

Colleycare Limited

St Matthews Care Home

Inspection report

Chequer Lane
Redbourn
Hertfordshire
AL3 7QG

Tel: 01582792042
Website: www.bmcare.co.uk

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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 06 April 2016 and was unannounced. At our last inspection on 29 July 2014, the service was found to be meeting the required standards in the areas we looked at. St Matthews Care Home provides accommodation and personal care for up to 57 people. At the time of our inspection 52 people lived at the home. The home was divided into three units, named Meadows, Tree Tops, and Willows.

There was a registered manager in post who had registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

The CQC is required to monitor the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are put in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of the inspection we found that where required DoLS authorities were in place.

Plans and guidance had been drawn up to help staff deal with unforeseen events and emergencies. The environment and equipment used were regularly checked and well maintained to keep people safe. Trained staff helped people to take their medicines safely and at the right time. Identified and potential risks to people's health and well-being were reviewed and managed effectively.

People were supported to maintain good health and had access to health and social care professionals when necessary. They were provided with a healthy balanced diet that met their individual needs.

People told us that they felt safe, happy and well looked after at the home. Staff had received training in how to safeguard people from abuse and knew how to report concerns, both internally and externally. Safe and effective recruitment practices were followed to ensure that all staff were suitably qualified and experienced. Arrangements were in place to ensure there were sufficient numbers of suitable staff available at all times to meet people's individual needs.

People and relatives were positive about the skills, experience and abilities of staff who worked at the home. Staff received training and refresher updates relevant to their roles and had regular supervision meetings to discuss and review their development and performance.

Staff made considerable efforts to ascertain people's wishes and obtain their consent before providing personal care and support, which they did in a kind and compassionate way. Information about local advocacy services was available to help people and their family's access independent advice or guidance.

Staff had developed positive and caring relationships with the people they cared for and clearly knew them very well. People were involved in the planning, delivery and reviews of the care and support provided. The confidentiality of information held about their medical and personal histories was securely maintained

throughout the home.

Care was provided in a way that promoted people's dignity and respected their privacy. People received personalised care and support that met their needs and took account of their preferences. Staff were knowledgeable about people's background histories, preferences, routines and personal circumstances.

People were supported to pursue social interests and take part in meaningful activities relevant to their needs, both at the home and in the wider community. They felt that staff listened to them and responded to any concerns they had in a positive way. Complaints were recorded and investigated thoroughly with learning outcomes used to make improvements where necessary.

Relatives and staff were complimentary about the registered manager and how the home was run and operated. Appropriate steps were taken to monitor the quality of services provided, reduce potential risks and drive 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.

People were kept safe by staff trained to recognise and respond effectively to the risks of abuse.

Potential risks to people's health and well-being were identified and managed effectively in a way that promoted their independence.

Safe and effective recruitment practices were followed to ensure that all staff were fit, able and qualified to do their jobs.

Sufficient numbers of staff were available to meet people's individual needs at all times.

People were supported to take their medicines safely by trained staff.

Is the service effective?

Good ●

The service was effective.

Staff obtained their consent before care and support was provided.

Capacity assessments and best interest decisions had been completed and met the requirements of the MCA 2005.

Staff were well trained and supported to help meet people's needs effectively.

People were provided with a healthy balanced diet which met their needs.

People had access to health and social care professionals when necessary.

Is the service caring?

Good ●

The service was caring.

People were cared for in a kind and compassionate way by staff that knew them well and were familiar with their needs.

People's and their relatives were involved reviews of the care and support provided.

Care was provided in a way that promoted people's dignity and respected their privacy.

The confidentiality of people's personal information had been maintained.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that met their needs and took account of their preferences and personal circumstances.

There was guidance for staff that enabled them to provide person centred care and support.

There were opportunities provided to help people to pursue social interests and take part in meaningful activities.

People's and their relatives were confident to raise concerns and have them dealt with promptly and to their satisfaction.

Is the service well-led?

Good ●

The service was well led.

Effective systems were in place to quality assure the services provided, manage risks and drive improvement.

People, relatives and staff were very positive about the registered manager and how the home operated.

Staff understood their roles and responsibilities. They were well supported by the management team.

St Matthews Care Home

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2012, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on the 06 April 2016 by one Inspector and an expert by experience and was unannounced. Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with fourteen people who lived at the home, eight relatives, seven staff members and the registered manager. We also reviewed the local authority commissioner's report of their most recent inspection. We looked at care plans relating to three people and two staff files. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us due to complex health needs.

