

Selwyn Care Limited

# Matson House

## Inspection report

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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: Matson House is a residential care home that was providing personal and nursing care to 12 people at the time of the inspection. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. There were eight people living at the home at the time of our inspection. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People's experience of using this service:

- People received a service which was responsive to their needs and support requirements.
- Family members spoke positively about the care their relatives received at Matson House. One relative spoke fondly about their relative living at the home and said, "I can't think of a better place for him to be." They complimented the caring nature of staff and managers. All the relatives felt that people were treated with dignity and respect.
- Staff treated people equally and ensured they maintained relationships with those who were important to them.
- The home was actively recruiting new staff which meant people were now being supported by a consistent staff team who were familiar with their needs.
- Improvements had been made to the recording of people's care and support needs and the daily records of their physical, social and emotional well-being to ensure they were personalised and reflected people's needs.
- People's care plans provided staff with the information they needed to support people. New and detailed behavioural management plans were being implemented to provide staff with additional guidance.
- People were supported where possible to have maximum choice and control of their lives. Where people were unable to provide consent to their care and support, staff acted in people's best interests, based on their knowledge of people's preferences.
- Effective systems were in place to manage people's medicines.
- Staff worked with specialist health care professionals to ensure their care practices were current and people received appropriate support.
- Staff told us they worked well together as a team and felt trained and supported to carry out their role.
- There were sufficient numbers of staff available to ensure people's safety and well-being.
- New staff were suitably vetted before they supported people.
- Staff understood their responsibility to report concerns, accidents and poor practices.
- Systems were in place to identify shortfalls in the service and drive improvement.
- People and their relative's views were valued and acted on if any concerns had been identified.
- The registered manager understood their regulatory duties to ensure people received a safe and effective

service.

The service met the characteristics of Good in all areas. More information is in 'Detailed Findings' below.

Rating at last inspection: Requires Improvement (Last report was published on 17 October 2017)

Why we inspected: This was a planned inspection based on the previous rating at the last inspection.

Follow up: At this inspection we have rated the service as Good. The rating of this inspection and the information and intelligence that we receive about the service will determine the timeframe of our next inspection.

## 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 findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# 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 checked 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.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Matson House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager registered with the Care Quality Commission. 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:

This inspection was unannounced.

What we did:

Before the inspection we reviewed 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. We also reviewed other information we held about the service as well as previous inspection reports and notifications we had received from the service. Notifications are information about important events that the service is legally required to submit to CQC.

During the inspection we spent time walking around the home and observing how staff interacted with people. We spoke with one person and looked at the care plans and associated records of three people. We also spoke with one care staff, a shift lead, a team leader, the registered manager and a representative of the provider. We also spoke to an aroma therapist who visited the home on a regular basis.

We looked at staff files relating to their training and personal development as well as the provider's recruitment procedures. We reviewed a range of records including accident and incident reports and other records relating to the monitoring and management of the home. We spoke with three relatives by telephone after the inspection.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm

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

### Systems and processes

- ☐ Systems and processes were in place to protect people from harm and abuse.
- ☐ Staff were clear about their role in safeguarding and protecting people from harm and abuse and where they should report any concerns. They were aware of the provider's whistleblowing telephone numbers to report any concerns or wrong doings.
- ☐ Staff were confident that any concerns raised to the managers would be acted on.
- ☐ Records showed that staff had received safeguarding training. This was confirmed by staff.
- ☐ Relatives told us they felt their family members were safe living at Matson House. We received comments such as: "I would know if he was unhappy at Matson House. He is always happy to go back when he visits us."
- ☐ Risk assessments and systems were in place to safely store and account for people's monies to reduce the risk of financial abuse.

### Assessing risk, safety monitoring and management

- ☐ Risks to people were managed in accordance with their needs. People's individual risks associated with their health, emotional well-being and support requirements had been identified and assessed.
- ☐ Management plans were in place, which gave staff guidance on people's level of risks, their support needs and the actions staff should take to help mitigate these risks. For example, care records provided staff with direction on how to support people who were at risk of choking on their food or who may become agitated or upset in a noisy environment.
- ☐ Detailed behaviour management plans were being implemented for each person. The plans would provide staff with information about people's triggers or signs which would indicate that they were becoming upset. Staff had a good understanding of the strategies needed to help de-escalate incidents and used these with effect.
- ☐ Staff had recorded all accidents, incidents or near misses where people had exhibited behaviours that had challenged themselves or others. The registered manager analysed the incident reports to identify any patterns in behaviour or events, which could lead to an escalation in behaviours if not appropriately managed. For example, the registered manager had identified that one person had become increasingly agitated. From their observations they determined the person was possibly suffering from toothache. They arranged for an oral examination and the person subsequently had a tooth extracted. We were told that the person was now progressing well with a significant reduction in their behaviours and emotions.
- ☐ Least restrictive environmental control measures were put into place to ensure the safety of people and others when needed. For example, some people had restricted access to the kitchen when meals were being prepared.
- ☐ Each person had a personalised emergency evacuation plan in place. People's evacuation plans were

