Matthew Residential Care Limited

Matthew Residential Care Limited - 1 Milton Avenue

Inspection report

Kingsbury
London
NW9 0EU

Tel: 02089313988

Date of inspection visit:
06 October 2017
11 October 2017

Date of publication:
21 March 2018

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

Our inspection of 1 Milton Avenue took place on 6 & 11 October 2017. This was an unannounced inspection. At our previous inspection of 10 & 26 August 2015 The service was rated good.

1 Milton Avenue is a care home registered for five people with a learning disability situated in Kenton. At the time of our inspection there were no vacancies at the home. The people who used the service had significant support needs because of their learning disabilities. The majority of people had additional needs such as autistic spectrum conditions, mental health conditions, and communication impairments.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008and associated Regulations about how the service is run.

Family members told us that they thought that their relatives were cared for safely. We saw that people were comfortable and familiar with the staff supporting them and were treated respectfully.

People who lived at the home were protected from the risk of abuse. Staff members had received training in safeguarding, and were able to demonstrate their understanding of what this meant for the people they were supporting. They were also knowledgeable about their role in ensuring that people were safe and that concerns were reported immediately.

.
Medicines at the home were well managed. However we found that there were gaps in the medicines administration record for one person. This had been identified by a pharmacist's audit on the day before our visit and the home was taking action to address this.

Although people had up to date risk assessments, the most recent versions were not contained within their care files and staff did not have access to these. Personal emergency evacuation plans for people were also not available to staff should there be a need to evacuate the home. The registered manager assured us that paper copies of this information would be made immediately accessible to staff.

We saw that staff at the home supported people in a caring way, and responded promptly to meet their needs and requests. There were enough staff members on duty to ensure that people had the support that they required. Staff members interacted well with people who were unable to communicate verbally, and we saw that people responded well.

The staff who worked at the home received regular training and were knowledgeable about their roles and responsibilities. Appropriate checks took place as part of the recruitment process to ensure that staff were suitable for the work that they would be undertaking. All staff members received regular supervision from a manager, and those whom we spoke with told us that they felt well supported.

The home was meeting the requirements of The Mental Capacity Act 2005 (MCA). Information about capacity was included in people's care plans. Up to date Deprivation of Liberty Safeguards (DoLS) authorisations from the relevant local authority were in place to ensure that people who were unable to make decisions were not inappropriately restricted. Staff members had received training in MCA and DoLS.

People's nutritional needs were well met. Meals provided were varied and met guidance provided in people's care plans. Alternatives were offered where required, and drinks and snacks were offered to people throughout the day.

Care plans were person centred and provided detailed guidance for staff around meeting people's needs. Daily records of care were well written and easy to understand. However, we noted that staff members had failed to record the actions that they had taken to manage behaviours that were considered challenging. Where a person had been given medicines to reduce their behaviours, there was no record showing that staff members had followed the guidance in their care file to alleviate the need for such medication.

The home supported people to participate in activities throughout the week. People's cultural and religious needs were supported by the service and detailed information about these was contained in people's care plans.

There was a complaints procedure and family members that we spoke with told us that they knew how to make a complaint. The home's complaint's log showed that complaints were dealt with quickly and appropriately.

The care documentation that we saw showed that people's health needs were regularly reviewed. Staff members liaised with health professionals to ensure that people received the support that they needed.

We saw that there were systems in place to review and monitor the quality of the support provided by the home, and action plans had been put in place and addressed where there were concerns. Policies and procedures were up to date. To ensure that the home had opportunities to further develop the quality of service, we recommend that the provider seeks advice from a reputable source regarding current best practice in quality monitoring.

The registered manager engaged positively with people and staff members. Staff and family members spoke positively about the management of the home.

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. Up to date risk assessments and personal emergency evacuation plans were not always easily accessible to staff supporting people but this was swiftly addressed..

Medicines were otherwise well managed and the home had addressed recommendations made at a recent pharmacy audit.

Staff members had received training on how to safeguard people from abuse and understood their roles and responsibilities in relation to this.

Checks had taken place during the recruitment process to ensure that new staff members were of good character and suitable for the work that they would be undertaking.

Is the service effective?

Good

The service was effective. Staff members received the training and support they required to carry out their duties effectively.

The service met the requirements of The Mental Capacity Act.

People were supported to maintain good health and to access health services when they needed them.

People chose their meals and were provided with the support they needed to ensure that they ate healthily.

Is the service caring?

Good

The service was caring. People's family members told us that they were
satisfied with the care provided by staff.

