

# Review of compliance

St Matthews Limited St Matthews Unit	
<b>Region:</b>	East Midlands
<b>Location address:</b>	29-31 St Matthews Parade Kingsley Northampton Northamptonshire NN2 7HF
<b>Type of service:</b>	Care home service with nursing Rehabilitation services
<b>Date of Publication:</b>	April 2012
<b>Overview of the service:</b>	St Mathews Unit is managed by St Mathews Limited company and is registered to provide: Accommodation for persons who require nursing or personal care. The home provides care for 58 people with mental health needs.

# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**St Matthews Unit was meeting all the essential standards of quality and safety.**

The summary below describes why we carried out this review, what we found and any action required.

### Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

### How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 26 March 2012, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

### What people told us

People we spoke with told us that they liked living at the home and felt safe. They told us they would talk to staff or tell their family if they were not happy. One person told us that they would tell any of the staff or the manager if they had any complaints to make. This person told us that they were happy at the home and did not have any complaints to make. The people told us that the staff were very helpful and listened to them. They called the doctor out when they felt ill. They also helped them with their personal care needs. All the residents we spoke with told us that they did lots of activities at the home, and enjoyed doing this.

The relatives we spoke with told us that they were very happy with care that their family member received from staff. The staff were said to be skilled in the work they did and they were very nice and listened to them."

The staff we spoke with told us that they enjoyed working at the home and with the people. They told us that they received good training and support from management

### What we found about the standards we reviewed and how well St Matthews Unit was meeting them

**Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

People who use the services had their privacy, dignity, and independence respected.

**Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights**

People who use the service had safe and appropriate care, treatment, and support that met their individual needs.

**Outcome 07: People should be protected from abuse and staff should respect their human rights**

People who use the service were listened to and protected from abuse.

**Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

People who use the service were safe and had their needs met by competent staff.

**Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

People who use the service benefit from safe quality care, treatment, and support, due to effective monitoring systems being put in place.

**Other information**

Please see previous reports for more information about previous reviews.

**What we found  
for each essential standard of quality  
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

**Compliant** means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

## Outcome 01: Respecting and involving people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

- \* Understand the care, treatment and support choices available to them.
- \* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- \* Have their privacy, dignity and independence respected.
- \* Have their views and experiences taken into account in the way the service is provided and delivered.

### What we found

#### Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

#### Our findings

##### What people who use the service experienced and told us

People we spoke with said that they were given a booklet about the home when they visited the place. They told us they chose what food they wanted to eat at meal times. Some people liked the food, and a few people told us some food was not nice. One person said that they had lots of choices and the "food was nice." They said the staff spoke to them nicely and did night checks to make sure they were ok. They said "it is a nice home, best place I have stayed in and people here are nice." Another person told us that they had been at the home three years, and they had settled in well. They told us that they did the occupational therapy group activities, which they enjoyed. They told us that they went out with staff, and said all staff helped them a lot.

People told us that that they had meetings on a monthly basis. One person said you can "talk about activities and food and they tell you what is happening in the home." We saw a copy of the latest minutes of people's meeting, and this showed that activities were discussed with people. They were also asked for their suggestions, ideas, and if there were any issues they had about anything. There was a section on getting "positive feedback" from the people. We read two positive comments made by people about living at the home.

One person told us that they helped out with the car boot sales and different

celebrations in the home. They enjoyed this. Another person told us that they had attended college and showed us their certificate in food studies, which they were very proud about. They told us that they used to cook twice a week, and staff helped them. They said they did not feel well enough to do this at present. They told us that they did their own laundry and kept their own room clean. They said "yes it's ok living here, I can come and go when I like."

Another person we spoke with told us that the home was "homely, it is not a hospital, I can lie down in my room any time. In the hospital I did not have my own room, and I could not do what I wanted." They also said "here in the home the staff speaks to you with dignity."

### **Other evidence**

We observed that the home had a notice board which provided information to people about activities taking place in their own day centre. There was information about how to contact Total Voice independent advocacy service for people who need support to make decisions about their lives. The manager told us that the day centre was open seven days a week, and people from another sister home also used this facility. The activities were undertaken by a qualified occupational therapist. There was information about activities taking place in the home and outside in the community displayed on the board. The manager told us that people did activities based on their risk assessment and their ability to carry out the task.

One family told us that they saw their relative "doing activities," and said this was good. They also told us that the staff respected their relative's privacy and dignity. They told us that since their relative had moved to this home, they had not asked to go home. They said at their previous placement, they asked to go home because they were not happy. The family told us that they visited the home at different times and observed the meals served were hot and looked all right. They said their relative ate the meals at this home, but they did not eat the meals at their previous placement.

We saw the outcome of the "client satisfaction survey" was displayed on the notice board for the residents and visitors to view.

Staff we spoke with told us that the people did lots of activities, and they also took them out in the community.

### **Our judgement**

People who use the services had their privacy, dignity, and independence respected.

