

## Alexander's Care & Support Limited

# Matilda Place

### Inspection report

Gordon Road  
Winchester  
SO23 7TD

Tel: 01962866622

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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:

Matilda Place provides care and support to people living in two 'extra care housing' settings in the City of Winchester known as Matilda Place and Danemark Court so that they can live in their own self-contained flats as independently as possible.

Care and support was delivered to both older and younger people living with dementia, learning disabilities, physical disabilities and sensory impairment. The scheme is supported by The City of Winchester's Sheltered and Extra Care Services.

People's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for supported living; this inspection looked at people's personal care and support. At the time of our inspection 19 people living at Matilda Place and 26 people living at Danemark Court received personal care and support.

The service was supported by a registered manager, manager and 13 care staff.

People's experience of using this service:

- People were protected from abuse, neglect and discrimination. Staff ensured people's safety and acted when necessary to prevent any harm.
- Individual risks to people were assessed and managed to keep people safe.
- People requiring support with medicines received them as prescribed.
- The service was person centred and assessed people's needs and individual preferences.
- People received care and support from staff who were trained sufficiently and had the right skills and knowledge which led to good outcomes for people.
- Staff had developed caring relationships with the people they supported. They respected people's dignity and privacy and promoted their independence.
- People's care and support met their needs and reflected their preferences.
- Health care professionals such as district nurses, the GP, and community mental health team had been involved in people's care.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- People were supported to express their views and staff were knowledgeable about people's preferred communication methods.

We observed many instances of genuine warmth between staff and people. On these occasions, staff took time to explain their actions in order to minimise people's anxiety.

- Relatives and staff were very positive about the management of the service.

Rating at last inspection:

- This was our first inspection of Matilda Place which was registered with the Care Quality Commission on 5 June 2018.

Why we inspected:

- This was a planned inspection to check that this service was meeting the regulations and to give them a rating.

Follow up:

- We did not identify any concerns at this inspection. We will therefore re-inspect this service within our published timeframe for services rated good. We will continue to monitor the service through the information we receive.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe  
Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.  
Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring  
Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive  
Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well led  
Details are in our well led findings below.

Good ●

# Matilda Place

## Detailed findings

### Background to this inspection

The 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 completed by two adult social care inspectors.

Service and service type:

- Matilda Place provides care and support to people living in two 'extra care housing' settings in the City of Winchester known as Matilda Place and Danemark Court. Extra care housing is purpose-built accommodation in a shared building or site. The accommodation was rented and was the occupant's own home. People's care and accommodation are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing. This inspection looked at people's personal care and support service.
- The service had a manager registered with the Care Quality Commission. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided. They are referred to as the "registered manager" throughout the report.
- Before the inspection the commission had received some concerns regarding insufficient numbers of deployed staff to keep people safe. At the time of our inspection people using the service, staff and a relative we spoke with felt the service had sufficient numbers of staff deployed to ensure the safety and well-being of people.

Notice of inspection:

- We gave the service 24 hours' notice of the inspection visit. We needed to be sure that people would be available to talk with us.

What we did before, during and following the inspection;

- Before the inspection we looked at information we held about the service.
- We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.
- We sought feedback from two health and social care professionals who worked with the service.

During the inspection:

- Inspection site visit activity started and ended on 24 April 2019. We visited the office location at Matilda Place.
- We visited both complexes where people received care and support.
- We reviewed staff recruitment, training and supervision records for four staff.
- We looked at records of accidents, incidents, complaints and compliments.
- We reviewed the care records and risk assessments for four people.
- We reviewed audits, quality assurance reports and surveys and staff attendance rosters.
- We spoke with the registered manager, manager and operations manager and five members of care staff.
- We also spoke with eight people living at the service and one relative.

