

St. Matthews Limited

St Matthews Limited - The Avenue

Inspection report

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Date of inspection visit:
16 October 2018

Date of publication:
14 December 2018

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

St Matthews – The Avenue is a 'care home'. People in care homes receive accommodation and nursing or 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.

St Matthews – The Avenue is in a residential area of Northampton and is registered to provide accommodation and personal care to people who may or may not have nursing care needs. They provide care for people with mental health needs and can accommodate up to 33 people at the home. When we visited there were 33 people staying there.

At our last inspection in September 2017 we rated the home as 'requires improvement' and found that there had been a breach of Regulation 12 (1) (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Safe care and treatment. This was because we identified unsafe practices around medicine administration.

At this inspection we found that improvements had been made to the management of medicines, and the home was no longer in breach of this regulation. However further improvements were required to how the service recorded the administration of medicines and we have made a recommendation for the provider to address this.

Improvements were required to staffing arrangements. In the morning there were not enough staff to support people to have their medicines at the time they preferred and a student nurse who was supernumerary had been left to support one person who required one to one care, and observe and support other people in the lounge area.

Risk assessments were in place which covered people's known risks. Improvements were required to ensure all staff, including student nurses were aware of each person's potential risks. Improvements were required to infection control practices to ensure the home was free from unpleasant odours and to ensure staff followed hygienic practices.

The service did not have a registered manager in post however there was an appointed manager who was in the process of registering with the CQC. The culture within the home was very task focussed and further improvements were required to ensure each person's individual needs and preferences were acted on.

Improvements were also required to the auditing procedures in place. The audits did not always identify where improvements were required, for example, with infection control practices. And, the audits did not always ensure that any actions that had been identified, were carried out in a timely way. In addition, improvements were required to review and action the records that were maintained, for example, the bathing records to ensure that everyone at the home had their personal care needs met sufficiently.

Staff had a good understanding of abuse and the safeguarding procedures that should be followed to report abuse and incidents of concern. Staff induction training and on-going training was provided to ensure staff had the skills, knowledge and support they needed to perform their roles.

People's consent was gained before their care was provided. 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.

Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes. Care plans reflected people's likes and dislikes, and staff spoke with people in a friendly manner.

A process was in place which ensured people could raise any complaints or concerns and there were opportunities to provide feedback about the home. Concerns or suggestions were reviewed and acted on where possible.

At this inspection we found the provider to be in breach of one of the regulations relating to improvements needed in the Well Led domain and having good governance systems. This is the second time this home has been rated as Requires Improvement and we have issued a requirement notice and requested an action plan from the registered provider to show how they will achieve a Good rating.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Improvements were required to the procedures of recording people's medicines, and to ensure there were always adequate numbers of staff on duty. Further improvements were also required to infection control practices.

Is the service effective?

Good ●

The service was effective.

The home was in the process of improving the environment for people to good effect. Staff had appropriate training and skills to support people and people were supported to consent to the care they received.

Is the service caring?

Good ●

The service was caring.

People were treated well and people were happy with how staff approached them. People were treated with dignity and respect and staff had a good knowledge of people's needs.

Is the service responsive?

Good ●

The service was responsive.

People had care plans in place which reflected their needs. Care plans were updated as people's needs changed and there were systems in place to record people's complaints.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

Improvements were required to the culture within the home which was task focussed and did not always identify people's individual preferences. Improvements were required to auditing procedures to ensure they adequately identified improvements and actioned them in a timely way.

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Detailed findings

Background to this inspection

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

This was a comprehensive unannounced inspection which took place on 16 October 2018. The inspection was completed by two inspectors.

Before the inspection, the provider completed a 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. The provider returned the PIR and we took this into account when we made judgements in this report.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification provides information about important events which the provider is required to send us by law. We also contacted health and social care commissioners who place and monitor the care of people living in the home, and Healthwatch England, the national consumer champion in health and social care to identify if they had any information which may support our inspection.

During our inspection, we spoke with eight people who lived at the home, three relatives or visitors and one visiting healthcare professional. We also spoke with two student nurses, four members of care staff, two nurses, one member of staff from the provider's quality assurance team, the nominated individual and the manager. We reviewed care plan information relating to five people and three staff files. We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information, medicines information, handover information, and arrangements for managing complaints.

Is the service safe?

