeguarded people in the event of an emergency. We saw that one fire door, leading into the main lounge, had been propped open with a doorstop. We brought this to the attention of the care home manager who immediately removed the doorstop. We then checked the remaining fire doors within the home and they were all securely closed. The annual fire assessment had shown the home had been meeting the legal requirements.

At the last inspection in February 2015, protocol for staff to follow that explained in what circumstances medicine that was required on an 'as and when' basis should be given, required improvement. At this inspection, we found there had been an improvement. There was one support plan we looked at where one person was prescribed medicine to be taken 'as and when'. Even though the person had full mental capacity and was able to tell staff when they required their medicine. As an additional precaution, we saw there was a protocol in place for staff that explained in what circumstances the medicine should be given.

All people living at the service had mental capacity to make decisions about their medicine. People we spoke with told us they had no concerns about their medicines and confirmed they were supported, by staff to receive their medicines as prescribed by the doctor. One person said, "I know what medicine I have and when I should have it." Another person told us, "Staff give me my tablets." We saw there were procedures in place to ensure this was recorded when administered and the registered manager told us records were

checked on a monthly basis. We looked at four Medication Administration Records (MAR) and audits we conducted of the medicine stock balanced with the amounts recorded on the MAR sheets. All medicines prescribed by health care professionals received into the service were securely stored and disposed of when no longer in use.

People were kept safe from the risk of abuse because staff were clear about their responsibilities for reducing the risk of abuse. People we spoke with told us they felt safe living in the home. One person said, "I feel safe." Another person told us, "It is safe living here." A third person explained how they could 'sometimes' become worried about another person living in the home, but they continued to tell us they would go 'straight to the staff' if they became concerned. Staff told us about the different types of abuse and explained the signs they would look for, that would indicate a person was at risk of abuse. The Provider's Information Return (PIR) stated all staff had received training in adult abuse and would immediately report any 'sign of abuse or neglect'. Staff we spoke with confirmed they had received safeguarding training and explained their responsibilities to protect people and how they would report concerns. One staff member said, "I haven't found any fault, they [provider] adhere to their standards and yes, I definitely think people are kept safe." Another staff member told us, "If I thought anyone was being hurt in any way I would go straight to the manager or the owner." We saw the provider had safeguarding processes in place to keep people protected from risk of harm.

Because the provider stored information relating to staff recruitment at another of their locations, we could not review the recruitment files at the time of our inspection visit. We requested information to be submitted to us post inspection. The provider submitted the requested information and we could see there were recruitment processes in place. Staff we spoke with told us the Disclosure and Barring Service (DBS) checks (which provides information about people's criminal records) had been undertaken before they had started work at the home. Records we reviewed confirmed all pre-employment checks had been completed.

Everyone we spoke with told us there was sufficient numbers of staff on duty to support people with their individual needs. One person told us, "There is always someone around." Another person said, "I think there is enough staff." A staff member said, "We always have staff that we can call in when we need to, we don't use agencies." Staff told us that they would cover shifts for each other in the event of sickness or annual leave so people had continuity of support. The provider told us in an emergency they would ask staff to cover and, if necessary, ask staff from their other homes which helped to maintain that continuity for people. We saw there was sufficient staff on duty to assist people with their support needs throughout the day.

Is the service effective?

Our findings

Everyone we spoke with was complimentary about the staff and thought they were skilled, knowledgeable and adequately trained to support people. One person said, "The staff are good." Another person told us, "I'm happy with my support from staff everyone is good to me." The Provider's Information Return (PIR) stated that staff members had completed a range of different training modules that included handling medication, infection control, food safety and twelve staff having completed their NVQ Level two and above. We saw there was training induction programme for new staff members and additional training support was provided on an 'on-going basis'. Staff we spoke with confirmed they had received training and supervision to support them in their role. One staff member told us, "The training is excellent and we are tested after we have completed each module." Another staff member said, "My induction to the home was helpful, I knew what was expected of me. I shadowed a senior staff member and she showed me what I could do." We saw the provider had a training plan in place and this showed that the training needs of staff had been reviewed and training had been planned accordingly.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We found all the people living in the home had the ability to make decisions about their support needs. People we spoke with told us they discussed their support with staff members on a regular basis therefore, they were able to agree and have some control over their support needs. We saw staff members offered people choices, gained consent and encouraged people to make decisions about their support. Where people did not want to engage or participate in, for example, a suggested activity, the staff respected their decision.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found people were not being unlawfully deprived of their liberty.

