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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

Our inspection was unannounced and took place on 23 January 2017.

The home is registered to provide accommodation and personal care to a maximum of 33 people. On the day of our inspection 27 people lived at the home. People who lived there had a range of conditions the majority of which related to old age.

At our last inspection of 21 December 2015 we determined that medicine management and overall governance required improvement. This inspection we found that improvements had been made. Recording relating to medicines management had improved to show that people had their medicines as they had been prescribed. More frequent audits had been undertaken and we had been notified of the issues we needed to be notified of.

The manager was registered with us. 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.

The staff had been trained and assessed to manage medicines safely. People who lived at the home felt safe. Staff were aware of the processes they should follow to minimise the risk of accidents. Systems were in place to protect people from the risk of harm and abuse. Staffing levels and skill mix ensured that people's needs would be met.

Staff also felt supported in their job roles on a day to day basis. Staff felt that they were provided with the training that they required to ensure that they had the skills and knowledge to provide safe and appropriate care to people. People received care in line with their best interests and processes were in place to ensure they were not restricted unlawfully. People were happy with the meals offered. People were supported to have a nourishing diet and drinks were offered throughout the day to prevent the risk of dehydration. Health care services were accessed as needed to promote good health.

People and their relatives felt that the staff were caring and helpful. Interactions between staff and the people who lived at the home were positive. People were treated with dignity and their independence was promoted.

Activities for people were offered and encouraged. There were processes in place for people and their families to give their view on the service provided. A complaints system was available for people to use. People and their relatives confirmed that they would use the process if they had the need.

People and staff felt that the quality of service was good. The management of the service was stable. There were processes in place to monitor the quality of the service that identified any issues that needed

improvement.

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.

Record keeping regarding medicines had improved to better demonstrate that people received their medicine as it had been prescribed by their GP.

Systems were in place to keep people safe and prevent the risk of harm and abuse.

Recruitment systems prevented the employment of unsuitable staff.

Is the service effective?

Good ●

The service was effective.

People and their relatives felt that the service provided was good and effective.

Staff felt that they were trained and supported appropriately to enable them to carry out their job roles.

Staff understood the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards which ensured that people were not unlawfully restricted and that they received care in line with their best interests.

Is the service caring?

Good ●

The service was caring.

People and their relatives told us that the staff were kind and caring.

People's dignity, privacy and independence were promoted and maintained.

Visiting times were open and flexible and staff made people's relatives feel welcome.

Is the service responsive?

Good ●

The service was responsive.

People and their relatives felt that the service provided met their family member's needs.

People's needs and preferences were assessed to ensure that their needs would be met in their preferred way.

Complaints procedures were in place for people and relatives to voice their concerns.

Is the service well-led?

There was a leadership structure in place that staff understood. There was a registered manager in post who was supported by a deputy manager. Staff felt adequately supported by the management team.

People and their relatives felt that the service was good and well-led.

Quality assurance audits had been improved to determine if changes or improvements were needed.

Good ●

Matthias 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.

Our inspection was unannounced and took place on 23 January 2017. The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We asked the local authority their views on the service provided. We also reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as 'notifications'. We looked at the notifications the provider had sent to us. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

We spoke with 12 people who lived at the home, eight relatives, one senior care staff member, four care staff, the cook, the registered manager and the hairdresser. We viewed care files for two people, recruitment records for four staff and training records. We looked at complaints systems, completed provider feedback forms and the processes the provider had in place to monitor the quality of the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

Is the service safe?

Our findings

At our last inspection we found that medicines systems needed some improvement as we found that medicine record keeping overall had not always been completed accurately to demonstrate that people had been supported to take their medicines as they had been prescribed. This inspection we found that improvements had been made.

We checked ten Medicine Administration Records [MAR]. Although we found one signature gap on one MAR a significant improvement on our findings compared with the previous inspection. We saw that where people were prescribed a variable dose for example, one tablet or two the staff had indicated how many tablets they had given to people. This showed that medicine records were being completed more comprehensively.

A person said, "The medication they give me more or less keeps me calm. I am happy with them [the staff] to do it. They do it at certain times. The urgent medications have to be done first". Another person told us, "The staff give me my tablets and that is what I prefer". A relative said, "They [person's name] take paracetamol and a gout tablet. We are happy with the way they [the staff] do it". Care plans that we looked at highlighted how people liked to take their medicines. We heard staff asking people if they would like to take their tablets in their hand or from a medicine tot. We saw that the staff member sat with each person and told them what their medicines were for and that people took their medicines willingly. This showed that people were supported to take their medicines in the way that they preferred and as they were prescribed.