Is the service safe?

Our findings

All the people we spoke with told us they felt safe at the home. One person said, "I feel safe." Another person commented, "I don't feel there is anything wrong here at all."

Staff received training about how to safeguard people from harm. They were knowledgeable about the risks of abuse and they knew how to raise concerns, both internally and externally, and how to report potential abuse by whistle blowing. Information and guidance about how to report concerns, together with relevant contact numbers, was prominently displayed. The manager told us, "We regularly talk about safeguarding issues and procedures at meetings." One staff member said, "If I felt someone was being abused I would always report this to the manager."

Information gathered in relation to accidents and incidents that had occurred were personally reviewed by the registered manager who ensured that learning outcomes were identified and shared with staff. For example, we saw that where one person had a lot of falls the registered manager had completed risk assessments and looked at ways to reduce the person's risk such as looking at the environment and making sure the person's shoes were well fitted. The GP had been involved and a review of their medicine and care plan had taken place. This showed that people's changing needs were monitored and reviewed to ensure people's needs were met.

Safe and effective recruitment practices were followed to make sure that all staff employed at the home were of good character, physically and mentally fit for the roles they performed. All relevant checks were in place before staff were allowed to commence work. One person said, "I would recommend the home because of the good quality of staff and appearance of the home."

The registered manager had effective arrangements in place to ensure there were enough suitably experienced, skilled and qualified staff available at all times to meet people's individual needs. They told us that they are actively recruiting and there were two new applicants waiting to start. The registered manager told us that any shortages were covered by agency staff. Relatives told us that they felt there were enough staff. One staff member commented, "I feel there are enough staff here." We observed through the day that people's needs were attended to in a calm and friendly manner.

People's medicines were managed safely. Medicine records were accurate and consistently completed. Quantities of medicines held in stock were appropriate and there were sufficient monitoring systems in place to identify any shortfalls. We observed staff administering people's medicines and saw that they worked in accordance with safe working practice. "At the time of our inspection the registered manager was trialling a new electronic system for the home on one unit. We found that the system was very intuitive. For example, when giving a person's medicine staff had to scan the medicine's barcode, this would then confirm the person's identity and indicate the dosage required to be given. If the wrong medicine for this person had been selected the system would alert staff that there was an error."

Where potential risks to people's health, well-being or safety had been identified, these were assessed and

reviewed regularly to take account of people's changing needs and circumstances. This included in areas such as nutrition, cooking, medicines, mobility, health and welfare.

Plans and guidance were available to help staff deal with unforeseen events and emergencies which included relevant training, for example in first aid and fire safety. Regular checks were carried out to ensure that both the environment and the equipment used were well maintained to keep people safe, for example fire alarms. All staff we spoke with confirmed that the fire alarms were tested weekly and that they had completed a fire drill this week. Everybody who lived at the home had personalised evacuation plan.

Is the service effective?

Our findings

People who lived at the home told us they were looked after well. One relative told us, "We had seen other homes but had selected St Matthews as the best."

The Mental Capacity Act (2005) provides a legal framework for making particular decisions on behalf of people who may lack 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. Where 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 saw where required DoLS authorisation had been sought.

We checked whether the service was working in line with the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the registered manager had measures in place. For example, some people were considered to not have the capacity to make decisions on their own. We found that capacity assessments and best interest decisions were in place to ensure people were supported to have their best interests met in the least restrictive way.

Throughout our inspection we saw that staff used a variety of appropriate and effective techniques, both verbal and non-verbal, to communicate with people who they clearly knew well. We saw that staff explained what they were doing; they reassured people and made every effort to obtain consent and ascertain their wishes before providing personal care and support. For example, we saw a staff member spend a significant period of time with one person supporting them to eat at lunch. The person did not seem to want their food. We saw the staff member was encouraging and offered an alternative option the person was happier with the alternative. This was all done in a calm and respectful manner. One staff member said, "We always ask if it is alright, before we do things." Another staff member told us, "We respect people's decisions and their rights but we would always come back and ask again or have a different carer support as this can help."

People who lived at the home and their relatives were positive about the skills, experience and abilities of staff. One person told us, "You can't fault the staff." New staff were required to complete a structured induction programme, during which they received training relevant to their roles and had their competencies observed and assessed. Staff confirmed that they had received an induction. One staff member said I had my induction and was shadowed by other staff while learning the job."

