

St. Matthews Limited

St Matthews Unit

Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

St Matthews Unit is a care home providing personal and nursing care to 55 people with a diagnosis of dementia and/or mental health at the time of the inspection. The service can support up to 58 people.

People's experience of using this service and what we found

Systems and processes were not always effective in ensuring the safety of people. Audits completed had not always identified and mitigated risks to people. Concerns found in previous inspections had not all been rectified or mitigated.

People were at risk of harm from known risks. There were not always risk assessments or mitigating strategies completed for risks associated with water, fire and environment. We found concerns relating to all three of these areas.

We could not be assured physical interventions were completed safely. Records did not contain sufficient information and not all staff involved in physical interventions had the necessary training. The provider had failed to identify when staff or managers had not followed the providers procedures on physical interventions.

Staff were not always adequately trained. We found some staff did not have up to date training in safeguarding, manual handling, communication and food and fluids. Rotas and records did not always record the name of staff on shift or completing a specific task. Staff had received adequate training to understand and know the correct techniques to be used when physically restraining people.

People were supported to have maximum choice and control of their lives, however, staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

The provider had made improvements in the way they recorded and reported injuries sustained to people and investigated to establish the cause of the injury.

The provider had a dependency tool and allocated sufficient staff to each shift. Staff were recruited safely.

People received their medicines as prescribed. Medicine records were well kept and contained up to date and detailed information. Staff were trained and assessed in medicine management.

Staff wore appropriate personal protective equipment (PPE) and cleaning schedules evidenced the home was regularly cleaned. The environment had been adapted for people including the use of dementia friendly signs, sensory walls and radiator and pipe covers.

Care plans contained details of people's emotional, physical, cultural and personal needs. People's medical and health needs were met, and referrals were made to healthcare professionals as required.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 22 April 2021) and there were three breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, responsive and well led sections of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to risks, physical interventions and oversight at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspection is detailed at the end of this report.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

Special Measures

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well led.

Details are in our well led findings below.

St Matthews Unit

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by two inspectors.

Service and service type

St Matthews Unit is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. St Matthews Unit is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. Due to technical problems, the provider was not able to complete a Provider Information Return (PIR). A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used information gathered as part of monitoring activity that took place on 8 December 2021 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with nine members of staff including the provider, registered manager, deputy manager and care workers.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to inadequate. This meant people were not safe and were at risk of avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure systems and processes were sufficient safeguard people from abuse and improper treatment. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Improvement had not been made at this inspection and the provider is still in breach of regulation.

- People were at potential risk of harm from inappropriate physical interventions.
- At the last inspection we found when staff used physical interventions, these were not recorded appropriately. At this inspection we found most records of physical interventions still did not contain type or duration of physical intervention used or the full names of staff involved. This meant there was no evidence of whether or not the techniques used were appropriate or safe.
- Not all incidents of physical interventions or behaviours which included an assault were recorded as an incident, reviewed or analysed.
- The registered manager had not followed the providers policies and procedures when ensuring staff had managed physical interventions appropriately. The registered manager had not completed debriefs with people or staff following an incident when physical intervention was used. A debrief should be completed after every incident of physical intervention to help people and staff to identify what led to the incident and what could have been done differently, to also determine whether alternatives, including less restrictive interventions, could be used.

Systems and processes had not been established to ensure people were safeguarded from abuse and improper treatment. This placed people at risk of harm. This was a continued breach of regulation 13(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to ensure that all strategies to mitigate risks had been completed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvement had not been made at this inspection and the provider is still in breach of regulation.

- People were at risk of harm from fire. Risks had not been assessed or mitigated. We observed one person

who had hoarding tendencies had a portable electric heater in their bedroom. There was no portable appliance test (PAT) (PAT tests involve a visual inspection to check the appliance casing and flex for wear or damage. Plugs are also checked for damage, correct wiring and ensuring that the correct fuse rating is used). There were also no risk assessments or mitigating strategies in place to reduce the risk of fire.

- Staff had not followed the providers policies and procedures on ensuring the safety of fire equipment and checks. For example, fire drills, fire doors and fire alarms checks were not completed weekly and when a fire exit had been identified as blocked there were no actions recorded. This put people at risk.
- The environment put people at risk of fire. Within the fire risk assessment completed in June 2021, it was recorded fire doors were not all effective and areas of the service were not protected with fire doors. These issues had not been rectified at this inspection.
- People were at risk of scalding. Records of hot water temperatures were recorded as over the Health and Safety Executives (HSE) recommended temperature of 44 °C and there were no actions recorded regarding how these risks were mitigated. We observed two people had portable electric heaters in their bedrooms had no risk assessments or strategies to reduce the risks of being scalded from the hot surface.
- People were at risk of legionella. HSE guidance states hot water should be stored at 60°C. Records evidenced hot water storage failed to reach 60°C for four weeks.
- Learning lessons from issues and incidents was not effective. The information required to analyse and learn from concerns was not attainable as the records were not consistently completed or reliable.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a continued breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- After the inspection the Provider took measures to oversee the hot water storage was maintained at safe temperatures and carried out testing for Legionella which was clear.