Our findings

At our last inspection in September 2017, we found the home to be in breach of Regulation 12: Safe care and treatment as concerns were identified with how people's medicines were administered. We required the home to make improvements. At this inspection we found that improvements had been made and the service was no longer in breach of the regulations however further improvements were still required.

We observed the nurse complete two medicine rounds. Whilst the nurse supported people to have their medicines in the morning they failed to complete the medicine administration record (MAR) after each person had taken their medicine. Instead they administered everybody's medicines and completed all the records from their memory. This practice leaves people at risk of not receiving their medicines, and of having inaccurate records of what medicines people had actually received. We spoke with the nurse about this and they explained that there were too many medicines in the morning and people wanted their medicines at the same time. They believed that the practice they had created allowed them to administer people their medicines in a faster way, and that they could remember what medicines everybody had taken.

This is the second inspection in which we have found concerns with medicines administration. We spoke with the manager about this who agreed this was not in accordance with published guidance and they would discuss this with the nurse. The manager also explained that within the next month, the provider was implementing a new electronic system to support staff to administer people their medicines.

We recommend that the provider reviews the current nationally recognised guidance about the recording of medicines and makes the appropriate changes to how medicines are recorded.

Improvements were required to staffing arrangements. On the day of inspection, one nurse was on duty to support up to 33 people with their medicines. The home was split over two floors and the nursing staff found it difficult to administer medicines in a timely way. People were required to wait for their medicines and whilst the nurses tried to prioritise those people first, some people found it distressing waiting for their medicines. The nurse told us they found it difficult trying to meet everyone's needs in a prompt manner, as people wanted their medication at the same time.

We also saw that staffing arrangements did not always ensure that there was adequate staffing in communal areas, and for those people who were at risk of falls. We saw that one student nurse, who was supernumerary to care staff, was left alone to provide one to one care with one person and was also expected to observe and support six other people in the lounge. No other members of care staff were present and the student nurse was left unsupervised. This meant the people in the lounge were left supported by a student nurse who had not been trained to understand everybody's care needs. After a short period of time, the deputy manager identified this issue and other staff were requested to support people in the lounge as required.

Risk assessments were in place to help support people's needs. They covered each person's individual risks and gave guidance to staff about how to minimise those risks, for example, people at risk of developing pressure sores had plans in place to help reduce those risks. Staff were knowledgeable about people's

potential risks and worked to manage those however, improvements were required to ensure student nurses had a good understanding of people's risks and how they were being managed as they were unaware of the known risks to people.

Improvements were required to ensure good infection control practices. The home had procedures and staff in place to facilitate the cleaning of the home however throughout the home there were smells of urine odour, for example in the upstairs lounge. In addition, chairs in the downstairs lounge smelt of urine. We also saw that staff did not always display good hygiene practices and we saw one member of staff placing food directly inside the mouth of one person without any utensils, gloves or washing their hands prior.

Staff had a good understanding of safeguarding procedures and were confident in reporting any concerns. One staff member said, "If I was concerned I would tell the manager and they would follow our protocol. If I need to, I can contact the CQC myself." We saw that staff received training in safeguarding procedures, and the manager had a good understanding of their responsibilities. Safeguarding investigations were completed when required and these were reviewed to identify if any learning could be established and shared with the staffing team.

The provider followed safe staff recruitment procedures for care staff. Records we viewed confirmed that Disclosure and Barring Service checks were completed and references obtained from previous employers. These are checks to make sure that potential employees are suitable to be working in care. The provider had taken appropriate action to ensure care staff at the service were suitable to provide care.

Incidents and accidents were recorded within the service and lessons were learnt as a result of them. The staff we spoke with felt that any learning that came from incidents, accidents or errors was communicated well to the staff team. Staff were knowledgeable about any changes to people's care as a result of any incidents. For example, if people had fallen and required increased observations staff acted on this. Consideration and action was given to identifying if anything could be changed to prevent future occurrences.

Is the service effective?

Our findings

The provider had recognised that improvements were required to update the environment and create a welcoming and pleasant place for people to live. The provider had commenced a scheme of decoration and an area for people with dementia to stimulate memories from their past. However further work to the environment was required. This included work to ensure people could sit in communal areas without being affected by the smell of smoke and urine odours. We saw that the downstairs lounge area was very close to the smoking area and as a result the smoke came through to the main areas of the home. The manager had already recognised this was unpleasant and had identified potential options to resolve this however at the time of the inspection this had not yet been resolved. In the hallway near to the upstairs lounge there were strong urine odours and the provider had confirmed that new carpets had been ordered for this area of the home.

