

Selwyn Care Limited

Matson House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection was unannounced and took place on 17 and 18 August 2017. Matson House is a residential care home and provides accommodation and personal care for up to 12 people with learning and physical disabilities. At the time of our inspection there were 11 people living at the home. The people living at Matson House had a range of support needs.

The last comprehensive inspection of the service was on 21 and 22 September 2016 and there was one breach of Regulation 18 Staffing at that time. We found that there were not sufficient members of staff to keep people safe and meet their needs and staff were not being supported effectively. Staff had also not always received supervision and appraisals. At this inspection we found improvements had been made and the provider was now meeting this regulation.

There was no registered manager in post. A manager had been responsible for the service since July 2017 who was applying to become a registered manager at the home. 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 responsibilities for meeting the requirements in Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was the subject of on-going monitoring by the local authority. This was because when they visited in 2016, they found that the service required improvement. An action plan was put in place with specific actions required and a timeline for this. This was still in progress during our inspection.

The new manager who is to become registered with CQC had commenced employment in the role in July 2017. A senior manager had been overseeing the service since March 2016 and making positive progress with the local authority service improvement plan.

Our inspection identified areas where improvement was required such as; systems to ensure staff training is up to date and not expired and to ensure people's care records were up to date. The manager and provider had governance systems in place to monitor the quality of the service provided. However, these systems had not identified the concerns we found around the monitoring of staff training and had not ensured people's records were always up to date. We made a recommendation regarding the recording of people's goals, targets and outcomes.

Risk assessments were implemented and staff knew how to keep people safe.

Medicines were stored appropriately and people were given their medicines as prescribed. Systems were being reviewed and more regular medication audits were planned.

People were receiving effective care and support. Staff received training which was relevant to their role. Staff received regular supervisions and appraisals. The service was adhering to the principles of the Mental

Capacity Act 2005 (MCA) and where required the Deprivation of Liberty Safeguards (DoLS).

The service was caring. We observed staff supporting people in a caring and patient way. Staff knew the people they supported well and were able to describe what they liked to do and how they wanted to be supported.

Staff told us there was an open culture and the environment was an enjoyable place to work. Staff felt integral to the process of providing effective care to people. Management and care staff had a good understanding of people's needs and wishes and communicated effectively to support them. Where it was clear people's needs had changed, the manager worked with the person, their families and health professionals to check if the support needed had changed.

There were some positive comments from relatives and health professionals about the care provided and the staff who cared for their family members. Relatives used words such as 'Caring' and 'Great'.

The daily notes had a section for targets and goals to promote independence and improve the quality of their lives. These were all blank and we were unable to see any records relating to targets and goals. We recommend that the provider ensures that records are available to document people's goals, targets and outcomes.

The service was responsive to people's needs. Support plans were person centred to provide consistent, high quality care and support. People and their relatives were able to raise concerns and were listened to.

The manager and staff had promoted a culture that put people at the centre of the work they did. The service's values centred on people's needs and wishes. Staff understood the provider's objectives of maximising people's life choices, promoting dignity and supporting people to develop life skills.

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 abuse. Staff had received safeguarding training and there were policies and procedures in place to advise staff on what to do if they had concerns.

Medicine administration and storage were safe systems were in place to identify medicine errors and these were being reviewed

Risk assessments had been completed to reflect current risks to people.

There were sufficient staff with the time and knowledge to meet the needs of people. There were robust recruitment procedures in place.

Is the service effective?

Good ●

The service was effective.

Staff were aware of the principles of the Mental Capacity Act 2005 and people's rights were protected through the use of the Deprivation of Liberty Safeguards (DoLS).

People received good support to meet their healthcare needs. People were provided with a varied and healthy menu and food and drink that met their individual requirements.

Staff received appropriate training and on-going support through regular meetings with a team leader or manager.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect. People and their relatives expressed great satisfaction with the care they received which was consistent and matched to their specific needs.