People we spoke with confirmed staff would prepare meals for them. One person told us, "The food is very good." Another person said, "I like the food, we are given lots of different choices, we had chicken curry the other day." Staff members we spoke with explained how they supported and encouraged people to eat more healthily. A staff member said, "We do try to help people think about what they're eating and encourage them to try more healthy choice." Another staff member told us, "There is always plenty of food for people." We saw people made their own drinks and snacks throughout the day and we saw meals which looked healthy and appetising.

People we spoke with told us they were happy with the support they received from staff members. One

person told us, "I'm happy here, it's the best place I've stayed in." We saw that people were supported to medical appointments, for example, the GP, psychiatrist, community nurses and community mental health teams. We saw that these appointments were planned by staff in a way that ensured people were well supported on these appointments to ensure their needs could be assessed effectively. For example, they were supported by staff that knew their needs well and people were reassured by staff. We saw staff sat and took time to listen and speak with people who were anxious or feeling unwell.

Is the service caring?

Our findings

People told us that the staff were helpful and respectful. One person said, "The staff are very kind." Another person told us, "Everyone is very nice." We saw that staff called people by their preferred names and listened to what people had to say about events and matters that were important to them. Staff members were also able to tell us about people's individual support needs, their likes and dislikes. For example, one staff member explained how one person liked to help staff prepare food in the kitchen. This contributed to the staff being able to support people in a way that was individual to the person.

The Provider's Information Return (PIR) stated the provider's aim to have an accurate assessment of people's individual needs to ensure that people's religious, dietary and cultural needs were respected. For example, providing a range of different foods to meet people's dietary and religious beliefs. People we spoke with confirmed this and explained how they were involved in discussing and planning their support needs. One person said, "Staff talk to me all the time about my support needs." Another person told us, "Staff do a good job, I have everything I need." Support plans we looked at showed people's views were taken into account, this ensured staff supported people in a person centred way. A person-centred approach is seeing people who use health and social care services as equal partners in planning, developing and monitoring their support, to meet their individual needs. We saw people spoke with staff, the care home manager and the provider about how they felt, where they were going and when they would be back. We saw staff had a good understanding of people's needs and showed empathy towards people. A staff member told us, "[Person's name] can become very anxious, we try to encourage them to talk to us as this can be a good distraction." There were good humoured interactions between staff members and people living at the service. We saw relationships between staff members and people were good and people could ask for support when needed.

We saw that people were treated with respect and dignity. One person told us, "The staff are polite to me." Staff members knew the people who lived in the home well and spoke about their health challenges in a sympathetic way. They were able to explain how they ensured people's privacy and dignity. One staff member said, "Most people living here don't need support with their personal care apart from the occasional prompting but sometimes [person's name] might need some help but we always make sure they are happy for us to help before we do anything." Another staff member told us, "We never talk about people who live here outside of work, it's confidential." The provider ensured staff were familiar with their confidentiality policy and this supported staff to safeguard people's privacy and protected their confidentiality.

The PIR stated that people were supported to 'exercise their rights to the full'. This was with the support of advocates. An advocate is someone who seeks to ensure that people are able to have their voice heard on issues that are important to them, when decisions are being made about their lives. We found there was information available to people about advocacy and the support available.

All of the people living at the service had their own bedrooms with washing facilities. People we spoke with

confirmed staff supported them to develop their life skills so when they left the service, they would be able to maintain their independence and look after themselves. One person said, "I'd like to leave here and have my own place." Another person told us, "Staff do help us to do things ourselves." Staff recognised that it was important that people were supported to develop their independent living skills so that they could be as self-sufficient as possible. One person told us that they regularly went out on their own. We saw people had made their own drinks and snacks throughout the day. People we spoke with confirmed they were free to remain in their rooms and relax or choose to go out if they wished.

People told us that they were supported to maintain relationships that were important to them, if they wished. One person explained how their family visited them regularly, "My sons visit me regularly." Staff demonstrated that they understood and respected the importance of these relationships.

Is the service responsive?

Our findings

People living in the home were able to make decisions about their support. People we spoke with told us they were 'happy' with how their support needs were being met. One person said, "I am happy with everything." People we spoke with told us they discussed their support with staff members on a regular basis. Another person told us, "I have meetings with staff and talk about what I need." We found people were supported by staff that were knowledgeable about people's needs.