We observed that staff members communicated with people using methods that were relevant to their needs.

Staff members spoke positively about the people whom they supported, and we observed that interactions between staff members and people who used the service were positive and caring.

People's religious and cultural needs were respected and supported.

Is the service responsive?

Good

The service was responsive. People's care plans were up to date and person centred and included guidance for staff to support them in ensuring that people's needs were met.

People were able to participate in a wide range of activities.

The service had a complaints procedure. Complaints had been managed in an appropriate and timely way.

Is the service well-led?

Good

The service was well-led. There were systems in place to monitor the quality of the service and we saw that these were evaluated with improvements made where required.

Family members told us that the home was well managed and staff members spoke positively about the management support that they received.

The registered manager was knowledgeable about people's needs. She was available to people who lived at the home, their family members and staff.

Matthew Residential Care Limited - 1 Milton Avenue

Detailed findings

Background to this inspection

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

This was a planned comprehensive inspection which took place on 6 and 11 October 2017. Our inspection was unannounced and was carried out by a single inspector.

Before the inspection the provider had completed a Provider Information Record (PIR). This is a form that asks the provider for key information about the service, what the service does well, and what improvements they plan to make. We also reviewed our records about the service, including previous inspection reports, statutory notifications and enquiries.

The people we met during our inspection were unable to communicate with us verbally or tell us how they felt about the service as they had complex needs such as autism or communication impairments. However, we were able to spend time observing care and support being delivered in the communal areas, including interactions between staff members and people who used the service. We also spoke with two family members. In addition we spoke with the registered manager, the quality manager, and two members of the care team. We looked at records, which included three people's care records, four staff records, policies and procedures, medicines records, and records relating to the management of the service.

Good

Is the service safe?

Our findings

A family member said, "I am happy that [my relative] is safely looked after." Another family member told us, "[my relative] has been there for some time. I don't have any worries about whether or not they are safe."

We looked at people's individual risk assessments. Risk assessments at the home were personalised and had been completed for a range of areas including people's behaviours, mental health needs, anxieties, health and mobility needs, and community participation. Guidance for staff around how they should manage identified risks was included in the assessments. However we found that some risk assessments contained in people's files had not been updated since 2015. The quality manager told us risk assessments had been updated, but that paper copies had been provided to social workers following recent placement reviews and had not been replaced in people's files. The quality manager told us that electronic copies of the risk assessments were held on a laptop computer which staff members did not have access to and during our inspection she was unable to locate these in order to print them out. This meant that staff members did not have access to the most recent risk assessments and risk management plans for people.

We spoke with the registered manager and quality manager about this. We were sent copies of up to date risk assessments subsequent to our visits and assured that paper copies had been placed in people's files.

People's medicines were safely stored. There was an up to date medicines policy and procedure. Staff members had received medicines administration training, which was confirmed by the staff members that we spoke with and the records that we viewed. However, we noted gaps in the medicines administration record (MAR) for one person. Although the person took their own medicines, they were stored centrally and given to the person daily. We noted that an audit of medicines by a pharmacist had taken place on the day before our inspection. The pharmacist's feedback recommended that these medicines should be recorded within the person's MAR. The registered manager and quality manager told us that this would now be done on a daily basis.

The home had an up to date procedure on the safeguarding of adults and this made reference to the local authority interagency safeguarding procedures. Staff members had received training in safeguarding and regular refresher sessions were arranged to ensure staff knowledge was up to date. Staff members that we spoke with demonstrated a good understanding of the signs of abuse and neglect and were aware of their responsibilities in ensuring that people were safe. We reviewed the safeguarding records and history for the service and saw that there had been no safeguarding concerns raised since our previous inspection.

The home environment was suitable for the needs of the people who lived there. We saw that there was sufficient space for people with mobility and sensory impairments to move around safely.

We saw from the service's staffing rotas and our observations of staff supporting people during our inspection that the provider had made appropriate arrangements to ensure that people received the support that they required. There was continuity of care from a stable staff team. During our inspection we saw that there were enough staff members on shift to ensure that people did not have to wait for support.

We looked at five staff files and noted that arrangements were in place to ensure that the home recruited staff who were suitable to work with the people whom they supported. Staff recruitment records included copies of identification documents, evidence of eligibility to work in the UK, two written references, application forms and criminal record checks. Policies and procedures were in place in relation to staff recruitment and the staffing records showed that these had been followed.

