

St. Matthews Limited

St Matthews Unit

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 first comprehensive inspection of the service took place on 7 September 2017 and was unannounced. St Matthews Unit provides care for up to 58 people with complex mental health needs and people living with dementia. At the time of the inspection 57 people were using the service.

An unannounced quality inspection of St Matthews Unit was carried out on 30 and 31 August 2016 by the Mental Health Act (MHA). Since the inspection, the regulated activity assessment or medical treatment for persons detained under the Mental Health Act 1983 has been removed from the provider's registration and the service had ceased to be a hospital.

A registered manager was in place. 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.

Risk assessments addressed specific areas individual to each person using the service. Staff understood their responsibilities to safeguard people from abuse and knew how to raise any concerns if they suspected or witnessed ill treatment or poor practice.

The Recruitment systems were robust to make sure the right staff were recruited to keep people safe. There was enough competent staff available with the right mix of skills to meet the needs of people using the service. Systems were in place for the ordering, receipt, storage, administration and disposal of medicines.

Staff received training that was relevant to their roles and responsibilities, ensuring they had the skills and knowledge required to support people effectively. Capacity assessments had been carried out for all people using the service, the assessments identified where people required help to make decisions, and where they lacked the mental capacity to make particular decisions. Deprivation of Liberty (DoLS) applications had been submitted to the local authority as required.

People were supported to maintain a healthy diet and have access to healthcare services in response to ill health and had routine health checks. People had developed positive relationships with the staff. The staff protected people's privacy and dignity and advocacy services were available for people if required.

Detailed care plans in place, they contained information about people's needs and aspirations and short term goals. People were encouraged to develop their independence and were supported to follow their interests and hobbies. The staff knew how to support people when they became anxious through using individual coping strategies. Systems were in place to receive and take appropriate action to address any complaints.

Established quality assurance systems were being used to monitor the service to continually 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.

Risk assessments addressed specific areas individual to each person using the service.

Staff understood their responsibilities to safeguard people from abuse.

The Recruitment systems were robust to make sure the right staff were recruited to keep people safe.

There was enough competent staff available with the right mix of skills to meet the needs of people using the service.

Systems were in place for the ordering, receipt, storage, administration and disposal of medicines.

Is the service effective?

Good ●

The service was effective.

Staff received training that was relevant to their roles and responsibilities.

Capacity assessments had been carried out for all people using the service, the assessments identified where people required help to make decisions, and where they lacked the mental capacity to make particular decisions.

Deprivation of Liberty (DoLS) applications had been submitted to the local authority as required and staff interventions followed the least restrictive practice.

People were supported to maintain a healthy diet and have access to healthcare services.

Is the service caring?

Good ●

The service was caring.

People were involved in making decisions about their care and

support.

People had developed positive caring relationships with staff.

People's privacy and dignity was promoted and respected.

Is the service responsive?

Good ●

The service was responsive.

Care plans contained sufficient information about people's needs and aspirations and short term goals.

People were encouraged to maintain and develop their independence and supported to follow their interests and hobbies.

Systems were in place to receive and take action in response to complaints.

Is the service well-led?

Good ●

The service was well-led.

The style of management was open and transparent, putting people at the heart of the service.

Staff knew how to question practice and system were in place to support staff to whistleblowing.

Quality assurance systems were being used to continually monitor and improve the service.

St Matthews Unit

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 first comprehensive inspection of the service took place on 7 September 2017. The inspection was unannounced and undertaken by two inspectors, a specialist mental health nurse advisor and an expert by experience. The expert by experience had personal experience of using care services and they were accompanied by their support worker.

Before the 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. The provider returned the PIR and we took this into account when we made judgements in this report. We also reviewed other information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. This included feedback from the Local Authority and the Clinical Commissioning Group who commissioned the service.

During our inspection we spoke with five people using the service, two relatives, ten care staff, one care practitioner (senior carer), one registered nurse, the activity co-ordinator, the training manager, the deputy manager and the acting manager. We looked at the care records relating to the four people using the service and five staff recruitment files. We also reviewed other information such as, mental capacity assessments, deprivation of liberty (DoLS) applications, risk assessments, accidents and incidents, staff training and supervision, complaints, resident and staff meeting minutes and quality assurance audits.

Is the service safe?

