

Matthew Residential Care Limited

# Matthew Residential Care Limited - 59 Woodgrange Avenue

## Inspection report

Kenton  
London  
HA3 0XG

Tel: 02089078435

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

About the service:

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Matthew Residential Care Ltd – 59 Woodgrange Avenue is a small care home which is registered to provide care and support to three people with learning disabilities. When we inspected the home on 11 and 16 April 2019 three people with learning disabilities were living there.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include choice, control and independence. People using the service received planned and co-ordinated person-centred support that was appropriate and inclusive for them.

People's experience of using this service:

People's care plans included guidance for staff on supporting people effectively and managing risk. However, although we found that risks to people were well managed, there were no records showing that formal risk assessments had taken place.

People told us they were happy with the care and support that they received from staff. They spoke positively about their care workers and the home's registered manager.

Care and support was person centred and reflected people's individual needs. People's care plans and risk assessments had been reviewed regularly and updated where there were changes in their needs.

Staff communicated well with people and supported them to participate in their preferred activities.

Staff were knowledgeable about people's needs and how these should be supported. They understood their roles and responsibilities in ensuring that people were kept safe from harm or abuse. They had received regular supervision and training to help them to care for people safely and effectively.

Staff supported people to make decisions about their care and support where they were able to do so. Information about people's capacity to make decisions had been recorded in their care files. Applications for authorisations under the Deprivation of Liberty Safeguards (DoLS) had been made to ensure that people were not unduly restricted in any way.

Staff supported people to take their prescribed medicines. Accurate records of medicines administration

had been completed.

People enjoyed their meals and their dietary needs had been catered for. They were offered choices at meal times and people were supported to enjoy the cultural foods that they liked.

We observed that people participated in a wide range of community activities. People told us that they had chosen and enjoyed these activities.

Regular quality assurance monitoring had been carried out in relation to people's care and support. Actions had been taken to address any concerns arising from monitoring.

People had good healthcare support. When people were unwell staff had immediately contacted healthcare professionals to meet their needs.

We made one recommendation in relation to ensuring that risk assessments were developed for people.

Rating at last inspection:

Good (report published 19 October 2016).

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to inspect as part of our re-inspection programme.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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.

Details are in our Safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our Effective findings below.

**Good** ●

### **Is the service caring?**

The service was caring.

Details are in our Caring findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive.

Details are in our Responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our Well-led findings below.

**Good** ●

# Matthew Residential Care Limited - 59 Woodgrange Avenue

## **Detailed findings**

## Background to this inspection

### The inspection:

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

### Inspection team:

This inspection was carried out by a single inspector

### Service and service type:

Matthew Residential Care Limited- 59 Woodgrange Avenue is a small care home for three people with learning disabilities. The service has a manager registered with the Care Quality Commission (CQC). This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

### Notice of inspection:

We gave 24 hours' notice of our inspection as this is a small service for people with learning disabilities who may be out during the day.

### What we did:

Before our inspection we reviewed records that we held about the home. These included notifications to CQC. Notifications are reports about significant events and occurrences that providers are required to send us. We also looked at other information provided by the home and other stakeholders. We looked at the

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.

During our inspection we spoke with the three people living at the home. We also spoke with the registered manager and two staff members. We reviewed the care records for two people, three staff files and other records relating to the management and quality of the home.

Following our inspection, we spoke with a representative of a local authority.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

### Assessing risk, safety monitoring and management

- People's care plans included guidance for staff on managing risks. For example, plans included information about supporting people in relation to behaviours, medicines, community activities and finances. People told us that they felt safe living at the home.
- People's care records showed that actions had been taken to reduce and manage risks. For example, a person had been supported to manage their anxieties in relation to a stressful event. Actions had been taken to reduce risks to people who were vulnerable when out and about in the community.
- However, individual risk assessments were not included in people's care records. The registered manager said that risk management plans were included in people's care plans and we found this to be the case. However we could not be sure that all potential risks had been identified. The registered manager told us that they would develop personalised risk assessments as a matter of priority. We recommended that the registered manager seeks guidance on developing risk assessments for people.

### Systems and processes to safeguard people from the risk of abuse

- The home had a policy and procedure to ensure that people were safe from the risk of abuse.
- Staff members working at the home had received safeguarding adults training. The registered manager and staff we spoke with understood their roles and responsibilities in ensuring that people were safeguarded from the risk of harm or abuse.
- The home supported people to look after their monies where they were unable to safely do so for themselves. Staff had kept a record of income and expenditure that matched the balance of monies that they looked after for people.

### Staffing and recruitment

- Staff recruitment records showed that checks had been undertaken to ensure that new staff were suitable for the work they would be undertaking. These included references and criminal records checks.
- There were sufficient staff available to ensure that people were supported. People did not have to wait for support from staff when they required it. Staff responded promptly to requests for support. Staff members supported people to access local community activities and take holidays and the registered manager told us that additional staff were rostered to support community activities and appointments where required.
- The staffing rotas for the home showed that there were always two members of staff on shift during each day and evening. One staff member stayed at the home at night. People told us that there were enough staff at the home to support them.