Staff told us that they had received medicine training, certificates and training records that we looked at confirmed this. We observed that one staff member stayed by the medicine trolley to make sure that the contents were kept safe. As with our previous inspection we saw that two staff were present when giving the medicines to prevent errors. One staff dispensed the medicines and completed the MAR. The other staff member checked the medicines and gave them to the people who lived at the home. This showed safe medicine practice.

A person said, "No bad things here". Another person told us, "No roughness or shouting here. If there was I would do it back". A relative told us, "There is no abuse the staff are very nice". Other people and the relatives we spoke with also told us that they had not experienced or seen anything that concerned them. All staff we spoke with told us that they had received training in how to safeguard people from abuse and knew how to recognise the signs of abuse and how to report their concerns. A staff member told us, "Nothing like that. No staff here would tolerate abuse of any kind". The provider had written guidance for staff to follow. The registered manager and staff we spoke with all told us that if there were ever any incidents of concern, they would report these to the local authority, as they are required to help protect people from abuse. We checked two people's money held in safekeeping and found that it was correct. We found that records were kept of money coming in and any spent. Two staff signed each transaction and audits were undertaken to ensure that the money was safely managed to prevent any financial abuse.

A person said, "I feel very safe here." Another person said, "I am safe." A relative said, "I have no worries at all

I know they [person's name] is safe. Another relative told us, "She [person's name] is safe". Staff told us that they had received health and safety and moving and handling training. We saw that some people had walking aids to prevent them falling. We heard that staff encouraged people to use their walking aids and encouraged people to walk, "Slowly and carefully". We noted that risk assessments had been undertaken regarding people's skin and potential sores. A relative said, "They [the staff] got him [person's name] a pressure cushion and pressure mattress". We observed that other people who had been assessed as being at risk of developing sore skin had special mattresses and cushions to prevent this. We found that equipment for fire detection and prevention was available and had been checked by staff regularly and serviced by an engineer to ensure it worked properly. Staff told us and records highlighted that fire drills were carried out to promote staff knowledge on what they should do if a fire broke out. A small fire had occurred some time ago and the fire service had told us that this had been dealt with well by staff. As with our previous inspection records that we looked at, and the registered manager confirmed, that the equipment, for example hoists was serviced regularly by an engineer. These gave people assurance that the provider and staff knew that it was important to ensure people's safety.

As with our previous inspection records highlighted a number of falls. The registered manager had been open about the number of falls and had informed the local authority particularly when the falls had not been witnessed. We looked at records and did not detect any real patterns or trends to determine reasons for the falls. The registered manager gave us an account of how they monitored incidents, falls and accidents and action they and the provider had taken to reduce the falls. A person told us, "I feel safe. I only have to press the call bell and staff come to me". We found that a new call alarm system had been installed in 2016 and this included sensors in each room. If people were walking in their rooms this would alert staff and they would go and assess the situation to prevent people falling.

A person told us, "I think there is enough staff. I never have to wait for anything. They [the staff] always take me to the toilet". Another person said, "There are staff to look after me always". A relative said, "There are always enough staff when we visit". Another relative told us, "We [the family] pop in at different times and generally we see enough staff milling about". Staff we spoke with told us that there were enough staff. We observed that staff were available in the dining rooms to assist people to eat and to supervise lounge areas. However, after lunch in the small lounge we saw that there were no staff for a short time. During this time two people tried to stand up. They looked unsteady. We told the registered manager about this who told us, "Three staff at least are available in the dining rooms. If a dining room has no staff this is for a very short period of time, probably when they fetch the puddings, and there has never been a problem". However, the registered manager told us that they would monitor this.

A person said, "I know all of the girls [the staff] and their names who look after me". The registered manager and staff confirmed that staff covered sick leave and colleagues holiday leave. A staff member said, "Absence is covered by one of us [the staff team]." The registered manager told us that there were no staff vacancies. They said, "Once here the staff stay generally. They like it here". This was confirmed by staff we spoke with. This meant that people were supported at all times by staff they were familiar with.

A staff member said, "I could not work here until I had clearance". As with our previous inspection we found that safe recruitment systems were in place. We checked two staff recruitment records and saw that adequate pre-employment checks were carried out. These included the obtaining of references and checks with the Disclosure and Barring Service (DBS). The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults due to abuse or other concerns. This gave assurance that only suitable staff were employed to work in the home which decreased the risk of harm to the people who lived there.

Is the service effective?