Staffing and recruitment

- The registered manager had not recorded all the necessary information regarding temporary staff. We found not all records contained the temporary staff's full name, training details or Disclosure and Barring Service (DBS) checks. (DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.) The provider agreed to ensure this information was recorded. Following the inspection the Registered Manager contacted the staff agencies to request they provide information to them in a way that provides additional assurance.
- Permanent staff were recruited safely. The St Matthews Unit staff files we looked at, contained evidence of references being received and DBS checks being completed before staff started to work at the service.
- There were enough staff to meet people's needs. People told us they felt staffing levels were adequate and staff rota's confirmed this.

Using medicines safely

- Medicines were managed safely. People's medicine administration records (MAR) were appropriately signed to evidence medicines were given as prescribed.
- When people were prescribed medicine an 'as required' (PRN) basis, staff recorded the reason and effectiveness of the medicine. This supported health professionals in reviewing people's medicines.
- Medicines were stored and disposed of correctly.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Visiting arrangements were in place in line with current government guidance.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff had not always completed the necessary training to understand and meet people's needs. For example, not all staff had manual handling, communication, fluids and nutrition and safeguarding training. The provider had a training plan to update all training required.
- Agency staff did not always have a recorded induction completed, and not all agency staff had received training in physical interventions. (An induction is designed to support staff in understanding the service and the needs of people living there.)
- Staff received supervisions to support them within their roles.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider had not sought people's consent or completed an impact statement for the use of CCTV.
- People had their capacity assessed as required. We saw evidence of capacity assessments being completed for care and treatment, photo, sharing information and medicines. When a person had been assessed as not having capacity a best interests meeting had been held.
- The registered manager kept a record of everyone's DoLS status and recorded any conditions that required actions to be completed. DoLS conditions were being met by the service.
- Records evidenced if people had a lasting power of attorney in health and welfare and took this into

consideration when discussing people's care needs.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they started using the service. Pre-assessment paperwork was completed to identify the person's diverse needs. This included support required in relation to their culture, language, religion, lifestyle choices and diet, to ensure staff had the skills to meet these needs.
- Staff used evidence-based tools to identify and meet people's needs. For example, we found tools such as 'Waterlow' and 'MUST' in use. (A Waterlow assessment is used to identify a person's risk of skin pressure damage and a MUST tool is used to identify a person's risk of malnutrition)
- When a person had a health condition that required specific tasks or support this was recorded and identified within their care plans and risk assessments.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to make choices for meals and drinks and to ensure they had enough to eat and drink.
- There were hydration stations throughout the service to allow people to access drinks as required.
- People's nutritional assessments stated the support they required from staff. For example, people who were at risk of malnutrition or dehydration were supported to have additional portions and/or fluids or fortified foods and drinks.
- People's food and drink, likes and dislikes were recorded in their care plans. One person told us, "I choose between two meals, the meals are good."
- When required, people were weighed regularly to ensure they remained healthy.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with other professionals, people were referred to appropriate health professionals such as, speech and language therapists when required. Staff recorded outcomes and followed advice as needed.
- When people needed to access health care professionals such as doctor, dentist or optician, staff arranged and supported these appointments. One person told us, "I don't want to see a dentist but they offer and the doctor sees me when I need them." Another person told us, "If I feel unwell I go to a nurse and tell them."

Adapting service, design, decoration to meet people's needs

- The service had dementia friendly signs within the dementia floor to help people navigate their way around.
- People had been involved in decorating the walls within the service. We saw murals that people had painted on the walls.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- Due to the issues identified with the recording of physical interventions we could not be assured people were well treated. However, the interactions we observed between people and staff appeared to be with kindness. One person told us, "On the whole I am very happy here, I keep myself to myself most of the time."
- We received mixed views from people regarding their care. One person said, "Staff are helpful and wonderful." However, another person told us, "Some staff are respectful but not all of them."
- Not everyone had the privacy they required. Some people were unable to lock their bedroom door when they were out. Therefore, other people would be able to access their bedrooms without consent. One person said, "My door can't lock from the outside, so when I am not there, people can just go into my room."

