

Matthew Residential Care Limited

Matthew Residential Care Limited - 59 Woodgrange Avenue

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

This inspection took place on 13 October 2016 and was announced. During our last inspection in September 2014 we found the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations, Safe care and Treatment. We found that the registered provider had not made suitable arrangements for the administration and recording of medicines.

During this inspection we found that the provider had provided medicines administration training to staff and procedures for the administration of medicines had been updated and improved.

Matthew Residential Care Limited – 59 Woodgrange Avenue is a care home providing accommodation and personal care for the maximum of three people who have learning disabilities and mental health needs. The home has currently one vacancy.

The inspection was carried out by one inspector.

59 Woodgrange Avenue has a manager who is registered with the Care Quality Commission (CQC). 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.

People were safe in the home. Staff understood the safeguarding processes and knew what constituted abuse. Staff knew how to keep people safe and reported any issues of concern appropriately. Risk assessments were clear and detailed and reviewed regularly. Staff followed guidance and protocols that were in place to help reduce the risks for people. People received their medication on time and in the manner the prescriber intended.

There were enough staff to meet people's needs properly and the staff on duty had the skills and knowledge to support people effectively and meet their needs in a timely manner. Appropriate and safe recruitment practices were followed, to help make sure staff were suitable to work with people in a care environment.

Staff received good support from each other and the registered manager. Staff were regularly supervised and the management team was hands on and approachable. The CQC is required to monitor the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and report on what we find. The registered manager ensured the service operated in accordance with the MCA and DoLS procedures and staff demonstrated a clear understanding of the MCA, DoLS, capacity and consent.

People were supported to make their own decisions and choices as much as possible. People received enough food and drink to meet their individual needs and staff had a good understanding and knowledge of people's dietary needs. Referrals to healthcare professionals were made promptly as needed and any advice

or guidance given was followed appropriately by staff.

People were fully involved, where possible, in planning and reviewing their own care and staff appropriately supported people, when necessary, to make informed choices for themselves. Staff were kind, caring and compassionate. People were treated with dignity and respect and their privacy was upheld. People were also supported and encouraged to do as much for themselves as possible, in order to enhance and maintain their independence.

People took part in activities of their choosing and followed their own hobbies and interests, inside and outside of the home. Visitors were always welcomed without unnecessary restrictions and people's personal relationships were valued and respected. People were listened to and comments or complaints were welcome. Any complaints were fully investigated and actions taken to improve the quality of care provided.

There were effective systems in place to monitor the quality of the service and these were used to develop the service further. Staff and people living in the home were regularly involved in making decisions on how the home was run. Record keeping and management systems were up to date, with effective auditing and follow up procedures in place. An open and inclusive culture was demonstrated at 59 Woodgrange Avenue, with clear and positive leadership evident.

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 Staff knew how to keep people safe and reported any issues of concern properly.

Risk assessments were clear and detailed and reviewed regularly. Staff acted in accordance with the guidance and protocols that were in place to help reduce the risks for people.

Staffing levels were sufficient to meet people's needs appropriately and in a timely manner. Safe recruitment practices were followed, to help ensure staff were suitable to work with people in a care environment.

Medication was administered, stored and managed safely and people received their medication on time and in the manner the prescriber intended.

Is the service effective?

Good ●

The service was effective. Staff had the skills and knowledge to support people effectively, had regular supervisions and completed training that was effective and relevant to their roles.

The service operated in accordance with the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) procedures.

People had enough to eat and drink and staff had a good knowledge and understanding of people's dietary needs.

Referrals to healthcare professionals were made promptly as needed and any advice or guidance given was followed appropriately by staff.

Is the service caring?

Good ●

The service was caring. People were treated with kindness, dignity and respect and their privacy was consistently upheld.

People were fully involved in making decisions around how they spent their day and what care and support they received.

Visitors were always welcomed, without unnecessary restrictions

and people's relationships were valued and respected.

Is the service responsive?

Good ●

The service was responsive. Care records provided clear guidance for staff to understand how to meet each person's specific care and support needs.

Care was centred on each person as an individual and people took part in appropriate and meaningful activities.

People could complain or raise issues if they had any and felt they were listened to properly.

Is the service well-led?

Good ●

The service was well led. The service maintained strong links with the community.

There were effective systems in place to monitor the quality of the service. Staff and people living in the home could make suggestions for improvement and contribute to the planning and development of the service.

Record keeping and management systems were in good order, with effective auditing and follow up procedures in place.

An open and inclusive culture was demonstrated with clear and positive leadership evident.

Matthew Residential Care Limited - 59 Woodgrange Avenue

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 inspection took place on 13 October 2016 and was announced. We gave '48 hours' notice of the inspection because the service is small and the registered manager is often supporting staff or providing care. We needed to be sure that they would be in.