People were supported to access the community and were encouraged to be as independent as possible. People were

supported to maintain contact with family and friends.

We received positive feedback about the support provided from people living at the home and their relatives and health professionals.

Is the service responsive?

The service was not always responsive.

Staff delivered care in a person centred way and were clearly responsive to people's needs. People were supported to follow their preferred routines and take part in meaningful activities. However, people's daily notes did not always record their goals and outcomes.

The service had a robust complaints procedure.

People and their families were involved in the planning of their care and support.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

A comprehensive range of audits to monitor the quality of the service was in place; however systems were not always effective in identifying when staff training required updating or to ensure people's records were always up to date.

There was a strong commitment to deliver personalised care and continued improvement. The service was continually striving to improve.

Staff, relatives and health professionals were all positive about the manager and the changes that had taken place recently.

Requires Improvement ●

Matson House

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.

Prior to the inspection, we looked at information about the service including notifications and any other information received from other agencies. Notifications are information about specific important events the service is legally required to report to us. We reviewed the Provider Information Record (PIR). This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

The inspection took place on 17 and 18 August 2017. This was an unannounced inspection, and was carried out by two adult social care inspectors.

As part of our inspection we spoke with four care workers, two team leaders and four relatives. We spoke with, or had feedback via email from three health and social care professionals. This included the Local Authority who had carried out a quality review before our inspection.

During our visit, we briefly spoke to two people using the service. Because we were unable to speak to everyone because of their communication or learning disabilities we spent time observing what was happening at the home.

We looked at the care records for five people living at the service, eight staff personnel files, organisational records, staff rotas and other records relating to the management of the service.

Is the service safe?

Our findings

People's medicines were generally managed safely; however we found one medicine error regarding the recording of medicines on the day of our inspection. A senior manager told us that audits would now take place every other day rather than weekly for a period of time to ensure consistency. People's medicines were stored safely and given as prescribed. Staff had been trained in the safe handling, administration and disposal of medicines. There were procedures in place for recording any medicine errors. There had been four errors in the previous 12 months. These were clearly documented with outcomes. One staff member who made an error with medicines had extra support and a competency check to ensure they fully understood the procedures. This was clearly documented and showed the service had taken steps to reduce the risk of errors with medicine administration. There were clear guidance for staff on how to support people to take their medicines. One person's support plan said, 'I like to take my medicine with a glass of water'.

New employees were appropriately checked through robust recruitment processes to ensure their suitability for the role. Records showed us staff had a Disclosure and Barring Service (DBS) check in place. A DBS check allows employers to see if an applicant has a police record for any convictions that may prevent them from working with vulnerable people. We looked at records for eight staff which evidenced they had been recruited safely.

Staff had been provided with training on how to recognise potential abuse and how to report allegations and incidents of suspected abuse. Policies and procedures were available to everyone who used the service. Staff confirmed they attended safeguarding training updates. The manager and staff recognised their responsibilities and duty of care to raise safeguarding concerns when they suspected an incident or event that may constitute abuse. Agencies they notified included the local authority, CQC and the police. One person named particular staff members who they would go to with a problem. One staff member said, "There is information in the office that tells us how to raise a concern" and another told us "The manager will definitely take action if we shared any concerns with her". A senior manager completed competency checks on staff regularly to ensure they know what safeguarding is and how to raise concerns.

At our previous inspection there was a breach of Regulation 18 Staffing and there were concerns about the high use of agency staff and staff morale being low. During this inspection we found that rota's had changed and the provider were using much less agency staff. The number of staff needed for each shift was calculated using the hours contracted by the local authority. Staff told us that before the acting manager started at the service there had been instances when staffing levels had been low. This resulted in people not having the one to one care they required. Since then, staff had been recruited and this was on-going. In the meantime, agency staff were being used. Staff told us there had been an improvement in the support they provided since staffing levels returned to the required level. Some people needed additional one to one support either in their home or to access the community, where this was the case this was provided for them outside the normal staffing levels. There was a system in place to ensure people would receive support in an emergency through a 24 hour on-call duty manager.

