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Matthias House

Inspection report

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Tel: 01215222049

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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

Our inspection was unannounced and took place on 21 December 2015.

The home is registered to provide accommodation and personal care to a maximum of 33 people. On the day of our inspection 26 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 January 2014 the provider was meeting all of the regulations that we assessed.

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.

Although the staff had been trained and assessed to manage medicines safely. Record relating to medicines management had not always been completed fully to show that people had their medicines as they had been prescribed.

The provider was not meeting all legal requirements as they had not notified us of DoLS approvals as they should have done.

There were processes in place to monitor the quality of the service but these had not picked up all of the issues that needed improvement.

People who lived at the home felt safe. Systems were in place to protect people from the risk of harm and abuse.

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.

People and their relatives felt that the staff were kind and caring. Interactions between staff and the people who lived at the home were positive. Staff were friendly, polite and helpful to people.

People received care in line with their best interests and processes were in place to ensure they were not restricted unlawfully.

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. Staff also felt that they were adequately supported in their job roles.

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.

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.

Record keeping regarding medicines was not always well maintained to demonstrate safety or 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?

Requires Improvement

The service was not always well-led.

Deprivation of Liberty Safeguards (DoLS) approvals had been made but the provider had not notified us of these as they are required to.

Quality assurance audits were not undertaken frequently enough to see if changes or improvements were needed.

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.

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 21 December 2015. 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 provider to complete 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 form was returned but not fully completed so we were unable to fully use this tool when we planned our inspection. 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 ten people who lived at the home, four relatives, four care staff, the cook, a visiting health care professional and the registered manager. We viewed care files for two people, recruitment records for two 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.

Requires Improvement

Is the service safe?

Our findings

We found that medicines left over from the previous month or months, had not been carried over onto the current Medication Administration Record (MAR). This meant that there may not always be a record of the exact amount of medicine available, or a robust audit trail for staff to follow if a medicine error occurred. The registered manager told us that they would implement processes to address the issues.

We checked medicine cassettes and the returns book for a certain day and this showed that people had been given their medicine. However, on the day the staff who gave the medicine had not signed the MAR to confirm that they had given the people their medicine. We saw that where people were prescribed a variable dose for example, one tablet or two the staff had not indicated how many tablets they had given to people. This highlighted that record keeping regarding medicines needed some improvement to prevent people being placed at risk of experiencing ill health.

We saw that the cupboard for storing controlled medicines was not secured to the wall as is the requirement for this type of medicine to prevent it being accessed by unauthorised people. The registered manager told us that there had been a change of room where the medicines were stored and putting the bolts back had been overlooked in the move. They told us that they would ensure this was rectified.

A person said, "I like the staff to do my tablets". Other people also told us that they were happy with the way their medicine was managed by staff. Care plans that we looked at highlighted how people liked to take their medicines and we saw that staff honoured this.

A staff member told us, "All staff who manages medicines have been trained and assessed as competent to do so". Certificates and training records that we looked at confirmed this.

A person told us, "Staff always give the tablets in two's. They always lock the trolley". We observed that medicines were administered safely. We saw that two staff were present when giving the morning 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. 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.

A person said, "The staff always ask if I have any pain, if I do they offer me my tablets".
Some people's MAR lighted that they had been prescribed medicine on an 'as required' basis. We saw that there were plans in place to instruct the staff when the medicine should be given. This assured people that their medicine would be given when it was needed, and would not be given when it was not needed.

People and the relatives we spoke with told us at they had not experienced or seen anything that concerned them. A person said, "I am content not fearful". Another person told us, "The staff are nice there is nothing bad happening". A relative told us, "I have not seen or heard about anything concerning". 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, "If I was worried about anything regarding harm or bad treatment I report it to my manager". The registered manager knew that they should report any incidents of concern that could occur to the local authority as they are required to by law to help protect people from abuse.