being reviewed to ensure a night-time evacuation could be undertaken safely when less staff were available.

#### Staffing levels

- ☐ There were sufficient numbers of staff to keep people safe and support them with their personal needs and activities.
- ☐ Where there had been staff shortages; regular bank staff or agency staff had been used to support people. The deputy and registered manager was also on hand to provide additional support as required.
- ☐ The provider had employed a staff member to solely focus on the recruitment and retention of staff. This had helped to recruit and establish a permanent staff team. Staff reported there were less agency staff being used to support people.
- ☐ Two relatives commented about the turnover of staff but felt that the staff team had stabilised and that all the staff were knowledgeable about their family member. One relative said, "The home has had a lot of changes in the staffing and managers but things have settled down recently."
- ☐ People were protected from being cared for by unsuitable staff because there were robust recruitment processes in place. Records showed that necessary employment, criminal and medical checks had been carried out. The registered manager was considering alternative ways of demonstrating that new staff were of good character when their references did not provide them with adequate information about their character.

#### Using medicines safely

- ☐ Appropriate arrangements were in place to ensure people's medicines were managed and administered according to their needs.
- ☐ People's medicines care plans provided staff with the information they needed to ensure people were administered their prescribed medicines.
- ☐ A clear system was in place to ensure people were given their medicines in time by staff who had been trained and assessed as competent in the safe management of medicines.
- ☐ Prescribed medicines were suitably stored in people's bedrooms and accounted for to reduce the risk of inappropriate use.
- ☐ Systems had been reviewed and amended when medicines errors had occurred.

#### Preventing and controlling infection

- ☐ People lived in a home which was clean and well maintained.
- ☐ Staff wore personal protective clothing such as disposable gloves to help reduce the risk of cross contamination.
- ☐ Systems were in place for the staff to maintain the cleanliness of the home and manage people's laundry. People were encouraged to take part in these activities.

#### Learning lessons when things go wrong

- ☐ The registered manager and staff reflected on incidents to help identify areas that could be improved on and to prevent incidents reoccurring. For example, a clear system of who was responsible for people's medicines, on each shift, had been put into place as a result of some medicine errors earlier in the year.
- ☐ Incidents relating to people's behaviours and possible triggers were regularly reviewed and reflected on to identify if there were changes in people's well-being or ill-being.



# Is the service effective?

## Our findings

Effective – this means 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 had been assessed effectively and care was being delivered in line with current evidence-based guidance and best practices.
- ☐ People's support requirements were continually monitored to identify any changes in people's well-being or ill-being.
- ☐ Staff training had been embedded in practices. For example, one staff member confirmed this when they described how they would act if they were supporting a person who may become agitated.

Staff skills, knowledge and experience

- ☐ People were being supported by staff who had been trained to carry out their role and to meet people's needs.
- ☐ Relatives told us they felt confident in the skills and knowledge of the staff. One relative said, "Yes I am confident that the staff are trained to do their job."
- ☐ The registered and deputy manager ensured new staff received induction training in line with the standards set out by the provider and the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- ☐ Staff training was monitored and records showed they were booked on refresher training as required.
- ☐ Additional and specialist courses were also attended by staff to ensure they had the skills to support people with complex physical and emotional needs such as epilepsy and behaviours which challenge.
- ☐ Staff told us they felt supported by the managers and senior staff and were encouraged with their professional development. Plans were in place for all staff to receive a themed supervision on supporting people with specific sensory needs.

Supporting people to eat and drink enough with choice in a balanced diet

- ☐ People were supported to maintain a well-balanced diet and make healthy choices. For example, one person who had diabetes and enjoyed a beer was encouraged to have a local calorie alcohol free beer.
- ☐ Staff knew people well and were aware of their meal and food preferences. For example, they recognised the signs in that people who were unable to verbally communicate, were becoming thirsty or hungry.
- ☐ People's specialised diets had been recorded, reviewed and were catered for appropriately. For example, staff had sought advice from the speech and language team for those people who were at risk of choking.