People were supported to take risks to retain their independence; these protected people and enabled

people to maintain their freedom. We saw individual risk assessments in people's support plans such as; travelling alone, community access and using household appliances. The risk assessments we saw had been regularly reviewed and kept up to date. Each risk assessment gave a description of the risk, measures in place to minimise risk, required measures to lower the risk and a nominated person who would manage the risk. Staff told us they had access to people's risk assessments and ensured they followed the guidance in them. We did identify that one person was at risk of scalds from drinking hot cups of tea and coffee. We saw that staff knew about this risk and took appropriate action to keep the person safe when they reached for other people's drinks. However there was no written risk assessment for this person about these risks. A senior manager assured us that this would be completed.

Following safety incidents staff documented what happened, this included any intervention to support people with their behaviour to ensure there was a written record so that the manager could review the incident. Records showed the manager had reviewed all incident records and assessed if any further action was required. Following incidents people's care plans were updated if needed and they had been referred to mental health professionals as needed.

Health and safety checks were carried out. Fire checks and fire evacuation drills had taken place. There were policies and procedures in the event of a fire and each person had a personal emergency evacuation plan (PEEP) to ensure their support needs were identified in an emergency situation. These were placed in a 'grab bag' which would be easily accessible in an emergency. One person's PEEP stated that they had refused to leave the building during a recent fire drill. Staff had identified that if they asked the person to collect their shoes as a prompt then they would leave. Records had been updated with this information. From our observations, it was evident there were sufficient food safety practices at Matson House. There were different coloured chopping boards used for different foods to minimise the risk of cross contamination. We were also shown records of fridge and freezer temperatures which had been recorded daily.

Is the service effective?

Our findings

Most staff had been trained to meet people's care and support needs however there was no system in place to identify staff training that had been completed, what was outstanding and when this was due to be completed. A senior manager told us this would be implemented. Although staff had completed all mandatory training there were some staff that needed refresher training in some areas. The staff we spoke with felt they had received good levels of training to enable them to do their job effectively. Training records showed staff had received training in core areas such as; safeguarding adults, health and safety, first aid, food hygiene and fire safety. Other training courses available to staff included areas such as; autism, managing diabetes, infection control and mental health.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met. The 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 people lack the mental capacity to make 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). A DoLS assessor had visited the service in July 2017 and said, "Staff are very warm and friendly. They approach service users with compassion and genuinely appear to care for their well-being".

The provider had policies and procedures in place regarding the MCA and DoLS. Everyone's mental capacity had been assessed and records confirmed this. DoLS applications had been made appropriately for some people and the registered manager was awaiting further contact from the local authority regarding the outcomes.

All care staff completed an induction programme at the start of their employment. This included information on the aims and objectives of the company, policies and procedures, health and safety and how to support individuals effectively. The manager told us all new staff were required to complete the Care Certificate. This is a nationally recognised qualification taken from the Care Act 2014 and is based upon 15 standards health and social care workers needed to demonstrate competency in. A probationary review of newer members of staff was completed after six months of employment. Shadow shifts were undertaken for newer members of staff so that they could observe and learn from more experienced members of the team.

At our previous inspection we found staff had not received sufficient supervision and appraisal. At this inspection we saw improvements had been made. Staff received supervision and an annual appraisal which enabled the registered manager to formally monitor staff performance and provide staff with support to develop their skills and knowledge. Supervisions are one to one meetings care staff has with their line manager. This was to ensure people continued to receive high standards of care from staff that were well trained. Staff had supervision every other month and records showed that these had all been completed.

One staff member said "I have never had such a good induction before. I was given enough time to get to know people before I had to work with them by myself" and another told us "We have received regular training and we are having supervision again."