A person said, "I was told by the doctor it was time to go into a home and I panicked. Now I'm here, I feel safe." Another person said, "We're looked after and we're in safe hands." However, one person said, "Mostly I feel safe but I don't like other residents coming into my room at night. I call the carers to get them out." We discussed this with the registered manager who told us that at times one person did wander at night. They told us that they would look into this again and resolve the situation. A staff member told us that they had received health and safety and moving and handling training. Training records confirmed that staff had received the training and the registered manager told us that further training and/or refresher training had been arranged for staff. We saw that risk assessments had been undertaken this included assessments to prevent people getting sore skin. We saw that actions were taken to prevent people getting sore skin such as the use of special cushions. We saw that a range of equipment was provided to promote safety. This included equipment for fire detection and prevention. Records we looked at, and the registered manager confirmed, that the equipment was serviced by an engineer regularly. These actions showed that the provider and staff knew that it was important to ensure people's safety. However, we did note that the fire risk assessment was in need of an update. The registered manager told us that they would address this.

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 been unwitnessed. 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. We found that a new call alarm system had been installed 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. One person told us, "I fell in my bedroom trying to open the door. I've moved downstairs now. I feel better now I'm downstairs as staff are nearby all of the time". We saw that aids to support people when they were mobilising were available. We noticed that staff supported and reminded people to use their walking sticks and frames. Staff told us that where there was a concern regarding people falling then referrals were made to external professionals. Records that we looked at confirmed this.

A person told us, "Staff are always round when I need them". A relative said, "There seems to be enough staff when we visit. Staff we spoke with told us that there were enough staff. One staff member told us, "In general there are enough staff". During our inspection we observed that staff were available at all times in the dining rooms to assist people to eat and to supervise lounge areas. The registered manager told us and staff confirmed this staff stepped in and covered sick leave and colleagues holiday leave. A staff member said, "We [the staff] always cover one another that way it means that the people here are cared for by staff they know".

A staff member told us, "All my checks were done before I could work here". 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.

Good

Is the service effective?

Our findings

A person told us, "My needs are met and I am happy here". Another person said, "I was in another place before. I did not like it. I'm so glad I found this place. I like it here it is my home". A relative said, "It is good here. We have no worries and they [their family member] are happy". Another relative told us, "I've no concerns. They [the staff] have looked out for them [their family member] They've settled in as well as they can".

A new staff member told us, "I had induction training when I started. I went through policies and procedures and introduction to people. It was very helpful". Staff files that we looked at held documentary evidence to demonstrate that induction processes were in place. Other staff we spoke with told us that they felt 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 feel able and confident to do my job". 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).

We checked whether the staff were working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that they were. The registered manager told us and records that we looked at confirmed that some people had an approved DoLS. Staff we spoke with were all aware of MCA and DoLS. The staff knew the reason for the current DoLS approvals and knew that people should not be restricted for reasons other than what had been approved.

People told us that staff asked their permission before they provided care. We heard staff throughout the day if it was alright for them to be taken to the dining room or to the toilet. We saw that staff waited for people's agreement before they carried out the task. People and their relatives 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.

People were satisfied with the food and drink offered. A person told us, "We have lovely meals". Another person said, "The food is very good". A relative told us, "The quality of food is fine but the portion size is too big. All people we spoke with told us that they had a choice of meal each day. A person told us, "I love my breakfasts but I don't always want a big lunch. I can have a sandwich if I want one". We saw that mealtimes were relaxed and unhurried. The tables were laid with serviettes, sauces, and condiments such as salt,

pepper and vinegar. The food smelled appetising and the people eating cleared their plates and enjoyed their lunch. All people were also offered bread and butter; this option was taken up by most people. A person said, "I always had bread and butter at home with my main meal".

We saw that people who required assistance were supported by staff in an appropriate way. Staff had the knowledge to ensure that food and drink offered to people would promote good health and prevent a deterioration of their condition. We spoke with the catering staff who told us how they met people's special dietary needs including diabetic diets. We saw that hot and cold drinks were offered regularly to people to prevent the risk of dehydration. We heard staff encouraging people to drink. Records highlighted and staff we spoke with confirmed that people were weighed regularly and that referrals were made to health care professionals where a concern was identified. One person said, "The staff try to make us all fat".

A person said, "The doctor is called if I am not well". A relative told us, "The staff get the doctor if they [person's name] are unwell and they let me know". Other people and relatives we spoke with confirmed that staff supported people to access health or social care services when needed that included chiropody, eye tests and specialist health care staff including the community matron. We saw that a district nurse visited one person to give them a treatment. People told us and records confirmed that action had been taken to prevent people becoming ill. People had been offered the influenza injection to protect them from contracting influenza and any secondary infections that could occur.

Good

Is the service caring?