Our findings

A person said, "I love it here. I am happy". Another person told us, "We [the people] are all looked after well here". A third person said, "I need someone I can rely on and I can rely on the staff here". A relative said, "I think it is a very good place. I have no worries at all. They [person's name] are looked after well". Another relative told us, "I am very pleased with the care and they [person's name] are happy here". Staff we spoke with all told us, "People get good care here", and, "I would not worry if a relative of mine had to come here. They would be looked after".

A student on placement told us, "I had induction training on my first day. I was told what I could and could not do. I know I cannot do any personal care but I can sit and speak with people and help with meals". I was introduced to the people here. It was good". Staff files that we looked at held documentary evidence to demonstrate that induction processes were in place. The registered manager told us that the new staff had not commenced the Care Certificate. They said, "We have all of the documentation we need for this but we have enrolled the new staff straight onto vocational training". The Care Certificate is a set of nationally recognised induction standards for staff to work through to promote compassionate and safe care.

A person told us, "They [the staff] look after me right. They know how to do it". A relative said, "The staff are wonderful. Very professional". Another relative told us, "They [the staff] know what they are doing". As with our previous inspection all staff we spoke with told us that they were supported on a day to day basis. They told us that they received supervisions to discuss any training they needed and their personal development. A staff member told us, "I have had the training I need. We have updates too. I know what to do". Staff training records that we looked at confirmed that staff had received mandatory and some specialist training for their role. The registered manager told us, and showed us documents, to confirm that refresher training was on-going.

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 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager told us that they had applied for a number of DoLS approvals. Some were still awaiting assessment by the local authority and others had been approved. We found that the staff were working within the principles of the MCA. Records highlighted that staff had received MCA and DoLS training. Staff we spoke with were aware of MCA and DoLS and knew the reason for the current DoLS approvals. Staff were aware why the DoLS had been approved and that people should not be restricted for reasons other than what had been approved.

A person said, "The staff always ask me before they help me". Another person told us, "They [the staff] ask my permission for everything". Other people also told us that staff asked their permission before they provided care and support. We heard staff asking people in a quiet, discreet, way if they would like to move

from the dining table to another chair, if they would like to use the toilet and if one person would like to change their clothes. As with our previous inspection we saw that staff waited for people's agreement before they carried out the task.

A person told us, "I have put weight on since I came here. The food is lovely". Another person said, "I like all my meals and we can choose what we want". A third person said, "The food is okay. I do make a choice. They [the staff] give me options." Other people also complimented the food and drink provided. A relative told us, "From what I know the food is good and people are encouraged to drink plenty. Another relative said, "She [person's name] is eating. She was losing weight at home. She eats here". We saw that there was a choice of cereals at breakfast time and a selection of cooked options. At lunch time there were two choices for the main meal. We had observed staff asking people during the morning what option they would prefer for lunch. We found that meal times were a pleasant experience. As at our previous inspection we saw that serviettes, sauces, and condiments such as salt, pepper and vinegar were provided. The food smelled appetising and people told us that they had enjoyed their meals. People were also offered bread and butter with the main meal and many chose to have this.

A person said, "There are staff around to help people with their food". Another person said, "There is always water and juice. They come around with cups of tea". Staff we asked knew that it was important that people had adequate diet and fluids to prevent dehydration and malnutrition. We saw that hot and cold drinks were offered throughout the day and we heard staff encouraging people to drink and eat. One staff member said to a person, "Just try a few more spoonful's and have a drink for me".

A relative told us, "They [the staff] weigh her [person's name] here". Staff we spoke with and records that we looked at highlighted that people were weighed regularly to monitor their nutritional state. We found that where there were concerns about weight loss or difficulty in swallowing referrals were made to health care professionals for assessment and guidance. We spoke with the cook who knew about people's individual dietary needs and gave us an account of how these were met.

A person told us, "I have seen a doctor about my cough". Another person said, "The doctor has been here. The doctor is alright". A third person said, ""I have seen the dentist and optician". A relative said, "The optician came out the other day. There are some new glasses coming. We [the family] are waiting to have the back of his [person's name] eyes scanned and they [the staff] are arranging to have his cataracts done". Another relative told us, "The district nurses come to dress her [person's name] legs. Other people told us that a range of health and social care services were made available to them these included, chiropody, eye tests and specialist health care staff. People told us that they had been offered the influenza injection to protect them from being ill with this infection.

Is the service caring?