People's care records showed relevant health and social care professionals were involved with people's care; such as GPs, dentists and opticians. We saw people's changing needs were monitored and changes in health needs were responded to promptly. In each care and support plan, guidance for staff was clearly recorded for staff to follow with regard to supporting people to attend appointments and other specific information for keeping people healthy. People had input from the Community Learning Disability Team (CLDT) and Independent Mental Capacity Advocate (IMCA) and the advocacy service, who are individuals, not associated with the service and were used to support people if they were needed. An Occupational Therapist told us "We have waited a long time for one person to have their bathroom adapted for their changing needs. This has recently been done".

People had health care plans in place to support them to manage their specific health conditions effectively. For example, there were emergency plans in place for people who lived with epilepsy. Staff were clear about the action they needed to take when two people experienced prolonged seizures. They told us people's epilepsy care plans were being reviewed with the specialist community nurse to ensure they accurately reflect current emergency medicine procedures.

People were happy with the support they had to eat and drink. This support varied depending on people's individual circumstances and contract arrangements. People and relatives gave positive feedback about staff supporting them to eat a healthy and well balanced diet. During our inspection one person asked a team leader who would be supporting them to cook that evening. The team leader gave the person two choices of care staff and the person chose one. The person said "I am well happy with them helping me, they are a great cook". Staff were aware of people at risk of choking and we saw they received their meals in accordance with their speech and language therapy guidance.

Is the service caring?

Our findings

People and relatives gave us positive feedback about the staff employed by Matson House. Two people who could express their preferences told us "Yes" and gave us a thumbs up when we asked them if they liked their staff. Relatives gave us positive feedback about the staff and used words such as 'Caring', 'Great' and 'Consistent'. One relative said, "I'm quite happy about the care [The person] really likes the staff".

Interactions between people and staff were good humoured and caring. Staff spoke with kindness and affection when speaking about people. Staff were able to describe people to us in a very detailed way and knew people well. Their descriptions included details about people's care needs, as well their personal histories, why they were living at Matson House and specific details about their likes and dislikes.

Staff told us they enjoyed their job and were enthusiastic about providing good quality care and celebrated people's achievements. Staff were passionate about supporting people to maximise their abilities. Their comments included "It is very exciting when people achieve something they have been working at for a long time, like making their own breakfast" and "It is satisfying when you see people have had a good day".

We saw a staff member supporting one person to eat with sensitivity and tenderness, ensuring they supported the person to eat at their pace. Staff kept people company while they were eating to make it a more social occasion and encouraged people with consideration and patience to use their spoons and cups independently.

People's individuality was recognised by staff and people were supported to make day to day decisions that reflected their preferences. We heard a staff member offering a person an activity and respecting their choice when they declined and indicated they would rather not do anything. When people chose to be alone in their room staff respected the way they chose to spend their time. People's weekly activity plans reflected the activities they chose to do. Staff told us it was important to support people to enjoy their activities and we observed staff explaining to a person what the plans for the day was and if they had everything they needed for their walk.

Staff told us how they were given time to build relationships with people and get to know their preferences. One staff member told us "We have a lot of one to one time with people so we get to know them well". We observed staff sitting with people, chatting and laughing with them. We saw staff did not rush people and took time to understand what they wanted to say and how they wanted things done.

Staff understood people's communication needs and how to support people to make their wishes known. For example, the service used pictures to illustrate which staff would be working on each shift and to let people know who will be providing their one to one support. Some people who could not communicate effectively by speaking used their own signs to communicate to staff. We saw staff were confident when interpreting people's individual signs and we saw people smile and laugh when staff understood they wanted a cup of tea or something to eat. There were pictures on people's clothes' drawers so that they could independently find their clothes and contribute to managing their laundry.

People were treated with dignity and respect by staff. Staff explained to us that an important part of their job was to treat people with dignity and respect. One staff member told us "We always ensure people's doors are closed and they have their privacy". Our observations confirmed that staff respected people's privacy and dignity. Staff used people's preferred names and spoke with them in a kind and patient manner. If people required support with personal care tasks this was done discreetly and we saw people's medicines were administered in private.