Our findings

Some people told us that they liked some staff better than others. A person said, "In life we always get on with some people better than others". However, the majority of people and their relatives told us that the staff were kind and good. A person told us, "The staff are lovely. Nice and friendly." Another person said, "The staff are lovely. Nothing is too much trouble". A relative told us, "The staff are good, caring and friendly". A staff member told us, "We [the staff] here are caring. I for instance treat people as I would expect my own family to be treated". We observed some interactions between staff and the people who lived there and saw staff chatting with people in a friendly, caring way. We heard staff asking people how they were, asking about their family and showing an interest in them.

We found that the provider encouraged a happy, friendly atmosphere within the home. There was a nice Christmas feel about the home, with decorations and some staff had dressed up in Christmas clothes. A health care professional told us that they found the home was warm and welcoming too. Our observations showed that the people who lived at the home had made friends with each other. We heard them asking how people were and at meals times there was a lot of chatting between them.

People told us that the staff were polite and respectful. A person said, "The staff are polite". Records that we looked at confirmed that people had been asked how they wished to be addressed and this had been recorded on their care files. We heard staff calling people by their preferred name. People told us that their dignity was promoted when they received personal care. A person told us, "It's usually the same two girls [staff] so I'm happy. It doesn't worry me at all." Another person said, "The staff do such a good job giving me a wash every day. I like to be clean". Other people we spoke with were also happy with the way their personal care was delivered. Staff we spoke with gave us a good account of how they promoted people's privacy and dignity. A staff member told us, "We give people personal space and ensure doors and curtains are closed when supporting people with their personal care".

A person told us, "I choose my own clothes. I like to look respectable". Other people also told us that they selected what they wanted to wear each day. Care records that we looked at highlighted that people's appearance was important to them. We saw that people were dressed in fresh clean clothes. We saw that people wore clothing that was suitable for the weather and reflected their individuality. A person said, "I'm having my hair done today I like to look nice". The hairdresser was on site on the day of the inspection and many people had their hair done. This was evidently an event that they looked forward to. We heard staff complimenting people on their hair styles. A staff member said to one person, "Your hair looks really nice". We saw that people smiled and looked pleased. We observed that most male people looked smart and clean shaven. This showed that staff had taken action to promote people's self-esteem.

A person told us, "Oh I would not like staff doing for me what I can myself. They let me wash and dress myself". People we spoke with told us that staff encouraged them to be independent. Staff we spoke with all told us that they only supported people do things that they could not do. 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.

We saw the provider's confidentiality policy. Staff we spoke with told us that they read this when they started to work at the home. A staff member told us, "I know that we should not discuss anything about the people here outside of work and that records must be locked away".

We saw that electric devices were available in lounge areas. These showed the date, day and time. This helped to ensure that people knew the day and time to orientate them. A person said, "It is good. We always know what day and date it is".

People confirmed that staff communicated with them in a way that they understood. We saw that staff spoke with people in a calm way. They made sure that they faced people when they spoke with them. They waited to make sure that people had understood what was said to them and repeated what they said if they thought they had not. This demonstrated that staff knew it was important to communicate with people in a way they understood. We saw that the television was on and staff had put the sub-titles on. This enabled people with restricted hearing to know what was being said.

People we spoke with all told us that they liked seeing and having visits from their family. A person said, "I like it when my family come. They can come any time". Another person said, "My son is coming to see me tonight. I am looking forward to that". Relatives told us that they could visit without any restrictions. A relative said, "I visit at different times on different days I am made to feel welcome by staff". We found that one person's spouse was in another care home in the area. Staff supported and enabled the person to visit their spouse every week.

Information was displayed giving contact details for independent advocacy services. The registered manager confirmed that advocates had been used where people needed support to make decisions. An advocate can be used when people may have difficulty making decisions and require this support to voice their views and wishes.

Good

Is the service responsive?

Our findings

A person told us, "I came here before to look around to see if I liked it first. I did like it. The staff asked me and my daughter lots of questions about me and my problems, my likes and dislikes". The registered manager told us and records that we looked at confirmed that prior to people to people moving into the home an assessment of need was carried out with the person and/or their relative. This was to identify their individual needs, personal preferences and any risks to make sure that needs could be met and people could be kept safe.