### Using medicines safely

- People's medicines were stored safely in a suitable locked cabinet.

- Information about the medicines that people were prescribed was included in their care records. Medicines administration records (MARs) were accurately completed. There were no gaps in the records that we viewed and people told us that they received their medicines regularly and on time.
- When staff members administered medicines to people they explained what the medicines were and checked that people were happy to take them.
- Staff members supporting people with their medicines had received training in safe administration of medicines.

#### Preventing and controlling infection

- The home was clean, tidy and well furnished. We observed that staff members cleaned floors and surfaces as required.
- Staff had received training in infection control. We observed that they used disposable gloves and aprons, for example, when they prepared and served food for people.
- The home had received a rating of four (good) at a food safety inspection in September 2017.

#### Learning lessons when things go wrong

- Records of incidents and accidents showed that actions had been taken to reduce the risk of future occurrences. For example, we saw that the staff had worked with specialist services to put actions in place that had resulted in a significant reduction in a person's anxiety related behaviours.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been assessed when they started living at the home. Their care plans included personalised information about their individual needs and preferences.
- Staff members knew people well. They understood the importance of supporting people to make choices about their care and support.
- We saw that staff members offered people choices, for example about their food and drink and activities.
- One person said, "they always ask me if I am happy about things." Another person told us, "The staff know what I like, and they help me to do things I want to do."
- People signed their care plans to show that they agreed with them. People told us that they knew about their care plans and had meetings to discuss any changes to them.

Staff support: induction, training, skills and experience

- Staff members had received training to support them to be effective in their roles. New staff had completed the Care Certificate which is a nationally recognised standard for staff working in health and social care services.
- Staff members told us that they valued the regular supervision they received from the registered manager. A staff member said, "We don't have to wait for a meeting if we have any questions. [Registered manager] and [other managers] are really helpful and I can call them at any time."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat a healthy diet. Regular home-cooked meals were provided along with drinks and snacks that were offered to people throughout the day. People told us that they were involved in cooking and meal preparation.
- Meals were prepared according to people's individual preferences. People told us that they liked the food and were able to choose what they wanted to eat. One person told us that they regularly cooked jollof rice (a West African dish). Another person said they ate their favourite Caribbean meal on a regular basis. People told us that they went out for meals, for example, to a local pub and a favourite Chinese restaurant and that they enjoyed these outings.
- Although no-one had any health-related dietary needs, the home maintained a regular check of people's weights. The registered manager said, "If we had concerns about changes in people's weights we would immediately speak with their GP."

Staff working with other agencies to provide consistent, effective, timely care

- Staff members had responded to people's health care needs. People's care records showed that referrals had been made to their GP or other healthcare professionals where there had been any concerns about

their health.

- Health care appointments had been recorded with outcomes of these and we saw that actions had been taken where required. For example, a person's care plan included a record of an appointment with a psychiatrist. Their care plan had been updated to reflect the outcome of the meeting.
- People had been supported to have regular checks with, for example, opticians, dentists and chiropractors.

Adapting service, design, decoration to meet people's needs

- This is a small home for three people who had lived there for some time. The communal areas were decorated with pictures and ornaments. Two people showed us their rooms and we saw that they had been furnished and decorated in accordance with their choices. A person had been supported to choose and buy their own armchair for the communal lounge.
- No one at the home had physical or visual impairments that may require any specialist adaptations. The lighting throughout the home was bright. We observed that people moved around the home with confidence.
- People told us that they were able to choose how the home was decorated.

Ensuring consent to care and treatment in line with law and guidance

- 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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- People's care plans included assessments of their ability to make decisions. The care plans described the decisions that people could make for themselves.
- One person living at the home had an up to date DoLS authorisation in relation to their vulnerability in the community.
- The registered manager told us that if anyone's needs changed they would ensure that a DoLS application was made.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed that people were treated with kindness and respect by staff. A person said, "I love the staff. They are really helpful to me."
- There was a relaxed atmosphere at the home. Staff members chatted with people about topics of interest. They checked that people were happy and spoke with them about the activities that they wanted to do.
- Staff spoke positively about the people they supported. One staff member said, "I really enjoy working here. It's wonderful to see what the people I support can do."
- Staff described how they supported people to ensure that their needs were met according to their individual preferences and cultural needs. People confirmed that staff supported them in the ways that they preferred. A person said, "They always ask me what I want to do and help me to plan things."

Supporting people to express their views and be involved in making decisions about their care

- We observed that people were supported to express their opinions about their daily routines and choose what they wished to do. One person said, "Staff always listen to me and they help me to choose where I want to go."
- People were involved in agreeing their care plans. One person said, "I know about my plan and what is in it. We have had meetings about me."
- People had participated in regular house meetings to discuss their preferences and wishes in relation to issues such as menus, activities and changes at the home such as redecoration.
- A staff member said, "We are here for our residents. We try to support them to do the things they want to do."