# Is the service safe?

## Our findings

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

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

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

- There were processes in place to minimise the risk of harm and abuse.
- Staff were aware of the risk of abuse, signs to look out for, and how to report any concerns they may have.
- Staff told us they felt confident the provider would manage any safeguarding concerns effectively.
- Where staff raised concerns about people's safety arising from third party actions, the registered manager reported the concerns to the local authority and to the CQC.
- People and a relative we spoke with all said they felt safe.
- One person told us, "I lived on my own in a house before I came here but I was not safe at all. I had the odd 'tumble' and sometimes injured myself. I still have my independence but there's help around if I need it. I am much safer here".
- One person's relative told us, "I have no concerns at all that [name of person] is safe. They are in a safe environment I have never felt that their safety was an issue".
- A health and social care professional told us, "They [the provider] have demonstrated their risk assessing processes with clear documentation. This scheme has been adapted to be as secure as possible without impacting on tenant's rights to live independently in their community".

Assessing risk, safety monitoring and management:

- People had detailed risk assessments in place to manage risks associated with risk of falls, moving and handling and risks associated with skin breakdown.
- Environmental risk assessments were carried out to ensure people's and staff's safety when in their own homes.

Staffing and recruitment:

- Before the inspection the commission had received some concerns regarding insufficient staffing compliment to keep people safe. At the time of our inspection people using the service, staff and a relative we spoke with felt the service had sufficient numbers of staff deployed to ensure the safety and well-being of people.
- There were sufficient numbers of suitable staff to support people safely according to their needs.
- A relative told us that there were enough staff to meet people's needs. They told us, "I visit [name of person] regularly and there are always enough staff when I do".
- As people's needs changed, the registered manager approached the funding authority for a review of people's support to make sure that they could provide enough staff to meet people's needs.
- The provider recruited regularly to maintain staffing levels in line with agreed care packages.
- The provider's recruitment process was robust, and included the required checks that candidates were suitable to work in the care sector.
- The provider kept the necessary records to show recruitment processes were followed.

#### Using medicines safely:

- Medicines management systems were in place and people received their medicines as prescribed.
- The provider had processes in place ensure that when people required support with medicines they received them safely, according to their needs, choices, and as prescribed.
- Records relating to medicines for people were accurate, complete and up to date.
- The provider had a policy in place regarding medicines administration. This provided guidance to staff to help ensure people received their medicines safely.

#### Preventing and controlling infection:

- The provider had processes in place to reduce the risk of the spread of infection.
- Staff had access to hand gel, disposable gloves and aprons. The provider checked the use of this equipment on spot checks.
- The staff we spoke with were aware of issues concerning infection prevention and control. All staff had received training in this area, in line with the provider's policy.
- There was guidance in place to protect people from the risk of infection.

#### Learning lessons when things go wrong:

- There had been a strong focus on ensuring staff knew what to report, which staff demonstrated they understood.
- The management team reviewed all incident reports to identify lessons and how they could improve people's care. The incident records included details of the type of incident, the people and professionals involved, and any actions taken. We looked at three incident investigation records and found that they had been robustly investigated with measures put into place to reduce future risk.



# Is the service effective?

## Our findings

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

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

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

- People's physical, mental health and social needs were comprehensively assessed prior to the start of their care.
- People receiving care and support and their relatives were involved in this process. They were asked to provide important information about their likes, dislikes and life history, so support could be provided in accordance with their needs and preferences.
- A health and social care professional told us, "We have built up a structure of joint assessing possible new tenants for the schemes. This means that any concerns can be looked at and hopefully resolved prior to the tenant being offered a home within either scheme".
- Care plans contained the information staff needed to support people according to their needs and choices.