Staff received training and regular updates in areas such as moving and handling, food hygiene, medicines, dementia and fire safety. The registered manager told us there are regular training sessions held in the training room at the home by their own trainer. They were also encouraged and supported to obtain nationally recognised social care vocational qualifications (NVQ). One staff member commented, "I have

started to complete my NVQ level three. Another commented, "I am happy with the training." The manager told us, I revisited the way the training was carried out and organised a training planner to ensure regular staff training is taking place to ensure that staff keeps their skills up to date as well as keeping updated with any changes that may be required.

Staff members told us they felt supported by the management team and were encouraged to have their say about any concerns they had and how the service operated. The registered manager had introduced a suggestions board that could be used by everyone at the home and visitors. Staff had the opportunity to attend regular meetings and discuss issues that were important to them together with regular supervisions with a manager where their performance and a personal development was reviewed. One member of staff said, "I have had supervisions and I feel supported." Another commented, "I have regular supervision, I feel supported. The manager is fantastic; I am asked if there is anything that I want to do."

Staff were very knowledgeable about people's nutritional needs. For example in one person's care plan it stated the person was gluten intolerant and staff we asked were aware of this. There was a list of people's preferences and dietary requirements kept in the kitchen. We saw that people were provided with snacks and drinks throughout the day. People were offered menu choices and we saw where people did not want one option there was another option available. One person who did not wish to have either option had alternative options suggested and they decided to have an omelette that was prepared by the kitchen for their convenience. We saw when people had finished their meal they were asked if they would like some more. People we asked said the food was lovely. One person said, "The food is very good and served beautifully". Another person said, "They [Staff] ask for your choice the day before and it is always edible, and if you don't like it they always find something else for you."

People received care and support that met their needs in a safe and effective way. Staff were very knowledgeable about people's health and welfare needs, People confirmed they were supported to access appropriate health and social care services in a timely way. We saw where people had accessed their GP's, Opticians and dentists for example.

Is the service caring?

Our findings

People were cared for and supported in a kind and compassionate way by staff that knew them well and were very familiar with their needs. One person told us, "You'd have a job to find a better home, the staff are very attentive", A relative said, "[Name] gets excellent treatment here and is happier than she's been; this is exactly the right place for them."

We saw that staff helped and supported people in a calm and patient way and respected their privacy and dignity at all times. They had developed positive and caring relationships and were very knowledgeable about people's individual personalities, characters and the factors that may have influenced their moods and behaviours. For example, One person who had dementia believed they were only visiting the home staff were aware of this and engaged with the person in a supportive and caring way that did not challenge this but made the person feel welcome, the person said, "The staff are welcoming and very helpful. I enjoy having lunch here the atmosphere is kind and jolly."

People were supported to maintain positive relationships with friends and family members who were welcome to visit the home at any time. One relative said, "I can visit at any time." We saw that staff regularly reviewed and talked with people about their care and support needs and had involved them in decisions about how it was planned and delivered wherever possible. A relative said, "From day one we've been delighted and the staff can't do enough for you." Relatives also told us they had been fully involved in the planning and reviews of the care and support provided. One relative said, "I get asked to attend reviews."

We observed interaction that was caring and friendly. Staff positioned themselves properly to talk with people. For example, staff lowered themselves down to eye level to talk with people. We saw that staff called people by their preferred names and were familiar with their needs.

Staff were able to verbally demonstrate how they promoted peoples independence and were aware of how to maintain people's dignity and respect. One staff member said, "I would always close people's doors before giving personal care and would make sure that they are aware of what I'm about to do. I always encourage people to do as much as they can." We saw one person who had spilt their drink into their lap and straight away a member of staff came over to support them. They asked the person would they like to go to their room to change and were supported to do so. This had been done in a calm and discreet way that promoted the persons dignity.

We found that confidentiality was well maintained throughout the home and that information held about people's health, support needs and medical histories was kept secure. We were told by the registered manager that an advocacy service would be provided for independent advice and guidance to people and their relatives if required.

Is the service responsive?

Our findings

People received personalised care and support that met their individual needs and took full account of their background history and personal circumstances. Staff had access to detailed information and guidance about how to look after people in a person centred way, based on their preferences and individual health and social care needs. This included information about their preferred routines, medicines, relationships that were important to them, dietary requirements and personal care preferences. One person said, "Staff are very helpful here."

We found that when people's needs changed this would be reviewed. For example where one person's needs had changed a decision had been made that meant the person was required to move to another unit in the home that was better suited to meet their needs. Discussions with GP, Social workers and families took place this meant that when people's needs changed they were reviewed to ensure the person needs were met.

