

Bellview (UK) Ltd

# Health Matters

## Inspection report

Steward Street, Business Lofts  
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Birmingham  
West Midlands  
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Date of inspection visit:  
28 November 2018

Date of publication:  
15 January 2019

### 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 was our first inspection of Health Matters. This announced comprehensive inspection took place on the 28 November 2018. The inspection was undertaken by one inspector. The inspection was not undertaken at the providers' office which is the registered location for this service. We attended the provider's residential location at Beauchamp Avenue, Birmingham to enable us to meet and speak with people who were using the service, with their consent.

Health matters provides care and support to people living in a 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Health matters is also a domiciliary care agency. It provides personal care to people living in their own specialist housing. At the time of our inspection it provided a service to two people within its supported living house, and did not provide any services to any other people under their registration as a domiciliary care agency. The people receiving support from the service were living with a range of conditions related to mental health.

There was a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was not present for our inspection. The provider's representative who knew the service well was available throughout the inspection.

People were safeguarded by staff who knew how to recognise and report any concerns. Risks were assessed and suitable control measures put in place, which still enabled people to maintain as much independence as possible. Sufficient staff were in post and the recruitment process for new staff had helped ensure that only suitable staff were employed. People managed their medicines themselves.

People and their relatives told us staff had the appropriate knowledge and skills to meet the needs of the people they were supporting. Staff told us they received the training and skills to do this effectively. People had a varied and healthy diet and enough to eat and drink. Staff worked with other professionals to ensure that people received the health care that they needed. People were given choice and control over their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People were supported by staff who were kind and compassionate. People were supported and encouraged to use an advocacy service when needed. People made decisions and choices in relation to their care, support received, daily routines that they wished to take part in. There were positive relationships between

people and members of staff. Staff promoted and respected people's independence.

People's care was person-centred and people's experiences and voice were listened to. Staff enabled people to follow their interests and hobbies. The provider had a system in place to monitor and manage complaints.

Quality assurance systems involved people and led to a safer and better-quality service. People had a say in how the service was run. Staff worked as a team to help people and each other. Quality assurance, audits and spot checks undertaken by the provider helped identify and drive improvements. The registered provider and their staff team worked together with other organisations to ensure people's wellbeing.

## 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.

Risks to people had been assessed and measures put in place to keep people safe and respect their independence.

People were supported by sufficient numbers of staff who understood how to protect people from potential harm.

People independently managed their medicines. Systems were in place to ensure this was safe.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the skills and knowledge to meet people's needs effectively.

People told us they enjoyed purchasing their own food and enjoyed preparing meals of their choice independently and or with staff.

People had access to health care and were supported in ways that promoted their physical and mental health.

Staff understood the principles of the Mental Capacity Act 2005 and people's rights were protected.

### Is the service caring?

Good ●

The service was caring.

People told us staff were kind and caring in their approach.

People were supported to express their views about how they wanted their care planned.

People were encouraged by staff to maintain their independence. People's dignity and privacy was respected.

### Is the service responsive?

Good ●

The service was responsive.

The service was person centred and responsive and this was reflected in positive outcomes for people.

People were involved in the planning of their care, including their goals and how they preferred to manage their health.

People were supported to engage in person-centred activities which helped them to maintain their hobbies and interests.

There was a complaints procedure in place which was accessible to all people.

### **Is the service well-led?**

The service was well-led.

People told us the service was well-led. The service involved people and those who matter to them in a meaningful way.

People and staff spoke highly of the registered provider.

There were robust quality assurance processes in place that reflected the needs of the service.

**Good** ●

# Health Matters

## 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 announced comprehensive inspection took place on the 28 November 2018 and was carried out by one inspector. We gave the service 48 hours' notice of the inspection as we needed to ensure that staff were available to support the inspection. We visited one person who used the service, with their consent at their home and one person who used the service visited us whilst we were at the office on 28 November 2018.