A person said, "The staff know me well enough". A relative told us, "I think they [the staff] know her well and meet her needs". Another relative said, "We were worried when they [person's name] first came to live here. They always said that they did not want to live in a care home. They settled quickly. I think that is because the staff had all the information they needed to make them feel at ease". Staff were able to tell us about people's individual support needs and interests. The staff we spoke with knew about people's daily routine preferences, how they liked their support to be provided, their families and about people's past working life and interests.

People and their relatives told us that they were involved in care planning this was confirmed by the registered manager. One person said, "The staff involve me". Another person said, "The staff always ask my view and help me decide". A relative told us, "The staff very much involve me and ask my view". Although some relatives we asked were not aware, or could not remember seeing their family member's care plan, they all told us that staff involved them in deciding how support would best be provided to make it appropriate and safe. Staff told us that people's care plans were reviewed regularly.

We found that the staff had been responsive to people's requests. A relative told us, they [person's name] wasn't happy with their first room. The staff moved them [person's name] into three different bedrooms to make them happy. They are content and happy now".

A person said, "I don't want to go to church". Other people we spoke with also told us that they were not very interested in attending religious services. Staff told us that there were a number of churches nearby. A staff member said, "We have asked people and would support them if they wanted to want to go to church".

A person told us, "There are things we can join in and I like to". People we spoke with confirmed that they were offered some leisure time pursuits. We observed that although there was frequent, good interactions between people and staff during the morning apart from the television being on there were no activities provided by staff. However, we saw people going to and returning from having their hair done so that occupied them for a time. We saw some people reading and one person was opening their Christmas cards so most people were engaged in a task. In the afternoon an external singer came and most people sat and listened to them singing. We saw that people enjoyed this; they were singing, tapping their feet to the music and smiling. We saw that an activity room was provided. There was enough room for one to one or group activities to take place. We saw that there were games, craft and artwork resources available. A person said, "We use a room down the corridor to do activities sometimes. It is good".

We saw provider feedback forms that had been completed by people who lived at the home, relatives and some healthcare professionals. Overall the feedback from these was positive. We saw records to confirm that meetings were held for the people who lived at the home for them to discuss issues. However, these were not very frequent. We discussed this with the registered manager who told us that they would work to increasing the frequency of the meetings.

People who used the service and their relatives told us that they were aware of the complaints procedure. One person said, "I would tell the staff". A relative said, "If I needed to I would raise any issues with staff". Another relative told us, "I was not happy about something a while back but they seemed to have addressed and resolved the issues now. Things are better". 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 highlighted that no recent complaints had been received.

Requires Improvement

Is the service well-led?

Our findings

Providers are required to inform the Care Quality Commission, (the CQC) of important events that happen in the home. The registered manager had a system in place to ensure incidents were reported to the CQC which they are required to do by law. However, the registered manager told us that although some Deprivation of Liberty Safeguards (DoLS) approvals had been made they had not informed us about these. The registered manager told us that they were not aware that they had to notify us about DoLS approvals. This meant that the provider was not meeting all of the legal requirements as providers have a legal responsibility to inform us of all DoLS approvals.

We asked the provider to complete 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 their PIR within the timescale we gave but it was not fully completed. It did not give us any detail of how the provider was meeting the five domains that we assess. This meant that the provider had not fully completed the task that we asked them to.

We saw records to show the registered manager carried out checks on the service quality. These were undertaken on a three monthly basis. Some of the issues we found during our inspection indicated that the provider may need to reassess the frequency of the audits. We found that checking processes and audits regarding medicine management and safety had not identified that improvements were needed.

People, relatives and staff we spoke with felt that the service was good and well-led. A person told us, "It is very good here". A relative told us, "I think it is a good service". Staff we spoke with told us that in their view the service was good.

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 said, "The manager is very nice". The registered manager was available and was visible within the service. We saw them in the lounges and dining rooms during our inspection. We saw that people smiled and spoke with the registered manager which showed that they were familiar with her. All of the people spoken with knew who the manager was. The majority of relatives we spoke with knew who the registered manager was and felt they could approach them with any problems they had.

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. People and relatives we spoke with felt that the staff were well led and worked to a good standard. A person said, "The staff do a good job". A relative told us "The staff are good. I have no worries about their work". Another relative said, "The staff do a good job".

All staff we spoke with told us what they would do if they were to witness bad practice. One staff member said, "If I saw anything I was concerned about I would report it to the manager. We have policies and

procedures regarding whistle blowing". We saw that a whistle blowing procedure was in place for staff to follow.