

Matthew Residential Care Limited

Matthew Residential Care Limited - 59 Woodgrange Avenue

Inspection report

Kenton
London
HA3 0XG

Tel: 02089078435

Date of inspection visit:
28 April 2023

Date of publication:
31 October 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Matthew Residential Care Limited - 59 Woodgrange Avenue is a residential care home providing personal care and accommodation to 2 people at the time of the inspection. The service can support up to 3 people.

People's experience of using this service and what we found

During our last inspection we found the service was meeting the underpinning principles of Right support, right care and right culture (RCRSRC). However, we were not fully assured that the changes the service had made were fully embedded and quality standards would be maintained. At this inspection we found the provider had maintained the required standards.

Right Support: People were involved in the planning of their care and told us that they received support which met their individual needs and preferences. People who used the service were supported in the least restrictive way and staff demonstrated understanding of people's needs. People were supported to live the life they wanted by staff who knew them well and put them at the centre of decision making. Staff enabled people to access specialist health and social care support in the community. People had a choice about their living environment.

Right Care: Staff understood how ensure people were protected from harm or abuse. Staff worked with people to identify and reduce the likelihood of risks to their wellbeing and activities. Staff understood people's care and support needs.

Right Culture: People were involved in planning their care. Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update - The last rating for this service was requires improvement (published 24 August 2022). We made a recommendation that the provider sought further guidance on managing behaviours that challenge the service and another on recording and acting on lessons learnt following

incidents. At this inspection we found the provider had taken action and improvements had been made.

Why we inspected

This inspection was carried out following concerns we had received from a local authority in relation to service quality. At this inspection we found these concerns had been addressed.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Recommendations

Follow up

We will continue to monitor information we receive about the service, which will help inform us when we next inspect.

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.

Details are in our safe finding below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

Matthew Residential Care - 59 Woodgrange Avenue is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. 59 Woodgrange Avenue is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the

quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 1 person who used the service about their experience of the care provided. We spoke with 4 members of staff including the nominated individual, the quality assurance manager and 2 care staff. We reviewed a range of records. This included 2 people's care records and medication records. We looked at a variety of records relating to the management of the service including quality assurance audits and policies and procedures.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection we recommended the provider sought further guidance on managing behaviours that challenge the service. At this inspection we found the provider had made improvements.

- The provider had procedures in place to identify, assess and manage risk.
- People had positive behaviour support (PBS) plans. A Positive Behaviour Support Plan is a document created to help understand behaviour and support behaviour changes in adults who have learning disabilities. Specialist support had been sought to provide guidance and support in ensuring positive outcomes. We saw that PBS records were well structured and provided staff with information what triggered peoples behaviours and how to respond to these pro-actively and reactively.
- People had person centred risk assessments. These covered, for example, personal and self-care, medicines, anxieties and behaviours and community-based activities. People's risk assessments were linked to guidance for staff on how they should support people to minimise identified risks,
- People's risk assessments were regularly reviewed and updated when there were any changes in their needs.
- The provider had carried out regular health and safety risk assessments and checks at the home.
- Servicing of, for example, gas, electricity, fire equipment and appliances had been carried out and were up to date. Fire safety measures were in place including weekly tests of fire alarms and regular fire drills.

Learning lessons when things go wrong.

At our last inspection we recommended the provider sought information on analysing patterns and trends for accidents and incidents. At this inspection we found improvements had been made.

- The provider had a system for recording and reviewing accidents and incidents.
- The provider had introduced a new recording format for accidents and incidents. The records were reviewed by a manager and information about lessons learnt and actions taken to reduce the likelihood of further occurrences were recorded.
- People's risk assessments were updated following incidents and accidents.
- Incidents, accidents and lessons learnt were discussed with staff at regular team meetings.

Using medicines safely

- People's medicines were safely managed. Medicines were safely stored and medicines administration records (MARs) were in good order with no unexplained gaps.
- People's medicines folders contained protocols for the administration of PRN (as required) medicine. The

PRN protocols included guidance for staff on how and when such medicines should be administered.

- Staff administering medicines had received appropriate training and their competency had been assessed.
- Staff had received training in the principles of STOMP (stopping over-medication of people with a learning disability, autism or both). Guidance on minimising the use of psychotropic medicines used to reduce anxieties and behaviours was included in people's care and medicines records. The guidance focused on using low arousal interventions. People's MARs confirmed that people were only given such medicines occasionally.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from the risk of harm and abuse.
 - We looked at the home's safeguarding records. There had been no safeguarding concerns raised since our last inspection.
 - Staff had received safeguarding training. Care staff we spoke with were able to describe their roles in keeping people safe and reporting safeguarding concerns.
-
- The home looked after small sums of money for people where required. The provider had a system in place to ensure people's monies were safely managed and recorded.
 - The care people received was safe and met their needs. A person told us, "I am safe, and I know the staff look after me."

Staffing and recruitment

- The provider's recruitment procedures were robust. Staff checks were carried out prior to employment to ensure they were safe and suitable to carry out the tasks required of them. These included checks of references, criminal records and eligibility to work in the UK.
- We found during this inspection that sufficient staff were deployed to meet people's needs. A person said, "There are always staff to help me when I want."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were supported to receive visitors at the home.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant 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; continuous learning and improving care

- The provider had made improvements to the monitoring and assessment of the quality of care provided to ensure people's needs were met.
- Managers and staff were clear about their roles. Staff had received regular training and supervision to support them in their roles. Staff told us they received the information and support they required.
- The provider carried out regular quality assurance monitoring. Monitoring of safety including fire safety, fire drills, hot water temperatures, infection control and environmental risks had taken place.
- People's care plans and risk assessment were evaluated on a monthly basis and updated when there were changes to people's needs.
- People's care records were maintained in an electronic format. The home's electronic monitoring system created alerts for any records that had not been completed by staff and could be reviewed by any manager in 'real time'. Staff on shift had access to a tablet which they used to record daily care records.
- The provider had been working with a consultant to support them through the process of improving the service to meet regulatory and commissioning requirements. A service improvement plan had been introduced and this was reviewed and updated on a regular basis. Staff confirmed they had opportunities to discuss how service improvements were implemented.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and staff were engaged and involved in the planning and development of person-centred care and support.
- People's care plans were regularly reviewed and information in relation to outcomes were recorded. People were involved as much as possible in developing their care plans.
- People's views were sought through regular house meetings. People had named key workers who met with them regularly to discuss their needs and wishes and to plan activities. The records of house and key worker meetings showed people were actively involved in planning their support and activities.
- A person told us they were informed about changes at the home and were able to make decisions about their activities. They said, "I decide what I want to do, and staff help me."
- The provider had recently commenced a formal satisfaction survey. An accessible version had been developed for people who live at the home.

- People's care plans included information about their communication needs. Some work had commenced on producing these in accessible formats.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities in relation to duty of candour. Duty of candour requires that providers are open and transparent with people who use services and other people acting lawfully on their behalf in relation to care and treatment.

Working in partnership with others

- The provider worked in partnership with others.
- People attended regular appointments with healthcare professionals. We saw evidence the management team had liaised with other professionals to ensure people's needs were met. Where appropriate, guidance provided by key professionals, such as psychiatrists and GPs were contained within people's care plans.