The service was well furnished, clean and well maintained. An annual environmental audit of the safety of the buildings had taken place. This included an action plan and we saw that the actions identified had been addressed. Health and safety records showed that safety checks for the home, for example, in relation to gas, electricity, fire equipment, and portable electrical appliances were up to date.

An annual fire risk assessment had taken place and the home maintained a record of regular fire alarm tests and fire drills. Personal emergency evacuation plans had been developed for people. However, these were held on computer and would not be accessible to staff members if an emergency evacuation of the home was required. The registered manager and quality manager told us that they would make sure that copies were put in people's files.

Good

Is the service effective?

Our findings

A family member told us, "I think the staff get training. They seem to know what's what. What's important is that they know the people well. [My relative] seems very happy there."

Staff told us that they had received an induction when they started working at the service. The induction included information about people using the service, policies and procedures and service specific information such as the fire procedure, report writing and the environment. The home maintained a record of staff induction training which was linked to the Care Certificate for new staff members working in health and social care services. We saw that all staff had received mandatory training such as safeguarding of adults, infection control, manual handling, epilepsy awareness and medicines awareness. The provider offered opportunities to take up care specific qualifications and we saw that a number of staff members either had these or were currently working towards achieving them.

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 so that they can 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.

The home's policies and procedures were consistent with the MCA Code of Practice for health and social care providers. Staff had received training in the MCA 2005 and demonstrated that they were aware of the key principles of the Act. We observed that staff members used a range of methods, including words, signs, pictures and objects to support people to make decisions. Information about supporting choice for people with limited or no verbal communication was contained in people's care plans, as was information about people's capacity to make decisions.

Applications had been made to the relevant local authority for DoLS to be put in place for people who lived at the care home to ensure that they were not unlawfully restricted. We saw that up to date DoLS authorisations were in place for the four people who had been assessed as being unable to make decisions. Staff members had received training in MCA and DoLS and understood their responsibilities in helping people to make safe choices. The registered manager told us that the home would always involve other professionals and family members if a decision had to be made in a person's best interests.

We looked at the menus in place for meals provided at the home. These showed that people were encouraged to eat a healthy diet. A staff member told us that sometimes people chose to eat food that was

not on the menu and that they always offered alternative choices. The daily records of people's meals showed that this was the case and that people ate a varied diet. People's dietary needs and preferences were recorded in their care plans, and we saw that the menus available to people reflected these. We saw a meal being prepared by staff members and noted that fresh produce was used to prepare meals from scratch. A family member told us, "I think they eat very well there."

The home ensured that people's health needs were met. We saw that regular appointments were in place, for example, with challenging behaviour services, as well as the GP and dentist. Staff members accompanying people to appointments had completed a record of what had been discussed and agreed at these appointment.

People's families were involved in their care and their feedback was sought in regards to the care provided to their relative. A family member said that, "They are quite good about telling me when there is something I need to know." Another family member told us, "I keep in touch with them all the time."

Good

Is the service caring?

Our findings

A family member told us that, "I think they are very caring. Some of the staff have been there for a long time and they know [my relative] well."

People were supported by staff members who treated them with dignity and respect. We saw that care and support was provided in a professional and friendly manner. People were given time to communicate and staff members checked with people that they understood anything that they said to them.

We saw that people appeared relaxed and comfortable with the workers who were supporting them. Staff members were familiar with the people they supported, and spoke with them about the things that were meaningful to them. We observed that staff member's used words and signs that people understood when communicating with them.

Staff members spoke positively about the people they supported. One staff member told us, "When people get challenging it's because they are frustrated. We don't always know why but there is probably a good reason. Our job is to help them to cope and we don't take it personally."

The service was sensitive to people's cultural, religious and personal needs. We saw that information about people's religious and cultural and personal needs were recorded in their care plans. Staff members accompanied one person to a relative's home every Sunday so that they could go to church with them. the quality manager told us that staff members would that other people were supported to access places of worship if they expressed a wish to do so. We saw that the home's menus included meals that met the cultural preferences of people. Information about important relationships were contained in people's care plans and the records showed that staff supported people to maintain these. This was confirmed by the family members that we spoke with.

Information was provided in easy read accessible formats. A staff member told us that most people living at the home were unable to read, but that staff would explain the information to them.

The registered manager told us that people could access advocacy services if required, and we saw that information about local advocacy services was available at the service. One person living at the home at the time of our inspection had an advocate.

Good

Is the service responsive?

Our findings

People and their family members were involved in assessments and reviews of their needs. A family member said, "We have been involved regularly and they let us know if there are any changes to [my relative's] needs."