Our visit was carried out by one inspector.

Before our 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. We also reviewed statutory notifications we had received from the service. Providers are required to notify us about events and incidents that occur in the home including deaths, serious injuries sustained and safeguarding matters.

During our visit we met and spoke with two people who used the service, the registered manager, we also met and spoke with one member of care staff and carried out observations throughout the day.

We viewed the care records for two people; we looked at a sample of the medicines records for two people who used the service. We also looked at records that related to the management of the home. These included staff recruitment files, staff training records, quality auditing systems, some health and safety

records and minutes from meetings.

Is the service safe?

Our findings

People we spoke with told us they felt safe living in 59 Woodgrange Avenue. One person said, "Definitely, the staff make sure we're alright and they don't let anything bad happen to us." Another person told us, "I love living here, I am safe and sound and very happy." Comments we noted from the home's most recent quality assurance survey included, "Staff look after me very well."

Staff had a good understanding of safeguarding and knew what constituted abuse. Staff told us they knew how to recognise signs that indicated when a person could be being abused and confirmed they would report any issues of concern appropriately. There was information displayed around the home regarding whistleblowing and safeguarding, with details of who to contact if necessary. Staff told us that they had received effective training in respect of safeguarding people. Staff also confirmed that they knew the whistleblowing policy and would follow it if necessary.

The premises were being well maintained and we saw that regular Health and Safety and environmental assessments were carried out. This helped ensure that risks were identified and minimised so that people were able to live in a safe environment. For example, during the day of our inspection an external contractor carried out the annual Health Safety audit. The assessor told us that there were no concerns highlighted during this audit.

Risk assessments were clear and detailed in respect of people's daily living, such as mobility, nutrition and hydration, medical conditions, personal care, household tasks, hobbies and social activities. The risk assessment were part of the persons care plan and provided sufficient detail which ensured staff had the correct information to ensure people who used the service were safe and risks were minimised. People's safety was also given full consideration for occasions when they travelled without support from staff. For example, one person was currently supported by staff to travel independently to the day centre. The home used a step by step approach which gave the person the confidence and security to travel independently.

We saw that staffing levels were sufficient to meet people's needs appropriately and all the staff on duty demonstrated good knowledge and understanding of people and their needs. For example, we saw that there were additional staff on duty to support people for appointments or activities if required. The registered manager explained how they continually reviewed the staffing levels and adjusted them according to people's individual and changing needs. For example, we saw records which showed that the manager regularly reviewed people's dependency levels to ensure staffing levels remained sufficient.

The staff files we looked at and discussions with staff confirmed that appropriate and safe recruitment practices were followed. All staff were police checked for suitability with the DBS (Disclosure and Barring Service). Appropriate references were also obtained to make sure that new staff were safe to work with people who lived in the home.

Medicines were managed and administered safely in the home and people received their medicines as prescribed. The deputy manager told us that staff received full training and were closely supervised before

being able to administer people's medicines. We saw that people's medicines were appropriately stored in cupboards that were kept locked when not in use. Effective recording systems were in place and people's records, including the medicine administration record (MAR) charts, were clear, up to date and completed appropriately. The registered manager told us that all the medicines and procedures were regularly audited, both internally and by a local pharmacist. We looked at some of the audit records and saw that where any errors or issues had occurred, these had been identified and appropriate action had been taken.

Is the service effective?

Our findings

People who were living in the home told us that their needs were met appropriately by well trained staff. One person said, "They [staff] know me very well and they know what to do to look after me properly."

Staff received good support from each other as well as from the management team. The registered manager explained that the supervision and appraisal process was shared between themselves and the deputy manager, to help ensure these were carried out on a regular basis. The registered manager also explained how all new staff worked an induction period, during which they were able to shadow more experienced staff. The registered manager told us that group supervisions which were done during regular staff meetings, as well as one to one sessions, were carried out with staff. It was explained that these enabled the whole staff team to share ideas, find solutions, and ensure various strategies were discussed. The registered manager also told us that an open and transparent atmosphere was promoted with regular meetings for people living in the home and staff, as well as daily 'chats'.

Staff had completed essential training that was effective and relevant to their roles. This covered areas such as safeguarding, fire safety, first aid, moving and handling and health and safety. In addition, we noted that staff received training in areas such as equality, diversity and human rights. The registered manager told us that observation sessions were included as part of the staff's supervision process, to help ensure people living in the home were treated equally and that their human rights were maintained. For example, we observed staff supporting a person who was tearful. Staff spent time with the person listened to the person's concerns and provided suggestions to resolve the situation. We heard staff speaking with the person and explaining what was happening, in a clear but kindly manner. These observations helped confirm to us that the training staff received was effective.