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

- ☐ Since our last inspection, parts of the home had been redecorated and refurbished.

- People were supported to personalise their own bedrooms with pictures and objects of their choice. We were told that the bedrooms for some people had been adapted to meet their sensory needs, for example, minimal decoration to support the management of their risks.

Staff providing consistent, effective, timely care within and across organisations.

Supporting people to live healthier lives, access healthcare services and support.

- Staff sought advice and support from other staff in the organisation. Senior managers and on call arrangements were available to provide additional support when needed.
- People had access to healthcare professionals such as GPs, speech and language therapists as well as support from specialist learning disability teams as required. People were supported to attend their appointments.
- People had health action plans in place which recorded and monitored their health care appointments, professional input and recommendations. The outcomes and recommendations from their health care appointments were recorded and informed people's care plans.
- Relatives confirmed that they were always informed by staff if there were any changes in people's well-being or ill-being and if there had been any incidents relating to their relative.
- People had hospital passports in place which provided hospital staff with key information about people's communication and support needs and their preferences.
- Staff supported people to access alternative therapies to help manage their emotions and physical well-being.

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

- Where possible staff supported people to be involved in daily decision making and in the care they received at Matson House. Staff provided people with information in a format they could understand to help with this. For example, picture format.
- We saw staff supporting people to make daily decisions, such as what they wanted to drink or what home-based activities they wanted to carry out.
- One person had been involved in the writing and wording off their care plan and had signed their care plan to confirm their involvement.
- Records showed that people's consent to care and treatment was sought in line with legislation and guidance. Where appropriate people's capacity to provide consent was assessed. When people lacked mental capacity best interest decisions had been made on their behalf. These were documented and showed that less restrictive options had been considered.
- There was recorded evidence that advice and support had been sought from health professionals and advocates when required.
- Staff remained knowledgeable about the Mental Capacity Act and were able to explain how they applied it when supporting people to make decisions.
- People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had applied to the local authority for authorisation to continually supervise and monitor some people. This authorisation was monitored by the registered manager.

# Is the service caring?

## Our findings

Caring – this means 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

- ☐ Where possible, people were involved in decisions about their day to day lives and decisions about their care and support.
- ☐ Staff knew people well. They were able to describe people's support requirements and preferences.
- ☐ Most people preferred daily routines and to carry out regular and familiar activities. Staff were aware of the approach they should take to support people and help reduce triggers which may exacerbate people's emotions.
- ☐ Staff used creative ways to help people to reduce their anxieties, such as singing to them or going for a walk in the gardens.
- ☐ We heard many positive and calming interactions between people and staff. Staff provided people with positive and calm instructions in a manner which helped them to maintain their emotional well-being.
- ☐ Staff were compassionate towards the people they cared for and provided opportunities for them to progress in the emotional well-being and levels of independence.

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

- ☐ Staff gave people time to talk and move around the home at their own pace. They provided people with reassurance if they became upset. For example, staff provided an explanation to a person, which reassured them, when they requested to see an ex staff member.
- ☐ Most people preferred to have structure to their day and staff were aware of the approach they should take if unexpected changes to their day needed to be made to help reduce people's anxieties.
- ☐ The team leader told us that key worker staff gained feedback from individual people about their views and experiences of living at Matson House.

Respecting and promoting people's privacy, dignity and independence

- ☐ People's privacy and dignity was respected by staff. They gave people opportunities to spend time by themselves as well respecting their need for privacy when supporting people with their personal hygiene needs.
- ☐ We saw staff knocking on people's doors before entering and waiting to be invited in. One member of staff said, "This is their home. As staff, we respect that. We can't just barge in."
- ☐ The service was committed to ensure people were treated equally and their views were valued and acted on. Staff supported people to express their diverse and individual preferences and needs. Where possible the service provided access to local events to enhance social activities for people and be involved in the local community.

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs.