Our findings

People told us they felt safe at the service. One person said, "At night the staff lock the doors around the home, this makes me feel safe. I have a key to my bedroom door this keeps all my personal belongings safe. I have a call button in my bedroom so if I was feeling poorly I would call for staffs help they come straight away." Another person said, "I have an alarm in my bedroom, if I'm feeling unwell I will press it for staff they will come to me straight away." One relative said, "We are happy that now we have found a home that can care for our relative, we feel very happy knowing that we can leave him and he is being very well looked after and he is safe."

Staff understood their responsibilities to safeguard people from harm and what to do if they suspected or witnessed any ill treatment or poor care practice. One member of staff said, "Safeguarding people and recognising signs of abuse is a key part of our role, our patients are happy to communicate with us, if we saw a change in their behaviour we would know something was wrong." Another staff member said, "I would report anything suspicious to the nurse and make sure the person was safe." Another said, "We work hard to keep people safe, we report anything we need to and make sure there is a record of events."

The staff knew how to raise any concerns with external bodies such as the local safeguarding authority and the Care Quality Commission (CQC). They told us they were confident that if they reported any concerns about abuse or the conduct of their colleagues, the provider would listen and take action. One member of staff said, "I have had safeguarding training and completed a safeguarding booklet to refresh my knowledge." A second staff member said, "I would definitely raise my concerns if I was worried or had concerns about someone. I would go to a team leader or the manager and they would deal with it." Records confirmed all staff received annual safeguarding training and that the provider had appropriately reported safeguarding concerns to the relevant authorities.

Risk management plans were in place to promote people's safety and to maintain their independence. Risk assessments addressed specific areas individual to each person using the service. They were reviewed regularly to ensure that the information was relevant to the person's needs. The staff felt confident that the risk assessments helped them support people safely, both within the service and in the community. One staff member said, "I do think that people are given the chance to face risks but alongside that we keep them safe." The staff said the risk assessments were reflective of people's current needs and guided them as to the care people needed to keep them safe. One member of staff said, "We work hard to make sure the risk assessments are up to date." A second member of staff said, "The risk assessments are a true reflection of the potential risks to people. If we identify any new risks we address them straight away."

We found that appropriate records were maintained of accidents and incidents and people's care and support needs were reviewed following incidents. The staff were aware of the importance of reporting and recording all accidents and incidents and they were fed into the risk management audit systems.

Regular checks were carried out on the fire and emergency lighting systems. All people using the service had personal emergency evacuation plans (PEEP's) in place. One person said, "We have regular fire tests here, I

go outside to wait until told by staff that it's okay to go back in, this makes me feel safe."

Safe recruitment practices were followed. One member of staff said, "I was not allowed to start until they had both of my references back and they had also got my DBS (Disclosure and Barring Service) check back." Another said, "Yes, they (the provider) got all of the information they needed back before I could start." The deputy manager told us that all staff employed by the service underwent a thorough recruitment process before they started work. They explained that staff references were checked along with the content of the DBS check, before new staff were able to start in their roles. Records demonstrated the pre employment checks included proof of identification, right to work visa, full employment history and that registered nurses had a valid registration with their governing bodies, for example with the Nursing and Midwifery Council (NMC).

There were sufficient numbers of suitable staff to keep people safe and meet their needs. One person said, "There is plenty of staff to care for me, they keep me safe." The staff confirmed that the staffing numbers enabled them to support people safely and they did not feel under pressure or rushed when carrying out their roles. One staff member said, "We have good staffing here. There is always enough staff around and we are well staffed." A second staff member said, "It's very good here, we are never short, we hardly ever have agency staff." We work well together as a team and there is always enough staff on duty so we can respond to emergencies without putting people at risk." A third member of staff said, "We have a lot of one to one hours which is very good, we can really work with people to meet their needs."

The medicines management systems ensured people received their medicines safely. People told us they received their medicines on time and had confidence in the staff that administered medicines to them. One person said, "I take medication at night, the staff give it to me on time." Another person said, "I'm all over the place, around the home, the staff have to chase me up, but I always get my medication." The staff told us they had received medicines training and competency assessments on using the medication system in place. Records showed that people had consistently received their medicines as prescribed and staff had signed for medicines administered. Suitable systems were in place for the ordering, receipt, storage, administration and disposal of medicines.

Is the service effective?