Our findings

A person told us, "I think the staff are very nice. They are friendly". Another person said, "The staff are kind". A relative said, "The staff seem kind and caring". Another relative told us, "The staff are approachable and friendly". A staff member told us, "We [the staff] are all very caring. You cannot do this job if you don't care". We saw that staff spoke with people in a caring way. As with our previous inspection we heard staff asking people how they were, about their family and showing an interest in them. We found that there was a happy atmosphere people were chatting to each other in a friendly way.

A person said, "The staff ask me how I want to be looked after and my views on other things". A relative told us, "They [person's name] are encouraged to make decisions and choices". We were told that this included if they wished to have the influenza injection. We saw that information was available to people and their relatives regarding advocacy services. An advocate could be used if a person had difficulty making a decision and wanted the input of an independent person to support them. The registered manager told us that no-one at the present time had an advocate but they had been secured in the past for people.

A person said, "I always choose my own clothes every day". Another person told us, "Sometimes I get my clothes ready the night before for the next day". A relative said, "The staff help them [person's name] to choose their clothes. They match the colours and always look nice". We saw that people wore clothing that was suitable for the weather. We saw that some people and wore jewellery and accessories to reflect their individuality. We heard staff telling people that they looked nice. People looked pleased and smiled. This promoted people's self-esteem.

A person said, "I think that the staff are polite. They knock my door before coming in". A relative said, "The staff are always friendly and polite". A person told us, "My name is [gave their name] but I like being called [gave their preferred name] and that is what the staff say". We heard staff referring to the person as they had wished. Records highlighted that staff asked people their preferred names and this had been recorded on their care files. We saw staff knocking on bedroom and toilet doors before entering. People told us that their dignity was promoted when they received personal care. Staff we spoke with gave us a good account of how they promoted people's privacy and dignity. A staff member told us, "It's really personal so we cover people up when giving a wash and wait outside the door when people use the toilet. We observed that some people were offered clothes protectors to keep their clothes clean. Staff asked them if they wanted an apron and explained what they were for. These actions promoted people's dignity.

A person said, "The staff they look after me well. It is very good care". Another person told us, "I have one shower and one bath a week. The rest of the days I have a wash. I am happy with that". A relative said, "She [person's name] does get personal care from the staff. They help her wash, help get dressed and undressed". Another relative told us, "There isn't and hasn't been a problem with personal care". Other people we spoke with also confirmed that staff delivered their personal care properly and in the way they preferred. A person told us, "It is hairdresser day. I want my hair done. Another person told us, "I like having my hair cut and styled". As with our previous inspection the hairdresser visited and people who wanted to had their hair done. People were pleased that this service was available.

A person told us, "I look after myself. I do not need much help". Another person said, "I do some things myself. It is important". Staff told us that they encouraged people to promote and retain their independence skills. As with our previous inspection we observed staff encouraging people to walk rather than them using wheelchairs for them to retain their mobility independence. We heard staff encouraging people to eat and drink independently.

A person said, "I like it when my family visit. They can come every day". Another person told us, "My daughter comes to see me. I like that". A relative said, "I come here every day. The staff always make me feel welcome". Staff confirmed that visiting was unrestricted but relatives were asked to be mindful of visiting at mealtimes. We observed staff and visitors engaging in friendly banter.

Is the service responsive?

Our findings

A person told us, "My family found this place for me. I was asked questions about what I liked and my health". A relative said, "I looked around and found this. It was one of the best. I helped fill in a sheet about their [person's name] needs". Records that we saw highlighted that an assessment of need was carried out with the person and/or their relative before a decision was made about the person moving into the home. This would determine people's needs, personal preferences and any risks and if they could be met.

A person said, "The staff know me well and what I like. I tell them". A relative told us, "The staff seem to know him [person's name] very well. They know his likes, routines and needs". Another relative said, "The staff ask are you ready for bed yet?" He [person's name] gets up between 8:30am and 9:00am and he goes to bed around 11:00pm". Staff gave us an account of people's individual support needs. They knew of people's routine and other preferences.

A person said, "The staff do my planning with me". Another person told us, "One of the carers [staff] is my key worker and she and I do my care plan together". A relative said, "Mum deals with care plans. I did the last one I think. They are done on a regular basis". Another relative told us, "I am always consulted and kept in the loop about everything". Other people and relatives also told us that they were consulted about their care. If they were unable to make decisions their representatives were asked to comment so that they received care as they would have liked.

A person said, "I don't bother with church". Other people we spoke with also told us that they were not very interested in attending religious services. A relative said, "The church don't come in as such. Singers from the church come in". A staff member told us that previously a number of people attended church regularly but no-one at that time wanted to. A staff member told us, "There were a number of churches nearby. We [the staff] would be happy to support any person who wished to go to church".