Staff support: induction, training, skills and experience:

- People using the service, a relative and health and social care professionals we spoke with told us that care staff appeared to be well trained and had a good understanding of the people they cared for.
- One person told us, "The staff know what they are doing. I leave it to them. They are all well trained".
- A relative told us, "They certainly know their stuff and how best to look after and support [name of person]".
- We asked a health and social care professional, "Do care workers have the qualities and skills to deliver effective care"? They replied, "I believe that they do, they always appear to be confident and efficient".
- Staff completed a thorough induction based on the care certificate, which 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 induction was flexible to meet the staff member's individual needs, for example if they required extra experience of shadowing staff before working alone with people.
- Staff were supported by frequent supervision with the management team. This enabled staff to talk about any requirements they had for training and to receive feedback on their work.
- Staff completed training such as moving and handling, safeguarding, medicines management and nutrition. One member of staff told us, "The training I had was really good and in depth. If I need any extra help it's always available, I just have to ask".

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

- People were supported to maintain a balanced and varied diet that met their nutritional requirements.
- People's food and drink preferences and nutrition and hydration requirements were identified during their initial assessment. This included any food allergies, specific dietary requirements and choking risks. Staff had a good understanding of what people liked to eat and any associated risks.

- Most people living in Danemark Court chose to take lunch in their rooms however staff actively encouraged people living in Matilda Place to take lunch in the communal area to promote food intake and to make it a social occasion. The manager told us, "We find people eating together especially the people living with dementia here in Matilda Place need encouragement to eat sometimes. By making it a social event we can achieve positive outcomes and ensure people eat well".
- People had the choice of either nutritious food being delivered for them by an outside agency or being supported by staff with food preparation and with eating if required.
- If people were at risk of poor nutrition their care plan took into account their needs and choices around food and drink, and appropriate records were kept to check their intake.

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

- People were supported to access health care professionals when necessary.
- We could see from the records that health care professionals such as district nurses, the GP, and dietician had been involved in people's care.
- Care plans had been updated according to the advice given by healthcare professionals and we could see this information was being followed.
- One health and social care professional told us, "The service has developed good communications with local health professionals and have earned their respect as a care provider in Winchester's Extra Care Housing.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Ensuring consent to care and treatment in line with law and guidance: The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 make decisions any made on their behalf must be in their best interests and as least restrictive as possible.

- Care plans reflected that consideration had been given to decision making and capacity. The provider had systems in place to ensure they would work within the principles of the MCA when required to do so.
- Records showed people consented to their care and support plans.
- Care staff sought consent each time they carried out personal care with people.
- Staff received training in the Mental Capacity Act 2005 and understood how to make best interest decisions if people lacked capacity. All staff spoken with were able to demonstrate a good understanding of the five principles of the act.

# Is the service caring?

## Our findings

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

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

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

- People we spoke with consistently praised the staff who cared for them. One person told us, "They [care staff] are a lovely caring group of people. Nothing is too much trouble. They're like family really". Another added, "They are all lovely caring people. They do so much for me, but they never grumble or complain, they just keep smiling". A relative told us, "This staff team is very proactive, very caring. Doesn't seem to be a huge turnover either, On the whole they are very consistent".
- The staff we spoke with were knowledgeable about the people they were caring for and were able to explain to us people's individual needs and requirements.
- Staff training included equality and diversity, so staff were aware of and ready to deal with care needs arising from people's social or religious background.

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

- People were actively involved in their care and support decisions with their relatives where appropriate.
- People, their relatives or representatives had ongoing input into the content of their care plans which were subject to regular review.
- The people we spoke with told us that communication within the service was good, particularly in reference to the care and support they received. One person said, "They [staff] always talk to me about my care, is it enough, can they do more for me that sort of thing. I sometimes think they know me better than I know myself".
- The provider sent out annual questionnaires to gather people's views on the service provided. Results from the latest questionnaire were positive. Comments included, 'Very pleased with the care provided', 'I think my mother is in the best place possible' and 'Every member of staff I have met has been wonderful'. Relatives had also written to the service by way of compliments. One relative had written, 'Thank you to everyone for [name of person] care and support and in helping mum regain some of her old spirit'. Another said, 'I really feel mums care is rightly tailored to meet her needs now and is working well. The carers are doing a grand job', whilst a third had written, 'I cannot begin to tell you how much this means to me. To finally get my mum back'.