Our findings

People received care from staff that had the knowledge and skills to carry out their roles and responsibilities. One person said, "I feel that the staff are trained here they know me well to care for me, I feel they are all quite knowledgeable." The staff told us they felt well supported and that when they first started working at the service they had worked alongside an experienced staff member until they were assessed as competent to work unsupervised. One staff member said, "I had an induction when I first started and I did three weeks of shadowing with a more experienced member of staff, it was really helpful I got to know people before I started to care for them." Another member of staff said, "My induction training was very thorough and gave me the confidence I needed to start working with people."

Most of the staff said they felt the training provided at the service was good. Although a couple of staff said they would welcome more 'workshop, face to face style' training, especially in caring for people living with dementia and managing conflict situations. We spoke with the training manager, responsible for arranging the staff training. They told us this training was due to be rolled out to all staff.

The staff records evidenced that all staff had received induction training and regular on-going training that was appropriate to their roles and specific to meet the needs of the people they supported. In addition staff were provided with specialist training such as dementia awareness, end of life care and mental health. This enabled staff to obtain the necessary knowledge and skills to look after people appropriately. We saw evidence that some staff were working towards achieving the care certificate. (The care certificate is the new minimum standards that should be covered as part of the induction training for new care workers).

Staff told us they received supervision and an annual appraisal. One staff member said, "I love my job, we have regular supervision. I always ask for more training in my supervisions, we can discuss anything really." A second member of staff said, "I get supervision and I find it helpful." The deputy manager confirmed that each staff member received supervision and an annual appraisal of their work performance. We saw that supervision meetings were planned in advance and records of the meetings demonstrated that staff received regular supervision.

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 the 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).

Mental capacity assessments had been carried out for all people using the service, they identified where people could make decisions, and where they lacked capacity to make specific decisions and needed further support. Discussion with the staff demonstrated they understood the importance of enabling people to make their own choices and decisions. One staff member said, "I have done MCA and DoLS training. It's

about making sure if someone doesn't have capacity to make their own decisions, how decisions can be made in their best interest."

Staff told us they always asked people for their consent before assisting them with care and support. One staff member said, "I always explain what I'm going to do and ask if that's okay." Another staff member said, "It's very important that we always ask people for their permission rather than just doing things without asking first." One member of staff said, "I always check what people want before I do anything. You can't just assume. For some people it's different every day." Records showed that the provider had submitted DoLS applications to the Local Authority (LA). Some people had DoLS authorisations in place, whilst others were awaiting decisions from the LA. The provider closely monitored the DoLS applications to ensure they were current and kept within the timeframes for renewal. A visiting social worker confirmed that people placed under DoLS authorisations had Responsible Person's Representatives (RPR's) appointed, who remained in regular contact with the persons under the DoLS authorisations and their families. We saw that access to certain areas of the building was through the use of a swipe card. One person said, "I have no restriction here, I can have visitors here when I want." One relative said, "We have been given a swipe card that lets us in and out of the building and allows us to come and go as we please."

People were supported to maintain a healthy balanced diet. One person said, "I am happy with the portion size of my meals they fill me, I feel the food could be better and I have spoken to a woman to see if it could be made better, regards drinks and snacks I can have what I want." One relative said, "The only thing we feel that could be improved here is the food it comes all precooked and heated. The staff come around offering all the residents fresh fruit; this is a nice touch as [Name of person] loves fruit. We believe [Name of person] gets plenty of drinks and snacks throughout the day, as we find empty cups around their room [Name of person] will often hide the empty cups and wrappers in his drawers, so we know he's getting plenty of food to eat."

The acting manager told us the meals were provided from a frozen food catering company that specialised in providing meals for care and nursing homes. The meals were nutritionally balanced catering for people's cultural needs and specialist diets. However one person told us they ate a Caribbean diet and did not feel their dietary needs were fully being met. They said, "If I want Caribbean food, I have to go out with my daughter to eat it." The acting manager told us the menus were regularly reviewed to ensure that people received a varied diet meeting their individual preferences.

The staff were aware of people's dietary needs and food intolerances and ensured that appropriate meals were provided. One staff member told us about a person who was at risk of malnutrition due to self-neglect. They described the processes used to manage the potential risks to the individual such as how to encourage them to eat by trying different foods. They said, "We have good guidance on how to help [name of person] with eating and drinking." We saw that a cold drinks machine was available with a choice of two juices as well as tea and coffee being available.