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

How people's needs are met

Personalised care

- ☐ People who lived at Matson House had complex emotional needs and could display behaviours that may challenge others or put themselves or others at risk.
- ☐ Staff had a good understanding of people's care needs and how to support them in a responsive and effective manner to help people manage their emotions. People were provided with support and care which had been tailored to their needs
- ☐ Staff were aware of people's individual communication needs and how people uniquely expressed their views, likes/dislikes and choices.
- ☐ People's care plans reflected their support needs and preferences. They provided staff with the information they needed to support people and understand situations, which may trigger behaviours and anxieties, as well as information about people's health and well-being.
- ☐ Progress was being made in the reviewing and updating of all care plans to ensure they remained current and provided staff with the information they needed. The recording of people's daily notes had been personalised which helped staff to monitor key areas of their risks and support needs such as food and fluid intake. People's records were person centred and focused on their goals, target and aspirations.
- ☐ We observed that staff provided people with constant support and encouragement to focus on the activity in hand.
- ☐ Effective communication between staff ensured they remained informed of any changes in people's needs
- ☐ Staff supported people to explore new opportunities and take positive risks to help people live an inclusive life. For example, one person who was previously reluctant to leave the home now went out for a drive in the car and visited the local fast food establishment.
- ☐ People enjoyed a wide range of activities which was dependent on their likes and interests. For example, one person was supported to attend the local gym. Photographs showed people enjoying activities such as shopping, swimming, meals out and celebrating events and festivities.
- ☐ Staff supported people to receive alternative therapies such as aromatherapy. We were told this had helped some people to manage their emotions.

Improving care quality in response to complaints or concerns

- ☐ The provider's complaints procedure was made available to people and their families in a format which suited their needs. For example, we saw this in easy read.
- ☐ Records showed that complaints and concerns made by relatives had been acted on in accordance to the provider's complaints policy.

- ☐ Relatives told us they were confident that any complaints would be taken seriously and immediately addressed.

#### End of life care and support

- ☐ No-one at Matson House was receiving end of life care at the time of our visit.
- ☐ The provider had end of life policies and processes available which would guide staff in the event of people's health deteriorating. This would help to ensure people received a comfortable and dignified end of life care.
- ☐ The registered manager was aware of their responsibility to discuss and document people's end of life choices with them and their families. This would ensure people had the end of life care that they would wish for in the event that there was a sudden and significant deterioration of people's health. They explained that they planned to have these sensitive conversations with people and their families to ensure people's end of life wishes would be acted on.
- ☐ The register manager explained that if people's health significantly deteriorated they would immediately seek medical assistance and advice.

# Is the service well-led?

## Our findings

Well-Led – this means 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.

### Leadership and management

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- ☐ Matson House was well led. The registered manager and senior staff led by example.
- ☐ Both staff and management were fully committed to ensuring people received the best possible care in a safe and caring environment.
- ☐ The senior management team had a clear vision about how people should be cared for and were highly visible around the service.
- ☐ An established staff team had improved people's well-being and helped to provide them with consistent and good quality care. People were supported by staff and managers who knew them well.
- ☐ The management team had good links with specialist health care professionals which ensured people's needs were regularly reviewed.
- ☐ The managers and senior staff proactively reviewed incidents and near misses to help prevent further incidents. Concerns were investigated and lessons were learnt, shared between staff and acted on.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements. Continuous learning and improving care.

- ☐ The registered manager and senior staff overviewed the quality of the service being provided. Regular internal monitoring checks took place within the home to ensure it was running effectively and to maintain people's well-being. For example, checks of people's medicines and finances.
- ☐ Regular health and safety checks including fire safety checks were also completed to ensure people's safety.
- ☐ The registered manager and the representative of the provider told us they were considering a new system to help monitor the outcome of their quality assurance and safety checks. This meant any actions required to improve the service would be consolidated in one place for all management team to review.
- ☐ The registered manager told us they felt supported in their role. They had regular contact with a representative of the provider and could ask for advice and guidance at any time.
- ☐ The representative of the provider frequently visited the home, provided on-going support and carried out regular audits to identify any shortfalls.
- ☐ Staff told us they felt supported and were confident in the management of the home. One staff member said, "The management has definitely improved. It is a lot better now [name of registered manager] is on board. All the senior staff at Matson are very good and very supportive." Staff explained that the registered

manager had a good understanding of people's needs and therefore could understand staff concerns about these.

- The registered manager understood their regulatory duties. They worked with other managers and representatives of the provider to discuss best practice and changes in legislation and other guidance.

Engaging and involving people using the service, the public and staff. Working in partnership with others.

- The managers and staff valued people's feedback. They acted on people's concerns and suggestions.
- Staff approach was person centred and focused on the well-being of the people who lived at Matson House. One staff member told us they were always reviewing the way they supported people to ensure they that staff were consistently delivering good quality care with positive outcomes for people.