Supporting people to express their views and be involved in making decisions about their care

- Care plans evidenced people were involved in reviewing their care and involved in decisions. However, some people told us they had not seen their care plans.
- We received mixed views regarding being involved in decisions. One person said, "They (staff) sometimes help me with decisions but if they don't, I ask [my family] and they help me." Another person said, "I'm never listened to, they don't tell or ask me anything."
- People were supported to take positive risks. For example, accessing the community and travel.
- People were asked for their feedback about their experience of receiving care at St Matthews Unit.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement: This meant people's needs were not always met.

End of life care and support

- Not all people had detailed end of life or advanced care plans in place. The provider agreed to review such arrangements with all people at the service
- People had evidence in their care plans regarding their do not attempt cardiopulmonary resuscitation (DNACPR) status.

Improving care quality in response to complaints or concerns

- Complaints were not consistently recorded. During the inspection we only saw a record of one complaint, however after feedback the provider sent evidence of other complaints that had been made.
- The provider had a complaints policy and procedure in place. People and staff knew how to complain.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans included details of their holistic needs including health needs, emotional needs and physical needs. Details of people's history and important relationships were recorded. Care plans contained information on how each person wanted their needs met.
- Staff were kept up to date with people's changing needs. Care plans were reviewed and updated as necessary.
- People's care plans included their views and evidenced they were involved in reviewing and documenting information within them.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were identified and recorded within their care plans.
- The service had areas of the home with sensory walls and dementia friendly navigation signs.
- The registered manager told us, they could produce information in an accessible format as required, such as, easy read, large print or different languages.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- We received mixed feedback from people regarding activities offered. One person said, "I have done loads (of activities) painting, cooking and games." However, another person told us, "There is nothing to do here, staff don't offer me anything. I just sit for hours on my own." The registered manager showed us pictures of people being involved with activities and we observed activities being offered on the day of inspection. We observed a food tasting activity in one area of the home during our inspection.
- People were supported to stay in contact with their families, friends and significant people as required.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to ensure that all systems and processes were effective and robust enough to monitor the quality and safety of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements have not been made at this inspection and the provider is still in breach of regulation

- At the last inspection we found physical interventions were not understood by staff and managers, and audits had not been completed. At this inspection we found that oversight was not effective in ensuring people were kept safe from inappropriate physical interventions. Audits completed had missing information and had not identified when staff and the registered manager had not followed best practice or the providers policies and procedures in recording physical intervention. This put people at risk of inappropriate and unsafe physical interventions.
- Systems and processes were not effective in mitigating risks of fire. The fire risk assessment completed in June 2021 identified multiple fire safety concerns. However, these concerns were still present during this inspection and actions had not been taken to mitigate the risks. This put people at risk from fire.
- Systems and processes were not effective in identifying and mitigating risks associated with water. An external company remotely accessed and recorded hot water temperatures. However, when hot water temperatures were found to be over 44°C there was no action or mitigation put into place. The Water safety proposal completed in September 2021 identified the need for servicing various vessels and valves. However, these tasks had not been completed by a competent person or risks mitigated. This put people at risk of scalding, legionella and not having hot water available.
- Systems and process were ineffective in identifying risks linked to environment. Audits completed did not identify or mitigate risks of hoarding or portable radiator use in bedrooms. This put people at risk of scalding and fire.
- Systems and processes were ineffective in ensuring accurate and complete records were kept. For example, when agency staff recorded on the electronic care system, they could not be identified, this included the recording of tasks such as personal care and physical interventions. The rota did not always identify the agency staffs full name.
- Systems and processes to improve the quality performance were not effective. The Quality improvement

plan was not clear regarding actions, and deadlines were too vague and did not include the health and safety checks.

Systems and processes had not been effective to assess, monitor and improve the quality and safety of the service. This placed people at risk of harm. This was a continued breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- We found no evidence of the duty of candour being completed. When people had been harmed at the service the registered manager had not recorded any apologies. However, actions had been implemented to reduce the risk of harm reoccurring.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider had sent surveys out to people, relatives and staff to gain their views on the service. Once responses were received actions were taken in response to any concerns or issues raised.
- Relatives were kept up to date with people's progress and any changes or incidents that occurred.
- Staff were kept up to date on people's changing needs via a daily 'flash meeting' where information was shared between staff and managers.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service This placed people at risk of harm.

The enforcement action we took:

We imposed conditions on the Provider's registration, requiring them to provide monthly reports demonstrating actions and improvements.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment
Treatment of disease, disorder or injury	Systems and processes had not been established to ensure people were safeguarded from abuse and improper treatment. This placed people at risk of harm.

The enforcement action we took:

We imposed conditions on the Provider's registration, requiring them to provide monthly reports demonstrating actions and improvements.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems and processes had not been effective to assess, monitor and improve the quality and safety of the service. This placed people at risk of harm.

The enforcement action we took:

We imposed conditions on the Provider's registration, requiring them to provide monthly reports demonstrating actions and improvements.