People's care needs were effectively assessed by staff to understand the support each person required. These assessments were made with people and their families, and if appropriate, other care professionals were involved. The management team made considerations about the care and staffing arrangements that would need to be in place to safely transition people into the home. The management team considered people's care needs and made efforts to gain as much accurate information about this as possible. This considered people's mental, physical, and social care needs, and this was taken into account to ensure the home only took people who they felt confident they would be able to support.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and found that they were. People's mental capacity had been assessed and people were empowered to be as independent as possible. When necessary, DoLS had been applied for and at the time of inspection five people's DoLS applications had been granted and those conditions were being met.

People were well supported with their healthcare needs. One person said, "The nurse comes to me if I'm poorly." The nursing team had a good understanding of people's health requirements and had made arrangements to ensure they were fully supported, for example with their pressure care or risk of falls. People's healthcare needs were monitored and when necessary, external healthcare support was sought for people to manage those healthcare needs.

People were supported to access other services when they required it. For example, people that required

support from the Speech and Language Therapist (SALT) team were referred, and their instructions were followed by staff at the home. Other people were supported by healthcare professionals from other services including specialist departments to meet people's specific medical conditions.

People's nutritional needs were understood by staff and people that required support to eat their meals were appropriately supported. For example, when required, people were supported to have their meals to be cut up and this was completed. We also saw that people that required staff support to help feed them was completed on a one to one basis so people could enjoy their meals at their own pace.

Staff had the appropriate skills to support people with their needs. Each new member of staff was required to complete an induction before they could support people with their care. One member of staff told us, "I am happy with the training, it covers everything I need. When new staff come they have to shadow us so they can learn about people." In addition to a training induction, staff were required to complete a full training program which reflected the needs of the people living at the home. Training was monitored and staff were required to refresh their skills and knowledge on a regular basis. Additional training was available for staff who wished to expand their knowledge and skills.

All staff received regular supervision from their manager. One member of staff said, "I feel really supported here. Everyone is so helpful. I like that you can ask questions anytime, even to the manager. Nobody minds." We saw that a schedule was in place to monitor the frequency of supervision but staff could also request additional support if they required it.

Is the service caring?

Our findings

People and their relatives gave us positive feedback about the caring nature of the staff. One relative said, "They are really friendly. You can't fault them. They make us feel like family." We saw that most staff interactions with people were friendly and supportive. Staff spoke with interest to people and encouraged people to relax, be comfortable and enjoy their time at the home.

Staff were thoughtful and considerate. For example, when it was people's birthday staff helped people that wanted to celebrate the occasion with a birthday cake and decorated the home. Relatives told us they appreciated this gesture and one relative told us that when they had been unwell and unable to visit their loved one at the home, the staff had bought them a card and small gift. All staff had made a pledge about how they would provide good care and support for people and this was on display within the home as a 'pledge tree'.

The staff team had the information they needed to provide individualised care and support. Staff were knowledgeable with regards to the people they were supporting. They knew people's preferred routines and the people who were important to them. This was supported by 'What Matters To Me' boards outside people's bedrooms that contained information about each person's preferences. When staff identified that people were anxious or distressed they were able to offer comfort and reassurance effectively and with compassion.

People were treated with dignity and respect. For example, we saw staff supported people discretely if their clothing had compromised their dignity by quietly explaining that their clothing needed adjusting, or offering support to do this for them. Staff were respectful of people's personal preferences which reflected their backgrounds and beliefs. People appreciated the respect staff had for them and were happy with the way they were treated.

People could make their own choices about their care and support. People were able to choose where they spent their time or ate their meals. Staff supported people with their choices. For example, if people required support to get dressed, staff helped them to choose what to wear to suit their needs and the temperature. On the day of the inspection we saw that people were supported to go outside and their clothing was adapted to help people maintain their own temperature.

People and their relatives were involved in making decisions about their care, and when appropriate, relatives were also involved. One person's relative told us they understood and felt involved in what was happening with their loved one's care. They felt staff were approachable and they were able to ask questions about the care and staff kept them updated. We saw that when people's care required adjusting, or if there had been an incident, people's relatives were informed and discussions were had about future care plans.