Before the inspection we reviewed information we held about the service. This included statutory notifications the service had sent us. The provider had submitted a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at information received from the local authority commissioners and Healthwatch. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan what areas we were going to focus on during our inspection visit.

During our inspection visit, we met and spoke with two people who used the service. We spoke with two relatives of people to get their views. During our visit to the office we spoke with the provider's representative (operations manager) and three care staff. Following our visit, we had feedback from one social care professional.

We sampled care documentation for two people, one staff file, staff supervision, appraisal and training records. We also looked at other records relating to the management of the service including audits, quality monitoring systems and action plans; accident and incident records; surveys; meeting minutes and complaint records.

## Is the service safe?

### Our findings

People told us they felt the service was safe. One person told us, "I feel safe living here, people can't get in." A relative said, "It's the best place they have stayed in and they are more than safe." People were supported by staff who knew how to protect them from harm and keep them safe. Staff understood their role and responsibilities to protect people from abuse. Staff spoke confidently about the indicators of abuse and were able to explain who they could report to both inside the service and to external agencies. Staff were comfortable to challenge and report unsafe practice. One staff member said, "I would whistle-blow if my colleague was doing something wrong at work, I need to report it."

People using the service were protected by safe staff recruitment and selection processes. People were involved in the recruitment process in ways that suited them. For example, they were part of the recruitment panel. We reviewed one staff file. The file included all the necessary documents to demonstrate safe recruitment, including disclosure and barring checks (DBS) which ensured people did not have criminal convictions which may prevent them from working with vulnerable adults.

People were involved in managing risks. Risk assessments were person centred and any restrictions on people's freedom and choice was minimal. One person told us, "Staff are showing me how to cook safely." Staff understood the risks relating to each person and what they should do to reduce them. Most risk assessments gave clear guidance for staff to follow to deliver safe care and minimise risks. We did note that some records did not contain detailed guidance for staff to follow in respect of some known risks. Although this omission needed to be addressed within people's care records, the staff knowledge and skills meant that people were kept safe. We received updated information following our inspection. People also had an environmental risk assessment in place to assist them and staff, if present, to evacuate safely in the event of an emergency such as a fire.

There were sufficient staff with the right skills to meet people's needs effectively and in a timely manner. One person told us, "There is enough staff in the house." People were supported on a one to one basis, when necessary during the day time and had shared support at night. The number of support hours people needed had been determined by the statutory agencies funding their care. Staff we spoke with told us they felt there were enough staff on duty to meet people's needs safely.

People independently received their medicines when they were needed and in ways that suited them. One person told us, "I do all my medicines myself." There were systems in place to ensure that medicines were stored safely and that administration was safe.

People were supported by staff who understood the importance of infection control and helped them to maintain clean and safe environments. Communal areas such as kitchens were checked for cleanliness. We saw the service was clean and well maintained. Staff told us they had access to personal protection equipment (PPE) such as gloves and aprons, to reduce the risk of cross infection when providing personal care.

There was an open approach to learning when things went wrong. Accidents and incidents and any resultant complaints were recorded and monitored. Information was shared appropriately with other professionals, people and relatives. Advice was sought, actions taken and learning was shared amongst the staff team through team meetings and informal discussion. Staff told us that if they made any mistakes they would be confident to discuss and learn from these.



## Is the service effective?

### Our findings

People told us they were happy with the way their care and support was managed. Records reflected that comprehensive pre-assessments had been carried out with the input of the person and those that knew them well. The registered provider's representative described the characteristics defined by the Equalities Act were reflected at assessment and this meant that care plans protected people from discrimination.

People who used the service praised the skills and knowledge of the staff team. One person told us, "Staff always know what to do." A relative said, "Knowledgeable staff." Staff told us they were trained and had appropriate skills and knowledge to ensure people were supported effectively. The registered provider's representative told us that staff training and development was important to enable staff practice to be within current guidelines. In addition, they advised they were in progress of sourcing additional specialist mental health training for staff to access.