The registered manager informed us people, relatives and their representatives were provided with opportunities to discuss their care needs during their assessment prior to, and when moving to Matson House. Relatives told us they had been consulted and had been able to discuss their views with the service. The manager also stated they used evidence from health and social care professionals involved in the person's care. Examples of the involvement of family and professionals were found throughout people's care files in relation to their day to day care needs.

Is the service responsive?

Our findings

Each person had a support plan and a process in place to record and review information. The support plans detailed individual needs and how staff were to support people. Each support plan gave staff guidance to support people in specific areas, such as; personal care, communication, mobility, support needs and included a one page profile including likes and dislikes. One person liked to watch You Tube videos and listening to music and the same person disliked dogs and loud noises. This gave staff the information to be able to support people effectively.

People's support plans documented what triggers could impact upon their mood. Staff understood who could present with behaviours which could challenge staff and how to intervene to ensure the person's safety and that of others. Staff understood the triggers for people's behaviours and were mindful of the need to closely observe people and to intervene before an incident occurred where possible. For example, one person could become agitated. At times staff diverted the person's attention and re-focused them on something different. On other occasions staff were able to give them clear and simple information about what was going to happen when they were getting anxious about waiting to go out. Staff were responsive and flexible when supporting people with their behaviour and took account of each individual's situation and the level of risk to people.

Where people's daily notes had been completed these contained information around what support had been provided to people, what they had to eat and drink and any activities they had taken part in. This gave staff a good overview of how people were feeling and if any emotional support was needed. If people were feeling anxious or upset this was clearly documented. However, daily notes were not always filled in and had lots of gaps. The daily notes had a section for targets and goals to promote independence and improve the quality of their lives. These were all blank and we were unable to see any records relating to targets and goals. This meant that there was no evidence that staff were supporting people to meet their aspirations or activities, for some people this was important so as to support them to manage their anxiety and boredom as well as behaviour.

We recommend that the provider ensures that records are available to document people's goals, targets and outcomes.

People's needs were assessed before they moved into the home. This assessment was used to form the basis of the person's care plan. People had a written plan of their care which reflected their needs and choices, and that these needs were met. We saw that care plans recorded people's history and their diverse needs, for example personal care needs, eating, drinking and the behaviour support they might need. This information gave guidance to staff on how their needs could be best met. We saw people's support reflected their preferences. For example, staff had put together a snack box for one person with the healthy snacks they liked to support them to make healthy food choices.

Reports and guidance had been produced to ensure unforeseen incidents affecting people would be well responded to. For example; if a person required an emergency admission to hospital, each care file contained a hospital passport. This contained information such as; current medication, support needs and

any behaviour that may challenge. These were colour coded to support hospital staff. One person's passport said, 'I cannot communicate my needs verbally but I can show you what I need by leading you and gesturing'.

People benefited from a stable staff team and some staff had been working at the service for some years. Staff knew people well, understood their needs and they received care in line with their individual wishes. Relatives were given the opportunity to be involved in planning people's care and attended an annual care review. We saw for one person an Independent Mental Capacity Advocate (IMCA) had been instructed to support one person to plan their care. IMCAs are mainly instructed to represent people who lack capacity to make important decisions where there is no one independent of services, such as a family member, who is able to represent the person.

Staff confirmed any changes to people's care were discussed regularly through the use of the shift notes and handover checklists in place to ensure they were responding to people's current care and support needs.

People were supported to participate in a range of social and leisure activities in line with their personal interests. These included activities to stay healthy like walking and visits to the local gym. Social activities included trips out, going to the cinema and social events. One staff member told us "It is very exciting that we are planning at supporting people to go on holiday". The staff team worked flexibly and supported people with activities in the service when they could not go out. The service ensured staff were employed that could drive so that people could attend their chosen activities. The provider was making improvements to the recording of people's daily activities to evidence what people had done and look at patterns and trends.