We saw that staff involved people in decisions about their support and how they spent their time. We saw that staff were alert to changes in people's behaviour or mood and knew how to minimise any anxiety. For example, one person became anxious and started to raise their voice. Staff were quick to respond and gave the person reassurance to reduce their anxieties. Staff we spoke with were able to describe to us how people liked to be supported and the things that people liked to do. Staff were able to give explanations about people's needs as well as their life history, their likes and dislikes and preferred routines. One staff member said, "Everyone has an input, everything is discussed with the person." Support plans showed people's preferences and interests had been identified and were regularly reviewed.

People living at the service were supported by staff to try and structure their week as this would help to establish a positive use of their time. For example, while we were visiting a number of people had gone shopping or to a day centre. People we spoke with explained they were supported by staff to maintain their recreational hobbies such as playing cards, dominos, shopping and going to a local public house. One person told us, "[Staff name] takes me to the pub." Another person said, "I enjoy playing cards with [staff name]." We saw there were people who preferred to remain in the privacy of their own rooms. One person said, "I really like my room, I've got my pictures up and my own telly, I'm very happy with it." People we spoke with explained they had their own keys so they could lock their doors if they wished and were able to relax in the conservatory, lounge areas or their own bedrooms.

Everyone we spoke with told us they had no complaints about the quality of the service being provided. Everyone knew how and who to complain to if they had any concerns. One person told us, "I can't complain, it's good here but if I did I'd speak to the staff." Staff explained how they would deal with complaints and confirmed they would follow the complaints process. The Provider's Information Return (PIR) stated there had been one resolved complaint made since our last inspection. We saw the provider had a complaints recording system in place to investigate complaints. We found the complaints procedure was accessible and available in the main lounge area. However, we found the complaint was filed within the folder that contained personal details. This information was accessible to read by anyone who picked up and looked through the folder. We brought this to the attention of the care home manager and discussed the need for confidentiality. The information was immediately removed from the file. We spoke with the person who had raised the complaint and they told us they were satisfied with how the provider had resolved it.

Is the service well-led?

Our findings

People we spoke with told us they thought the service was 'well managed' and the quality of the service was 'very good.' One person told us, "[Provider's name] is very nice, you can talk to her." People and staff told us that the care home manager and provider were visible in the home and we saw that they played an active part in supporting people and responded positively to their needs. A staff member we spoke with said, "I wouldn't hesitate going to [provider's name] if I needed to." Another staff member told us, "I love my job, I love working here with the residents, everyone gets on and we work well together." Staff told us they had received guidance and support from the care home manager through supervision and team meetings. Records we looked at confirmed staff received supervision and staff meetings had been held.

Staff we spoke with were confident in their roles and told us that they would not hesitate to raise concerns and use the whistleblowing procedure should they witness any poor practice. The provider's whistleblowing policy provided the contact details for the relevant external organisations for example, the local authority and Care Quality Commission. Whistle-blowing is the term used when someone who works in or for an organisation raises a concern about malpractice, risk (for example, to a person's safety), wrong-doing or some form of illegality.

As part of the inspection process, we sent out a Provider's Information Return (PIR) for the provider to complete and return to us. The PIR provides an overview of what the service does well and where there provider intends to develop the service. We received the PIR within the timeframe and the information contained within the form reflected what we saw on the day. It is a legal requirement that organisations registered with the Care Quality Commission (CQC) notify us about certain events. The provider had informed us of any incidents that they were required to do so. The certificate of registration was on display in the main reception area together with a copy of the last inspection ratings report. Our discussions with the care home manager and provider demonstrated to us they were aware of their legal responsibilities and what these meant for the service.

We asked the provider how they sought feedback from people living at the service. We found meetings with people that lived in the home were held. Some of the people we spoke with told us they went to the meetings. Records we looked at showed that these meetings were an opportunity to discuss a wide range of things, for example, activities and menu planning. It was recorded in the minutes that people were asked if they had any worries or concerns and they were reminded to let the staff know if they were unhappy about anything. We saw the provider also sought feedback through satisfaction surveys. Everyone who lived at the service was able to raise any issues directly with the staff members or management themselves.

We saw that there were systems in place to monitor the service and quality audits were undertaken. The PIR stated the quality assurance systems that were in place included the review of support plans, staff training, medication, infection control, health and safety processes and the environment. We saw the provider had undertaken internal audits that ensured the quality, safety and living environment of the home was continually reviewed and identified areas for improvement. For example, the PIR referred to the

refurbishment and redecoration programme for the home environment due to commence in 2017.