Staff had access to detailed information and guidance about how to support people with their needs. There was guidance in people's care plan about their personal needs. For example we saw one person's care plan that identified the person was at high risk of developing pressure ulcers. There had been a special bed and mattress used in conjunction with repositioning guidance for staff to support with this. The person had in their personal care guidance about maintaining, moisturising and observing the persons skin. This meant that the person's needs were responded to in a way that promoted their well-being.

Opportunities were provided for people to engage with meaningful activities and social interests relevant to their individual needs and requirements, both at the home and in the community. These included such activities as local walks, coffee mornings out, cards and ball games, church services, horticulture, music, and singing. The staff also organised outings to places of interest. Art work produced during activities was displayed on corridor walls. We saw on the day of our inspection a sing along session and two cats were brought in to meet the people who lived at the home. One person said, "The cats are lovely." We observed that people enjoyed meeting and engaging with the cats. The activities person told us that they used volunteers that enabled them to have more people go on outings. People were also supported to follow their interests; we saw people went to the local gym and friendship clubs.

The registered manager told us that the décor in some parts of the home was tired and people had complained about this. The registered manager held a meeting in response to discussed with the people about redecorating different areas of the home and after choosing colours and wallpaper and carpets arranged for the conservatory area, two lounges, and a dining room to be decorated. They are now waiting on carpets for all corridors and staircases and various bits of furniture for bedrooms. People who lived at the home had created various paintings and collages to decorate the walls and these are admired by everyone.

People's relatives told us they were consulted and updated about the services provided and were encouraged to provide feedback about how the home operated. They felt listened to and told us that the managers responded to any complaints. One relative said, "We were informed about how to complain when

we first came to the home." People, relatives and staff all felt that they could discuss any problems they had with the registered manager. There were regular meetings to seek people's views. We saw examples where at one meeting people had talked about the food menu and in the minutes of the next meeting people were happy that the issue had been addressed.

Is the service well-led?

Our findings

People, relatives and staff were all positive about how the home was run. They were very complimentary about the registered manager who we were told was approachable, supportive and well organised. One Staff member said, "I can speak to the manager because they are approachable and always available."

The registered manager was clear about their vision regarding the purpose of the home, how it operated and the level of care provided. They told us that there was an improvement plan that had been developed through feedback of the service and that they had many ideas for the future. The registered manager felt supported in their role and had access to support at any time through other managers within the service. They said, "I feel very supported because there is always someone I can call."

The home was visited by other managers on a regular basis to perform audits and spot checks of the home. These included audits of medication, care plans and health and safety. The registered manager told us that they perform daily spot checks around the home. They said, "I walk around room to room. I speak with relative's staff and people who use the service to ensure people are safe and happy. Any problems found will be addressed. We saw where people had voiced areas of concern that these had been addressed we saw action plans in response to feedback from surveys and audits. For example, the food menus had been changed. An electronic medicine system was been trialled to see if the risk of errors occurring could be reduced further. There was a home improvement plan in place."

People and staff confirmed the registered manager was very visible around the home and every one we spoke with, staff, relatives and the people who lived at the home spoke highly of the registered manager. One staff member said, "The manager is very approachable." A relative said, "The communication is always good we are always updated if there are any changes." The registered manager said, "I have an open door policy and my door is always open to anyone who needs to talk with me."

Staff understood their roles; they were clear about their responsibilities and what was expected of them. As part of their personal and professional development, staff were supported to obtain the skills, knowledge and experience necessary for them to perform their roles effectively. Staff we spoke with felt supported to develop. One staff member said, "I feel supported by my manager."

We found that the views, experiences and feedback obtained from people's relatives and stakeholders about how the service operated had been sought and responded to in a positive way. Questionnaires seeking feedback about all aspects of the service were sent out and the responses used to develop and improve the home. For example, changes to the food menus had taken place due to people's feedback.

The registered manager told us about an important issue that they had helped to address. People were not happy about the quality of the food and quantity. The registered manager engaged the head chef in all the residents meetings and they tried various dishes and reviewed the menus, until people who lived at the home were happy with all the dishes. The registered manager had introduced fresh fruit as well as cheese and biscuits for daily snacks, with a variety of crisps and chocolates. This showed that feedback from people

who used the service had been listened to and addressed. People we spoke with were happy with the quality of the food.

The registered manager was required to carry out regular checks and audits in a number of key areas, for example in relation to medicine management, health and safety, staffing issues and care planning. For example the registered manager told us that staffing had been an issue when they started but this had been much improved but they were still actively recruiting to improve this further.