A Health and social care professional commented, '[names of registered manager and manager] are both very professional and knowledgeable managers and proactively work with Winchester City Council to provide the best service for our tenants'.

- In addition to daily contact with their care workers, people could speak with the management team at any time.

Respecting and promoting people's privacy, dignity and independence:

- People and relatives confirmed that people were treated with dignity, respect and that their independence

was promoted. One person told us, "They always knock my door before they come into my flat. They are very respectful

- Staff we spoke with told us how they knew the people they cared for well and promoted people's independence and respected their privacy and dignity.
- We observed staff interacting with people throughout the day. We noted staff were respectful and kind to people using the service. We observed many instances of genuine warmth between staff and people. On these occasions, staff took time to explain their actions in order to minimise people's anxiety.
- People's care plans considered what people could do themselves and had specific instructions for staff regarding what people wanted the staff to do for them.

## Is the service responsive?

### Our findings

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

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

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

- The registered manager planned care and support in partnership with people and where appropriate their relatives. We spoke with a member of staff about one person with specific and complex care needs. They told us, "With [name of person] it's about teaching staff to change their approach and not changing [name of person]. To not take things he says personally because if you get to know him he is a lovely person".
- People's needs were reflected in care plans which contained detailed information about how they wished to receive care and support.
- The provider complied with the Accessible Information Standard. This is guidance which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. The provider gave information in a format that people could understand.

Improving care quality in response to complaints or concerns:

- The provider had systems in place to record, investigate and respond to complaints.
- The provider had information on how to make a complaint displayed in the communal areas.
- The people we spoke with confirmed they knew how they could make a complaint if needed. They were confident that any complaints or concerns would be dealt with promptly.
- There had been no formal complaints since our last inspection.
- A relative told us they were aware they could complain but had not needed to. They added, "I have never needed to complain. Any minor issues are usually dealt with very quickly".
- The registered manager understood their responsibilities under the Duty of Candour which must be met by all providers. It sets out the actions that they should follow when things go wrong, including making an apology and being open and transparent.

# Is the service well-led?

## Our findings

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

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

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

- There were effective management systems in place to promote person-centred care.
- The provider was supported to deliver high quality care by the management team and staff who took a direct interest in the service.
- There was a positive culture within the staff team, and staff worked in line with the provider's values.
- Our feedback and the provider's own surveys showed that people were satisfied with the care and support they received.
- The provider was aware of their responsibility to be open in communications with people and others involved in their care.

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

- The provider had systems and processes in place to monitor the quality of the service.
- The management team regularly reviewed the quality of service and were very visible within the service.
- There were regular quality checks on care files, daily care, medicines and other records relating to peoples wellbeing.

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

- People using the service, their relatives and health care professionals completed surveys which asked for their views of the service. The results were analysed by the registered manager and used to continuously improve the service.
- Staff meetings took place so any issues about the service could be discussed and people's views obtained. Staff were also given the opportunity to raise any ideas or concerns about the service during their supervision meetings. One member of staff told us, "We have them [staff meetings] once a month. They are very useful because we talk about any kind of concerns we have about anything: staff or residents. Every time they [management] bring along copies of policies and we talk about it and refresh it. I like my job. I enjoy my colleagues and the residents. I like to come in to work. There is a good atmosphere".

Continuous learning and improving care:

- Processes were in place to continually evaluate the quality of the care provided.
- Spot checks and competency checks were carried out on staff care calls to monitor the quality of the care being given.

- If any improvements were found during competency or spot checks the provider addressed this with staff and put in place extra support or training where required.

Working in partnership with others:

- There was a coordinated approach to people's care. Partnership working with people, their relatives and other external healthcare professionals such as GPs, pharmacies, and district nurse's and the local authority ensured people received care that was effective and appropriate to their needs.