People did not have regular house meetings due to their communication difficulties but had keyworker sessions to voice any concerns or discuss their care and support. Staff and family meetings were held regularly. The manager had introduced family meetings where family members were invited to discuss the care and support provided at the service. We were told these had been successful and relatives told us these were important. Staff team meetings were being held regularly and minutes were available for those staff who could not attend.

Complaints were managed well. There was a complaints policy in place which detailed a robust procedure for managing complaints. When looking at the records, it was evident complaints had been dealt with appropriately and there had been learning from complaints.

Is the service well-led?

Our findings

Since the last full inspection of the service in November 2016, there has been a change in the management of the service. The previous home manager applied to cancel their registration in January 2017 and the new manager started their employment in July 2017. Although significant improvements have been made, insufficient time had passed for us to judge that they have been fully embedded and sustained. This was taken into account when rating this domain.

There had been changes of management and staff since our last inspection and although regular quality audits were taking place we found systems were not always in place to identify shortfalls or missing information. For example, one staff member's training records were incomplete and this had not been identified by the management team. One medicine error had been identified on the first day of our inspection and one person did not have a risk assessment for scalding when drinking hot tea or coffee. Two people's emergency epilepsy plans were not up to date. When we informed the provider and new manager about these issues the new manager took action to introduce more regular audits and to update the relevant care records. Time was needed for these revised practises to be embedded.

The home did not have a registered manager at the time of our inspection. The new manager who is to become registered with CQC had commenced employment in the role in July 2017. A senior manager had been overseeing the service since March 2016 and making positive progress with the local authority service improvement plan. Records showed us a quality audit from the improvement plan that had been completed in May 2016 and that all support plans and risk assessments had been reviewed and updated. All policies had been updated and were available to staff. The manager told us that they were striving to make further improvements in order to no longer being monitored by the local authority and that the changes in management and a consistent staff team would enable them to do this.

Staff were all highly complimentary of the new manager and their leadership. Their comments included "She is very hands on and approachable", "She gives us clear direction and I have a better understanding of my responsibilities" and "She is always open to hearing our views". Staff also told us the senior care workers/team leaders provided clear direction on each shift and were always available to offer guidance and support.

Staff described a culture change since the new manager came in post and told us "We are again working together as a team" and "She made sure people can come into the kitchen and go out more often." The manager and staff had promoted a culture that put people at the centre of the work they did. The service's values centred on people's needs and wishes. Staff understood the provider's objectives of maximising people's life choices, promoting dignity and supporting people to develop life skills. Throughout our inspection, the registered manager and staff demonstrated they worked in a manner consistent with these values. Staff were committed to the service and were positive about the quality of care provided to people and their involvement in the service. Staff comments included; "It is always about people having a good day and letting them take control of their lives" and "We have to make sure people develop their skills." .

We were unable to speak with people using the service about the managers due to their communication difficulties. There was mixed feedback from everyone we spoke with regarding the management of the home. One relative said, "There are lots of changes, so many that it's hard to know who to go to". Another relative said, "Communication has been good. We had a meeting recently with the new 'acting manager' and some other senior staff and it was good. We feel they are keen to support now".

The organisational records, staff training database and health and safety files were organised and available. Policies and procedures were in place and easily accessible. Guidance documents for staff were detailed and were kept all in one place making it easier for them to be accessed.

The manager felt fully supported by the provider and senior management team who would visit the service and quality assure their systems, processes and records regularly. The manager told us that they had a clear line management process and that they could contact senior managers if needed and they would support them.

Feedback from health professionals and relatives was actively encouraged. A senior manager told us that a professional feedback form had been introduced. We were told this was a way to gain feedback about their experience at Matson House and to find areas to further improve the service.

From looking at the accident and incident reports, we found the manager was reporting to us appropriately. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service. Incidents and accidents were analysed to identify themes or trends so that preventative action could be taken.