People had access to the support of other healthcare professionals. One person said, "I have regular appointments with my Mental Health team. I don't visit the dentist or the optician this is my choice. The chiropodist visits the home and I am seeing them today, I have regular health checks the staff arrange this for me." Another person said, "I see my GP for my health checks, I had my last one only about two months ago. I visit the dentist regularly and the opticians visit my home regularly." A third person said, "The staff know me has a person and know when I am feeling unwell. I see my GP regularly and my own opticians in town." One staff member said, "We know people very well. If someone was showing signs of being unwell we would contact the GP straight away." Another member of staff said, "We have access to all the necessary health care departments such as the dentist and opticians."

Is the service caring?

Our findings

People had developed positive relationships with the staff supporting them. All people using the service spoke of the staff being kind, one person said, "The staff are kind, I do get my privacy, the staff will knock on my door before they walk in." Another person said, "The staff do seem to care, they ask me questions like are you okay? Sometimes they will sit with me and talk to me if I'm having a bad day, which makes me feel better." A second person said, "The staff really care for me and look after my health they do their jobs well." One staff member said, "We make sure curtains are drawn, doors are closed and whatever we are doing is what the person wants."

One person spoke of how the staff treated them with respect. One person said, "I feel respected here by all the staff because they call me by my name, I can meet with staff on a one to one and feel comfortable talking to the staff. Another person said, "The staff are very respectful, they will always knock on my door before asking to come in. I go to my room a lot; I like it when it is quiet". This person's relative told us their family member liked to spend a lot of time in his bedroom and that the staff respected their wishes. They said, "The care here is outstanding." Another relative said, "My husband came here after experiencing bad care at another care home, this place is just a breath of fresh air." They went on to say they often brought their grandchildren to see their family member. They said "It's very nice the children enjoy using the pool table, none of the staff here have any issues with this. If some of the residents want to use it they (the children) know they must come off. It is such a lovely place here we are so happy we found it for our relative." We observed that staff knocked on people's bedroom door before entering.

Staff told us they knew people really well. They felt this was because there was consistency in the staff team. They told us they were able to spend time getting to know people's likes, dislikes and personal histories. One staff member commented, "When you work with someone on a one to one basis you really get to know them." Another member of staff told us, "I love working here, I'm happy to come to work, I enjoy it so much."

Staff were able to tell us about people's individual needs, including their preferences, personal histories and how they wished to be supported. One staff member told us how they always approached one person who often had a tendency to hit staff. They said, "I always approach [Name of person] by smiling and say hello. I touch their hand when speaking to them, which seems to help to relieve their anxiety."

One staff member commented, "We don't use agency staff and a lot of us have been here for a long time. That means we get to know people well and know what they like and don't like." Other comments included, "It's very rewarding working here. You get to see people improve and some get better to the point they can move on." Another member of staff said, "I love it here. I have gained a lot of experience and it's a lovely atmosphere here."

One staff member commented, "We really do care about people, all of us do." Another staff member said, "It is the best job working here. When someone achieves something it so rewarding and makes you feel you have done a worthwhile job." The staff understood the importance of promoting independence. One member of staff said, "I always offer people the chance to do as much for themselves as possible." Another

member of staff said "People have a voice and we listen." We saw that independent advocacy services posters and leaflets were available on notice boards placed around the service.

Staff told us that the provider had a confidentiality policy and the importance of maintaining confidentiality was discussed with them during their induction training. One staff member said, "I know about confidentiality and how important it is. I don't discuss my work with anyone except those that need to know." We found that records relating to people's care and support were stored securely in filing cabinets and electronic records were password protected to promote confidentiality.

Staff understood how to support people with dignity and they respected them. They were able to demonstrate how they ensured that people's privacy and dignity were preserved. One staff member said, "I make sure I speak with people politely."

Is the service responsive?

Our findings

People's care plans contained sufficient information about people's needs and aspirations and people had been involved in planning their care and support. One person said, "I have a care plan in place that helps the staff to care for my needs. Any changes to my health and my plan will get updated." A relative told us that when they visited the staff always spoke with them to let them know of any changes to their family members care.

Staff told us that people's needs were fully assessed before the service. One staff member said, "We try to get as much information as we can about a person so that we can meet their needs better." A second member of staff said, "The assessment is only a small part of the person. It's on-going as we get to know them."