Respecting and promoting people's privacy, dignity and independence

- We observed that people's privacy and dignity was respected. Staff knocked on people's doors requested permission before entering. People were asked what they wanted to do and when.
- Where people wished to speak to staff about personal issues this was supported in a discreet way and they were encouraged to do so in a private place.
- People's personal information was stored securely. Staff understood the importance of confidentiality and had received training in relation to this.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People had care plans which described their personal histories, needs, preferences and interests. The care plans included information for staff members on how they should support people in accordance with their needs and preferences.
- Information about people's cultural, relationship and other needs and preferences was contained within their care plans. Their care records showed that these were being addressed. For example, through providing support from staff for a person to attend a place of worship and the provision of foods that met their cultural needs and preferences.
- Staff members knew about people's histories and interests and used this information when they were supporting them. We observed staff chatting with people about subjects that were of interest to them.
- People's care plans included information about their communication needs. The people living at the home were able to communicate well in English. Their communication plans provided guidance for staff on how best to communicate with them and support people when they were anxious or distressed.
- Care plans were written in plain English and two people said that staff had explained things to them when they didn't fully understand. Some information was provided in a picture assisted format. The registered manager told us that they would develop information in other formats if people required this.
- The care plans had been reviewed regularly and updated when there were changes in people's needs. For example, one care plan had been updated to reflect support that was required following a stressful incident. Another plan was updated following a concern about a person's ability to manage their monies effectively.
- People told us that they took part in a range of activities outside the home. A person told us about a film that they had recently seen and said that staff had taken them for a meal afterwards which they enjoyed. During our inspection people went shopping and to the library supported by staff. One person was supported to attend their regular weekly voluntary work at a charity shop.
- Staff at the home had supported people to take holidays of their choice. A person told us that staff supported them to visit a family member who lived in another country. They said, "Staff take me to the airport and make sure someone is looking after me until I get on the plane." One person became anxious when away from the home overnight and, instead of holidays, a variety of day trips had been organised for them.
- People told us that they were happy with the activities at the home. A person said, "Staff ask us what we want to do, and they help to plan things."

Improving care quality in response to complaints or concerns

- The home has a complaints procedure. This was provided in an easy to read format.
- People told us that they knew what to do if they had any concerns or complaints. A person said, "I tell [registered manager] if I am unhappy about anything." Another person told us, "Everything is good. I'd speak to [staff member] if I had a problem."

- The home's complaint's log showed that there had been few complaints and that these had been resolved quickly. The registered manager said, "People tell us when they are unhappy, but we try to sort things out immediately before issues become complaints."

#### End of life care and support

- People living at the home were young adults with learning disabilities. At the time of our inspection no-one at the home was receiving end of life care.
- The home had an end of life care policy.
- Information about end of life care preferences was not included in people's care plans. The registered manager told us that people and their family members were unwilling to discuss this. They said that if a person became ill they would discuss end of life care with the person and their family members.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and staff members understood their roles in ensuring that the quality of care and support provided to people were of a high standard.
- The registered manager had ensured that regular quality assurance monitoring of the service had taken place. The home's records showed that monitoring of, for example, medicines, health and safety and records had been undertaken on a regular basis.
- Actions identified during the home's quality monitoring processes had been addressed.
- Regular staff meetings had taken place. The minutes of these showed that information in relation to quality assurance and best practice in supporting people with learning disabilities had been shared and discussed with staff.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager was committed to providing high quality care for people in an environment where they felt at home. A person told us, "I really love living here. The support is so good." People said they liked the registered manager and staff.
- Staff members told us that they valued the support that they received from the registered manager. A staff member said, "We work together very well. I can't complain about the management. They are very supportive."
- The registered manager was aware of their responsibilities to provide CQC and the local authority with important information and had done so in a timely manner.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People had participated in regular resident meetings. The minutes of the meetings showed that a range of issues were discussed such as activities, menus and staying safe in the community. A recent meeting had included a discussion about colour schemes and furnishings for a refurbishment of the communal lounge. One person said, "Staff ask us all the time about what we like and what we want to do."
- A survey of people's views of care and support had taken place in October 2018. The survey was produced in an easy to read picture assisted format. People's responses showed high levels of satisfaction with the care and support that they received at the home.

Continuous learning and improving care

- Staff met regularly as a team to discuss issues in relation to ensuring people's needs were fully supported. The team meeting minutes showed that staff had opportunities to discuss the home's service improvement plans and learn from any incidents that had taken place. A staff member said. "I feel we are listened to at the meetings and we agree things as a team."

#### Working in partnership with others

- The registered manager and staff had good working relationships with other health and social care professionals. We saw, for example, that staff had worked with a specialist learning disability service to develop support and guidance that had led to a reduction in a person's anxiety-related behaviours.
- Information about people's health care appointments and the outcomes of these was included in their care records.