New staff received an induction when they first started in the service which included working with experienced members of staff and completing the Care Certificate training. The Care Certificate is the nationally recognised benchmark set as the induction standard for staff working in care settings. Staff told us they received support from the management team and all the staff told us they could access advice and guidance from the management team because they were always available.

People were supported to plan meals in ways that promoted their health and wellbeing. People were helped to shop both independently or with staff for their food. One person told us, "I do all my own food shopping and I'm getting support from staff to cook my own meals." A relative said, "[name of person] is eating much better now and has put weight on." Staff supported people to prepare their own meals to help them to develop or maintain independent living skills and encouraged them to eat a healthy balanced diet. Staff had a good understanding of people's dietary needs, including their preferences, cultural and religious needs.

People's health and support needs were monitored effectively. One person told us how they attend a health centre independently and said, "I use public transport to go to my dentist and opticians." A relative said, "All [name of person] health needs are met, no issues there." Records showed that people were supported to access a range of health professionals and the information necessary to support them to maintain their health was detailed in their care plans. This meant that staff had the information they needed about people's health conditions and status. The provider had processes in place to make sure that when people moved between services they continued to receive joined up care that was responsive to their needs.

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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff understood the importance of achieving consent from people prior to providing care and support. Staff described how they respected people's choices if they declined support but would re-approach people later

to ensure their needs had been met.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). In supported living services DoLS are authorised by the Court of Protection. 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 had the appropriate legal authority and were being met. At the time of our inspection the registered provider's representative advised that the Local Authority had not needed to submit applications for consideration to the Court of Protection.

## Is the service caring?

### Our findings

People who used the service spoke positively about the staff who provided them with care and support. One person told us, "Staff are friendly and supportive. I was nervous when I first moved in but have got to know them all well." A social care professional told us, "[name of person] has a good rapport with all staff and staff are aware of [their] personal and social needs."

People valued their relationships with care staff. One person said, "I enjoy playing footie [football] with staff." People were supported by staff who knew them well and cared about them. Staff explained people's individual needs and the things they knew that made them reassured and happy. Staff told us that they were committed to enabling people to achieve a good quality of life. We spoke with a relative who said, "Health matters and staff have all contributed to my [relatives] good quality of life."

At the time of our inspection the registered provider's representative advised us that one person who used the service received advocacy support. Advocates are trained professionals who support, enable and empower people to speak up.

People told us they were actively involved in making decisions about the care and support they needed. One person told us, "I'm supported and encouraged to make my own decisions, I have a lie-in on a weekend. I choose everything I want to do." A relative said, "I've been involved in all [name of person's] care plan meetings and importantly [they] are involved with everything that is planned." We saw care plans detailed people's needs and goals with person centred approaches. For example, a relative told us how the service had supported their relation to help them to return to education. We saw people had signed to say they agreed with their assessment and plan of care. Care plans focussed on people's strengths and their independence and autonomy. For example, one person's care plan stated, 'I will choose the day I feel the most comfortable to have a shower.'

People told us their dignity and privacy was respected. One person said, "Staff always ask before coming into my room and I've got my own key." People's right to confidentiality was respected and protected appropriately. Care plans were locked in a secure cupboard and only staff with appropriate authority were able to access them. People and their relatives told us that staff promoted and respected people's independence. One person told us, "I love being in my own home. I'm supported to be independent and clean my own room. The service had clear values and a commitment to supporting people to retain their privacy, dignity, independence and respect."

## Is the service responsive?

### Our findings

People received care that was responsive to their needs. One person told us, "I wouldn't change anything I'm happy with my life." A relative said, "I'm very pleased with the service, it's very much about people." A social care professional told us that staff were responsive to people's needs ensuring that the detail was in place to enable the right support for a person.

The registered provider stated in the provider information return (PIR) that 'Needs in respect of age are respected, evidenced by care plans around sexuality, disability and religion and cultural. We found that people's cultural and religious needs were supported. One member of staff said, "When I'm preparing halal food, I'm very respectful and careful not to mix food and utensils." Staff we spoke with told us they had received training around equality and diversity and it was expected that they would not discriminate against anyone. They understood how to protect people from any form of discrimination and were knowledgeable about equality and diversity with regard to the protected characteristics. A member of staff told us, "You just respect [people's] beliefs and choices, treat [people] as individuals and don't discriminate."