Care plans were person centred, and contained guidance for staff in relation to meeting people's identified needs. They detailed people's personal histories, spiritual and cultural needs, likes and dislikes, preferred activities and information about the people who were important to them. Information about people's communication needs was detailed and ensured that staff members had clear guidance on how to ensure that people were enabled to communicate their needs effectively.

We looked at the daily notes of care for the people who lived at the home. These were well written and easy to understand. Although information about behaviours that were considered 'challenging' were contained within the notes, there was limited information about how these were managed by staff. For example, where the records showed that a PRN (as required) medicine was given to calm a person, there was no information showing if staff had taken action to try and reduce the person's anxieties before medicines were given. This meant that we could not be sure that staff members were always following guidance in relation to managing behaviour that was contained within the person's care files. However, the staff we spoke with during our inspection were able to describe how they managed the person's anxieties and behaviours and this reflected the guidance that we saw. The registered manager told us that she worked with staff members to improve the quality of report writing and that she would ensure that the importance of always recording actions taken was raised again with them.

People participated in a range of activities within the local community that included shopping, walks and meals out. One person living at the home was able to participate in community based activities independently. People's care documentation included individual activity plans and we saw that people participated in personalised activities. During our inspection four people were attending local day services. A fifth person had a one to one support worker and spent much of their day listening to music of their choice and playing games on their computer tablet. Staff members told us that, although the person had an activity plan, this was flexible according to what they wished to do on the day. The staff member who was supporting them spoke with them in an encouraging way, and although the person was unable to tell us if they were happy with the activities at the home, we could see that they were smiling and appeared happy with what they were doing. Records of activities, including how people were supported, were completed regularly for each person.

Family members were fully involved with the service, and we were told that regular visits were encouraged and supported. The family members that we spoke with told us that staff members regularly accompanied people to visit the family home.

The home had a complaints procedure that was available in an easy read format. A family member that we spoke with confirmed that they knew how to raise any complaints or concerns. Another family member told

us that they had complained in the past, "But I have no complaints now." The home's complaints' register showed that complaints had been managed appropriately, and that outcomes had been recorded.

Good

Is the service well-led?

Our findings

A family member told us, "The manager is very good." Another told us, "The manager has been unwell lately and she has been missed."

The registered manager was also a director of Matthew Residential Care Limited. They were supported by a quality manager, and the responsible person who was a co-director of the organisation. A senior care worker at the home also took on supervisory responsibilities and deputised for registered the manager in her absence.

People who lived at the home, their families and other stakeholders were asked for their views about the home on an annual basis. We saw that the most recent survey showed high levels of satisfaction. We also saw evidence that this feedback was evaluated by the registered manager and discussed with the staff team.

There were systems in place to monitor the quality of the support provided by the home and we saw that monthly safety and quality reviews had taken place. These included audits of medicines, health and safety and records. Where actions had been identified as a result of these reviews, we saw that these had been acted on and addressed. Although we found that there had been a failure to ensure that up to date information had been placed in people's care files we were satisfied that the provider would have identified this at the next monthly review of records. The gaps in a person's medicines administration records had been identified by a pharmacist who had undertaken an audit of medicines at the provider's request and we noted that actions were now in place to address this.

The quality systems at the home were effective and we were confident that the provider would have identified the issues that we found through their regular monitoring processes. However, to ensure that the provider takes opportunities to further develop the quality of service at the home,, we recommend that the provider seeks advice from a reputable source in current best practice in quality auditing.

We reviewed the policies and procedures.in place at the home. These were up to date and reflected good practice guidance. There was a process in place to ensure that staff members were required to sign when they had read the policies.

The staff members that we spoke with told us that they felt that the manager was supportive and approachable. They told us that the registered manager or the senior support worker was readily available if they needed any guidance or support. One staff member said, "I never feel that I have to wait to discuss anything that I am concerned about. I think that the management here is very good and supportive." The registered manager spent time with staff members and people who used the service, and they were knowledgeable about people's support and communication needs.

Minutes of staff team meetings showed that there were regular opportunities for discussion about quality and practice issues and people's support needs. Staff members told us that they valued these meetings. One staff member said, "We've all worked together for a while and we are a real team. We share information

and try to work out how to do things for people the best we can." The registered manager and quality manager told us that urgent information was communicated to staff immediately, and the staff members that we spoke with confirmed that this was the case.

Records maintained by the service showed that the provider worked with partners such as health and social care professionals to ensure that people living at the home received the support that they required. Information regarding appointments, meetings and visits with such professionals was recorded in people's care files.