We had mixed views about activities. Some people told us, "I wish there was more to do", "There is not much going on here". Other people said, "I don't really want to do anything. I like watching the TV" and "I enjoy it when the singers come but don't want to do anything else". We spoke with staff about activities. A staff member said, "It is a struggle. We ask people what they want to do, offer suggestions but they do not seem to want to do much". We saw the activities co-ordinator doing an activity with one person. The person was smiling, engaged and looked happy. The registered manager confirmed what the staff member had said but also gave assurance that the staff would continue to try to get people to engage in activities. Since our previous inspection the provider had employed a part time activities co-ordinator to try to get more people involved. We saw that resources were available. There was an activities room for one to one or group activities to take place. We saw that there were numerous games, craft and artwork materials available.

We saw provider feedback forms that had been completed by people who lived at the home, relatives and some healthcare professionals. The feedback from these was positive and confirmed good care and satisfaction. Comments included, "Good quality of care and friendliness of staff", "They [person's name] had two weeks short stay and will come back again" and "My mother is very happy and well looked after".

A person told us, "I would tell the staff if I was not happy". A relative told us, "We [the family] haven't complained but I think my mum did have a concern about something. I don't remember what it was. It was resolved". Another relative said, "I was given a booklet with the complaints procedure. If I was not satisfied with anything I would feel more that comfortable to raise the issues with any staff". We saw that a complaints procedure was available for people to access. The registered manager gave us a good account of how they would deal with any complaints. Records we looked at showed that no recent complaints had been made and this was confirmed by the registered manager.

Is the service well-led?

Our findings

At our previous inspection we rated the service as 'requires improvement' in this well-led domain. This was because we had not been notified about Deprivation of Liberty Safeguards (DoLS) approvals had been made by the local authority. We also found that audits had not identified issues that included numerous gaps on medicine records. This inspection we found that the DoLS issue had been addressed and audit processes had improved.

A staff member told us, "There are a number of audits and checks". The registered manager told us that they had undertaken more frequent medicine audits and if issues were found the staff responsible, "Were spoken to". We found that there was one occasion when the staff member had not completed the medicine record as they should have done, however, this was a significant improvement from our previous inspection when we found numerous gaps in the records. We saw records to show the registered manager had carried out checks on the service quality and that the provider undertook quality visits and completed a report on their findings.

Providers are required legally to inform us of incidents that affect a person's care and welfare. The registered manager had informed us that there had been no deaths at the home, serious injuries or other events that needed to notify us of. It is also a legal requirement that our current inspection report and rating is made available. We saw that there was a link on the provider's web site to our last report and rating and the report was on display within the service. This showed that the provider was meeting those legal requirements.

The provider had a leadership structure that staff understood. There was a registered manager in post who was supported by a deputy manager and senior care staff. A person told us, "I know the manager they are nice". A relative said, "I know the manager and senior staff. They are friendly and approachable". As with our previous inspection the registered manager was available and was visible within the service. We saw them in the lounges and dining rooms. We saw that people smiled and engaged with the registered manager which showed that they were familiar with her.

A person told us, "We have meetings. The staff tell us things and ask us things. They are good". We saw records to confirm that meetings were held for the people for them to discuss issues and make requests. People had requested some different meals that included baked potatoes at tea and a wider range of sandwiches. A person confirmed, "We do have more sandwiches and anyone who wants can have a potato for tea". We spoke with the cook who confirmed this.

People, relatives and staff we spoke with generally felt that the service was good and well-led. A person told us, "It is very good here. On the ball". A relative told us, "I think it is an excellent place. Well organised. I'm glad I found it for mum". Another relative said, "I looked at lots of other homes before I looked at this one. The others did not compare with this. What I liked was the fact that I just turned up without an appointment. The staff welcomed me in and showed me around. That shows that there was nothing to hide and that the staff were confident that everything was as it should be". A provider feedback form completed by an external professional confirmed that staff communicated with them well and that there was good partnership

working. Staff we spoke with told us that in their view the service was good.

Staff told us that they felt supported by the provider. A staff member told us, "I feel well supported by the managers. I am happy working here". We looked at a selection of staff meeting minutes and found that the meetings were held regularly. Staff also told us that the service was well organised, and that they were clear about what was expected from them.

A staff member said, "We are all told about whistle blowing and have procedures to follow. I would not hesitate to use the process if I saw anything concerning". We saw that a whistle blowing procedure was in place for staff to follow.