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. Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

During this inspection the staff and management team demonstrated a clear understanding of the MCA, DoLS, capacity and consent. We saw consistent evidence of people being supported to make their own choices and decisions wherever possible. Staff also made sure that people knew what was happening around them and obtained their consent before any care was provided. The registered manager explained that all people currently residing at the home were able to make independent decisions and were not under any restrictions. We confirmed this with staff and people who used the service.

Staff had a good understanding and knowledge of people's dietary needs, including cultural choices and

allergies. People we met gave positive feedback regarding the meals. One person told us, "The food here is very good." We saw that people had multiple choices of food and could mix and match food items as they wished. For example, one person chose to have Bombay Mix and a dessert, while another person chose to have a pasta dish. This demonstrated that staff knew people well and understood how to support people to make informed choices and decisions for themselves. The registered manager explained how the service had robust systems in place to help ensure people's nutritional needs were met. This included listening to people's views with regards to meal planning and involving them as much as possible in the process. The registered manager also told us how certain strategies had resulted in the dietician discharging people more quickly than could often be the case. For example, when weight management was needed, the home supported people to choose healthier food options and encouraged the person to take part in physical activities to manage their weight and reduce the risk of further weight gain. Our observations during the lunch period, assured us that staff fully understood people's dietary support needs and followed professional advice and guidance correctly.

People received effective support from staff and had good access to various healthcare services. Staff were vigilant in their observations, recordings and support to ensure people's healthcare needs were monitored, identified and met in a timely way. For example, staff noticed that one person appeared to be more anxious and depressed recently and we were told that an urgent appointment had been arranged for the person to see and talk to their GP. From the care records we looked at, we noted that the service had built up a good working relationship with the local GP surgery, which included regular communication and home visits as needed. With each person's consent, everyone living in the home was accompanied by a member of staff on any medical or healthcare appointments.

Is the service caring?

Our findings

Everyone we met with, who was living in the home, gave us positive responses or made gestures, such as a smile, a nod and 'thumbs up' when we asked if the staff were good, kind and caring. People said they were listened to and told us their needs were met appropriately. All staff demonstrated caring attitudes towards people and we saw this was consistent, regardless of the staff's roles. One person told us, "It's my home and I love it here." Another person told us, "It's the best!" One person had commented in the home's quality assurance survey, "I visit my nearest relative regularly and speak to them over the phone."

The registered manager explained how staff had received training and supervision to ensure people's privacy, dignity; independence and well-being were continually promoted, as well as their personal development, goals and ambitions. For example, we saw that staff encouraged people to live their lives as they wished. One person was supported their hobby of collecting glass ornaments and display them in their room.

People were fully involved in planning their own care and making choices about their lives. People told us that they had been on holiday this year, one person did not like to travel and stay overnight and they were supported by staff to take day trips closer to home, such as central London, Greenwich or Brighton.

We saw that care plans contained information regarding people's likes, dislikes, interests and hobbies. These were reviewed on a regular basis and updated as and when necessary. People's choices were consistently respected by the whole staff team and some of these choices included whether a person wished to be supported by male or female care staff. The home only caters for females and the staff team reflected this. As the home had a balanced mix of male and female staff, this helped ensure people's choices could be accommodated. Everyone we met either told us or expressed that they were consistently treated with dignity and respect. We also saw that people were supported to enhance and maintain their independence.

People's privacy was respected and staff shared with us examples of how they protected people's dignity when supporting them with personal care. For example by closing doors and curtains and explaining clearly to people what they were about to do. We saw that staff knocked on people's doors before entering their rooms.

We noted that visitors were welcome in the home and people also had access to independent advocacy services if and when needed. People were supported to maintain relationships that were important to them and we noted how one person had frequently been supported to visit their parent. In addition, the registered manager told us that relatives were invited to birthdays and other occasions, so they could attend social functions.

During this inspection we noted that the ethos of the service was to provide people with a genuine 'home for life'. One person had lived in the home for a number of years and some strong friendships had developed during this time. The registered manager also told us how they had developed good relationships with the

professionals who could ensure that if people required additional support for example bereavement counselling this can be sought. This helped people to work through the grieving process if they lost someone close to them.

Staff had a good understanding of the importance of confidentiality. Care records were stored securely. Information was kept confidentially and there were policies and procedures to protect people's confidentiality. Staff were seen to ensure all support plans and care documentation was return to a designated locked area once they had finished updating paperwork.

Is the service responsive?