Staff informed us they felt the care plans contained sufficient detail so they were clear about what they must and must not do to support the person. One member of staff said, "I find the care plans are very useful. If I am not sure how to care for someone or if I have been off for a few days I refer to their care plan." A second staff member said, "I always read the care plan if I'm unsure about anything." The staff were made aware of any changes through regular handover of information meetings and changes to people's care as discussed and staff updated. This meant that people received the relevant care and support.

All the staff we spoke with confirmed that people were involved in making decisions about their care and support needs. One staff member explained, "We discuss the care plans with people and we always discuss with them how they wish to be cared for and supported." The staff were aware of people's preferences and interests, as well as their care and support needs. One member of staff told us, "We get to know people well, especially when we work on a one to one with them. That makes a difference to how you care for them. You get to know all the little things that are important to them." Another member of staff said, "You get to know people very well. I can almost anticipate what people want because I know them so well."

We found that staff understood the need to meet people's social and cultural diversities, values and beliefs. The service had a programme of activities and staff told us there was usually something going on for people to do. One person said, "I cook with the activity's co-ordinator which I do enjoy, I have made cakes this morning with the activity co-ordinator to sell at the car boot sale." The activity person spoke about different cooking tasks people had achieved, for example, one person made an afternoon tea for their friends and family of sandwiches and a homemade Victoria sponge cake.

One person said, "There are some activity's here such as bingo, gym, and pool. But I choose not to get involved; I like my own space." Another person said, "I enjoy playing football and cricket with other residents, I like watching football on TV also enjoy watching soaps." One staff member said, "Some people like to go out, others like to stay in and watch TV. We have a day centre where people can go and join in any activities" Another member of staff said, "We have entertainers come and people really enjoy that." Staff told us they worked with people to prevent social isolation by encouraging them to participate in daily activities they enjoyed.

System were in place to receive and respond to complaints and information was on display within the service to inform people how to raise any complaints. One person said, "I would speak to the manager who is approachable, I have not had to make any complaints since I have lived here." Another person said, "If I was feeling up set I would raise a complaint I have done this in the past and they have been dealt with and was happy with the outcome."

Is the service well-led?

Our findings

The acting manager told us they were applying to become the registered manager for the service and that the current registered manager worked closely with them. Their style of management was open and transparent; people using the service knew who the acting manager was and were observed to be relaxed and comfortable approaching them to discuss matters and it was evident they were fully aware of the needs of each person using the service. One person said, "Every Wednesday we have a residents' meeting where I can speak up with any problems that I have, the staff will always listen to me and act on what I am telling them." Another person said, "The management team here are very approachable." One relative said, "We have already been involved in one of the residents/relative's meetings here, we found it very interesting, it was nice to see residents' have their say to speak out about what they weren't happy with and be listened to."

A visiting healthcare professional told us they had confidence in the management of the service, they expressed the service cared for some people with complex mental health needs and that the management worked hard to ensure people received the right care and treatment to improve their quality of life.

The staff had confidence in the way the service was being managed. They told us the acting manager was approachable and very supportive of the people using the service and the staff. One member of staff said, "[Name of acting manager] is very good at his job, good at his job I have noticed improvements have been made since they have taken up post." Another member of staff said, "I can phone or knock on the door at any time for help and support." Other staff comments included, "I have a great deal of respect for [Name of manager]. He really wants what's best for the people who live here."

Staff told us that they felt valued and respected by the management team. One staff member said, "They [meaning the management team] treat us with respect. They do listen to us." They said the acting manager acted on suggestions made. For example, one staff member said, "If you report that there has been a change in someone's condition, it's not ignored, it gets dealt with straight away." Another member of staff said, "[Name of acting manager] is very approachable. I have no problems talking to them about anything. They spend a lot of their time on the floor so they are always around."

All staff without exception told us they would be happy to question poor practice and were aware of the safeguarding and whistleblowing procedures, and all confirmed that they understood their responsibility to report any concerns about the care at the service.

Accident and incidents were closely monitored at a local and organisational level to identify any trends, to reduce the risks of repeat accidents and incidents. The registered manager had submitted notifications of events to the Care Quality Commission (CQC) as required under law.

Established systems were in place to continually assess, monitor and improve the quality the service. Feedback from people using the service, relatives and stakeholders was used to drive improvement of the service and scheduled quality monitoring audits were being carried out on all aspects of the service. The

monthly audits reviewed areas such as, safeguarding, complaints, infection control, staff training, care records, risk assessments, fire safety and the environment. Areas identified for improvement during the audits had action plans put in place, that were resolved in a timely manner.