From April 2016 organisations that provide adult social care are required to follow the Accessible Information Standard. The standard aims to make sure people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand, so that they can communicate effectively. The provider was aware of the accessible information standard and information was available in different formats that met people's needs. This included for example pictorial formats.

People's care plans were person-centred. They gave staff vital information about the individual including their strengths, abilities and where they needed additional support to develop or maintain independent living skills. For example, to access the community to maintain hobbies and interests and attend health appointments. People actively contributed and were involved in the regular reviewing of their care plans. Care plans reviews reflected people's positive experiences of using the service.

People were supported to participate in a wide range of hobbies and interests which reflected their interests. People were supported to access the community to increase their social skills and develop independent living skills. One person told us, "I enjoy playing pool at the pub." The service worked with other organisations to enable people to meet their social needs, hobbies and aspirations and lead more fulfilling lives. This included a wide range of pursuits such as college, sport, support groups alongside spending time independently and or with family and friends. This meant people lived their lives how they wished to. One relative told us about a recent holiday their relation had participated in and said, "[name of person] went away for a week and thoroughly enjoyed it."

People and their relatives told us they felt comfortable to make a complaint and that it would be taken seriously. One person told us, "I would speak to [name of provider's representative]. There was a complaints policy in place. However, no complaints had been received.

The service was not, at the time of inspection providing end of life care to anyone. However, the registered

providers representative told us they would ensure that if appropriate people would have an end of life support plan in place and any end of life wishes would be included.

## Is the service well-led?

### Our findings

People, relatives and staff told us the registered provider's representative was approachable, supportive and readily available. One person told us, "[name of provider's representative] is really nice and helpful." A relative said, "This is the perfect place for my [relation], the [registered provider's representative] is very approachable and supportive." The registered provider's representative was knowledgeable about each of the people that used the service and each member of staff. They spent time each week at the service. We saw they carried out spot checks at the service, mainly during weekends, to check on the quality of the service provided by the staff. Staff we spoke with said the culture of the service was open and the registered provider's representative regularly supported people with their care and support needs. The registered provider's representative was able to tell us their understanding of their Duty of Candour and we saw evidence of how they reflected this within their practice. Duty of Candour requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received.

The registered provider understood their responsibilities in relation to their registration with the Care Quality Commission. Organisations registered with the Care Quality Commission (CQC) have a legal responsibility to notify us about certain events that have taken place. The registered provider's representative and staff team had ensured all incidents which had occurred were reported to CQC. The registered provider was knowledgeable about new and existing relevant legislation.

People's views about the service were continually sought through daily interaction with staff, in care planning and reviews. One person told us, "I attend all reviews about my life and I'm listened too." A relative told us, "I'm always asked for opinions on if the service is good enough for [my relation]." The registered provider's representative met face to face with people so that they could raise issues if they needed to. The registered provider was in the development stage of their service and shared with us annual satisfaction surveys that were in progress to capture people's views to identify areas of improvement to be made within the service.

Staff told us they attended meetings and were kept updated regarding changes within the service and had the opportunity to share their views. There was a clear management structure in place. Staff understood their roles, responsibilities, the values and vision of the service and they worked to promote these through delivering high standard care to people. Staff showed enthusiasm and commitment in their roles. Although all the staff we spoke with felt very well supported by the provider and they received regular supervisions and spot checks, these had not been recorded.

People benefited from good governance of the service. The quality of the service was monitored and assessed by the registered provider to ensure the standard of care offered was maintained and improved.

The service worked in partnership with key organisations to support care provision, service development and joined-up care. This included other health and social care professionals, doctors and mental health teams to support care provision and development. This helped to ensure they were up to date with changes in legislation and best practice.