Our findings

People and their relatives were involved in the planning and reviewing of their care and support. One person told us, "I meet my key worker and we talk about my feelings, what I want to do and what help I need." Staff took time to consider and understand what people enjoyed doing and recorded how they responded to different activities to ensure people could continue to take part in things they enjoyed.

Where people's needs changed we saw that this had been identified by staff and appropriate action was taken. For example staff had recorded which time of day people were most receptive to certain aspects of their support, such as receiving personal care. People's care records reflected any changes that had taken place and staff were kept informed of these changes through the home's communication systems which included handover meetings and daily logs. Staff explained to us how they used people's care records to help them support people in the way that they preferred. One member of staff told us, "The care plans gave me all the factual information I needed to know, it then comes down to getting to know a person day by day."

Staff had a good understanding of people's individual needs and said they were given time to ensure care documentation was updated in a timely fashion. Daily care records provided clear detailed descriptors of people's activities, moods and behaviours. Staff told us these were useful for reference if they had been off duty.

People were engaged in activities on the day of the inspection and staff supported people to participate in their chosen activity both within the home and in the community. Some people spent time in their rooms listening to music or using their iPad, while others were supported by staff to go shopping or spend time with family members.

People told us they enjoyed a range of activities and were actively supported by staff to follow their interests and develop new ones. We saw that people had devised their own activity schedules which highlighted all the things they had chosen to do and any activities they enjoyed repeating on a daily or weekly basis. For example, one person enjoyed going to a day centre and undertook this every week. One staff member told us, "I was told [Person's name] likes swimming so we discussed this with the manager, we considered the risks and then supported the person to go."

In addition, people had been supported to enjoy annual holidays which they were involved in choosing and which reflected their particular interests. People said the holidays were planned at least once a year and that they were involved in discussion and planning for them. People told us how they had recently been to Brighton. This demonstrated that people were supported by staff to participate in activities that they enjoyed.

People told us they would talk to the registered manager, or staff, if they had any concerns. One person told us, "If there is anything I don't like, I would speak to the manager." Another person said, "If I was unhappy, the staffs know that as well. I would speak to the senior or the manager right away." The PIR identified a

complaints policy was available to people within the home. We found this was available in various formats, such as pictorially, to ensure its accessibility. People's support plans identified how, via peoples one to one 'talk time', staff covered the key information contained within the policy. At the time of our inspection there were no open or recent complaints.

Is the service well-led?

Our findings

People and staff spoke highly of the leadership at the service. Comments regarding the registered manager included they were knowledgeable, approachable, and positive. Staff comments about the registered manager included "Good, really good. I actually don't think this home would be as good without this management. Short cuts are not tolerated. We get a great deal of support; managers would not ask us to anything they wouldn't do themselves."

Throughout the inspection we saw the registered manager supporting people with general care. The registered manager encouraged an honest and open approach; staff confirmed this was the case. The office door was open and staff came to seek support when needed. Staff told us they felt supported by the registered manager, when asked if the registered manager was visible one said "She starts early, she is hands on providing care when we are short of staff. She is always around."

Staff told us they found the supervision sessions, appraisals and team meetings useful. Feedback was always given in a constructive way. One staff member told us, "Supervision is a way of improving practice and setting goals. It helps me to keep expanding my knowledge. I would like to think it makes me better at my job and a better example to others." Staff described team meetings "We have an opportunity to brainstorm and feedback as a team. We can put forward suggestions of how things can be improved."

The provider has a legal duty to inform the CQC about changes or events that occur at the home. They do this by sending us notifications. We had received notifications from the provider when required.

The registered manager completed regular audits and spot checks to ensure the quality of care was monitored and maintained. In addition an external contractor carries out annual health and safety audits, which ensured that all necessary checks such as gas checks, fire checks and electrical checks were carried out and maintained. These audits included health and safety checks, lone working, Control of Substances hazardous to health (COSHH), medication and fire safety amongst others.

The registered manager received feedback from questionnaires sent out on behalf of the registered provider about the service. Feedback was positive and the registered manager told us they also relied on their communication with families to ensure people received the care they should.

All accidents and incidents which occurred were recorded and analysed. The time and place of any accident was recorded to establish patterns and monitor if changes to practice needed to be made.

The registered manager looked for ways to continually improve the service and keep up to date with current trends. People were supported by a service in which the manager kept their skills and knowledge up to date by on-going training, research and reading. They shared the knowledge they gained with staff at staff meetings/supervision.

One staff member told us "I believe the quality of care is really good, nothing is missed...It's a home, it's a

happy place. It offers people choice and they are safe" and "It is a home, a proper home." From our observations, we saw people appeared to be clean and well dressed. Staff knew and engaged with people well. The providers vision of "We believe everyone should have a home and the support they need" was being fulfilled at 59 Woodgrange Avenue.