People were supported to maintain relationships that were important to them. Relatives and friends could visit as they wished and people had access to quiet areas of the home if needed. Staff understood the

importance to people about their close friends and family and talked to people living at the home about when they may next see them. The provider arranged a Christmas party which family and friends were invited to attend, which was appreciated by people and their relatives.

The provider had links with an advocacy service and this could be used to support people make significant decisions. For example, independent support to make decisions about the person's care. An advocate is a trained professional who supports, enables and empowers people to speak up. At the time of inspection, nobody required the use of an independent advocate.

Is the service responsive?

Our findings

People's diverse needs were considered and each person had a care plan in place which recorded the support they required. Staff understood people's needs and worked to support them.

As people's care needs or their preferences changed, people's care plans were amended and updated. Each person's care plan had been utilised to record people's current care and this was reviewed on a regular basis to ensure they accurately reflected people's current care needs. Staff could tell us about how they supported each person which was in accordance with their care plan.

Staff had a good understanding of people's communication needs and made efforts to make this as easy as possible for people. The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. People could have information available to them in an easy read format if this was their preference, or if this was not available staff explained to people what was happening so they could understand.

People were supported to take part in activities within the home however some people and their relatives told us they felt the variety and quantity of activities had declined. One person's relative said, "The activities have really dried up. They used to have a great activity co-ordinator but they've left." Another person said, "I've been out for lunch today, that was nice." We saw that the provider had recruited a new activity co-ordinator and they were getting to know what each person's interests were. They had plans to introduce a range of activities based on people's individual preferences. We saw that people were supported to go for visits of out of the home to restaurants or other places of interest and people enjoyed this.

People and their relatives understood how they could complain and felt their concerns would be listened to. One person's relative told us they had no concerns or complaints, but if they did they would speak to the deputy manager and they were confident it would be resolved. The provider had a complaints procedure which clearly explained how a complaint would be investigated. The home also had complaints information on a poster for people to review.

Systems were in place to support people at the end of their life to have a comfortable and dignified death. End of life training for staff had been arranged and staff were positive about this. One member of staff told us, "I have previously supported somebody at the end of their life, it was very special." At the time of the inspection nobody was receiving end of life care at the home.

Is the service well-led?

Our findings

At our last inspection we identified that improvements were required to the culture within the home which was very task focussed. At this inspection we found similar concerns. Care plans and staff interactions were often task focussed and did not engage or empower people to receive individualised care. For example, at mealtimes staff did not encourage or stimulate conversation so people sat in silence whilst waiting for their meals. In addition, people's care plans focussed on the tasks that required completing as opposed to focussing on each individual's needs or preferences.

At our last inspection we identified that improvements were required to auditing procedures. At this inspection we found similar concerns. We reviewed the infection control audit and saw that they had failed to identify areas of the home where there were strong unhygienic odours, and failed to record actions that were required to rectify these concerns. Another audit identified that carbon monoxide monitors were required however there was a three-month delay in ordering them. Care plan audits were in place however improvements were required to ensure that actions were implemented in a timely way.

Improvements were also required to ensure people received the care they wished. For example, staff maintained records to show when people had been supported to have a bath, shower or body wash however there were no systems in place to review these records and ensure every person had been appropriately supported with their personal care.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance.

The home did not have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. A manager had been in position for several months prior to the inspection and had submitted their application to register with the CQC.

People and staff were asked for their feedback about the service and this was acted on. People were supported to give their feedback with pictorial surveys and staff were also asked to complete an annual survey. We saw that the provider had received feedback from the surveys that some people were unclear about the complaint procedures. The provider had created posters within the home explaining how people could make a complaint.

The service had created links for partnership working to help support people with Huntingdon's Disease. People and their carers from the home, and from the local community were supported to come together to share experiences and support and to gain a greater understanding of the condition.

The latest CQC inspection report rating was on display at the home and on their website. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of

our judgments. The home also submitted notifications to the CQC as required.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Repeated concerns that the service was task focussed and did not empower people to receive personalised care, repeated concerns that auditing procedures were ineffective and did not highlight areas for improvement, or action them in a timely way, and concerns that care records were not effectively reviewed or actioned to ensure people received their personal care as required.