## Outcome 04: Care and welfare of people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

### What we found

#### Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

#### Our findings

##### What people who use the service experienced and told us

People we spoke with told us that they liked living at the home. They told us that they got involved with their care plans. Staff explained to them how they were going to meet their needs. One person told us that staff helped them with their personal care needs. They told us if they felt unwell, they told the staff, and they got the doctor to visit them. Some of the people told us that they had a care plan but they could not remember what was in it. They told us that they did get involved in cooking activity and enjoyed this.

##### Other evidence

We looked at two people's care planning files, which provided information staff needed to know, in order to meet people's individual needs. We saw that the people had pre-assessments carried out before they came to live at the home. This was to ensure staff could meet their needs. Several people told us that the manager had visited them in their own environment to find out about their needs before they came to live at the home. The care records showed that there was information about the person's social, physical, and mental health needs. There were risk assessments for different areas such as nutritional, manual handling, road safety and doing laundry. We saw different charts kept for monitoring people's health needs. There were also support plans to help people achieve their goals.

There was a check list for Best Interest Decision and Mental Capacity Act. The people used the local health care services (for example, GPs, opticians, chiropodists, dentists, community psychiatrist nurse [CPN]) when required. There were daily notes kept of what the person did each day. One care plan was signed by the person, and another

plan was signed by a family member of the resident.

Care staff told us that they read people's care plans as part of their induction training. One staff told us that they read the plans to know what programme they were on and what activities they did. We were told that the qualified nurses wrote and reviewed the care plans. The manager told us that all care plans were reviewed on a monthly basis. The plans we saw had been reviewed regularly.

One family told us that the previous placement could not meet their relative's needs. They told us that they had been concerned about their relative's medication because when they visited, their relative looked drowsy and was sleeping all the time. They had a meeting with the manager and talked about their concerns, which they said were all resolved. The family told us that their relative was getting medication that was prescribed to them when they came out of hospital. They told us that the medication had now been sorted by the manager, and their relative looked more alert.

The family told us that their relative's personal and health care needs were well met by staff, and said "they do care for him well and put my mind at rest." The family told us that they had seen the care plan, which was good. They had signed the plan to say that they had agreed to how their relative's care was to be met in the home.

The manager told us that the people's care plans were looked at by the social services monitoring team and the funding authorities, when people's needs were being reviewed annually. This was to find out how people's needs were being met by the home.

### **Our judgement**

People who use the service had safe and appropriate care, treatment, and support that met their individual needs.

## Outcome 07: Safeguarding people who use services from abuse

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

### What we found

#### Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

#### Our findings

##### What people who use the service experienced and told us

People we spoke with told us that they felt safe living at the home. They told us if they were not happy, they would tell the care staff, qualified nurses or the manager, because they listened to them. Some people told us they would also tell their family member. One person told us that they would tell any of the nurses about any complaints; however, they said they had not made a complaint.

Relatives we spoke with told us that they "had no complaints." They said they had some concerns, and these were resolved after discussing them at a meeting. They told us that they felt their relative was "in a safe home" because at their previous placement, "they wanted to run away but not from this place."

##### Other evidence

Staff we spoke with told us that they had completed the Safeguarding of Vulnerable Adults procedures, Mental Capacity Act, and Deprivation of Liberty safeguards training. They gave examples of the different kinds of abuse and knew how to raise concerns to the appropriate agencies. The staff told us that they had worked with all the people very well. They were able to tell if a person was unhappy or if something was wrong from the way they looked and behaved.

We read the last staff minutes of the meeting and saw that safeguarding issues were discussed with all staff, which showed that the organisation took any kind of abuse very seriously.

The home had notified the appropriate agencies about safeguarding concerns raised by them about other agencies and within their own home. These were dealt with appropriately. Safeguarding referrals were made about the care that was provided by the home. We saw that these referrals were not substantiated by the safeguarding team.

We saw a record was kept of complaints made by the people living in the home. These complaints were appropriately dealt with by management, and the outcome of these complaints was recorded.

The home's complaint procedure was made available to the people who lived in the home and their families.

**Our judgement**

People who use the service were listened to and protected from abuse.

## Outcome 14: Supporting staff

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by competent staff.

### What we found

#### Our judgement

The provider is compliant with Outcome 14: Supporting staff

#### Our findings

##### What people who use the service experienced and told us

People told us that staff were very good and helped them do things that they enjoyed. One person said staff took them to the doctors and out in the community, and listened to them. Another person said staff helped them with cooking and doing their laundry work. Another said "staff seemed to be well trained" and did not shout at them. A relative told us that that the staffing at the home was good. The staff were said to be very nice and skilled in what they did.

##### Other evidence

We saw staff on duty working closely with the people, and helping them to make decisions. The people and staff were observed having discussions and banter, which the people enjoyed.

Staff we spoke with told us that they enjoyed working at the home. They told us that they had monthly staff meetings for day and night staff. The meetings were said to be very good. They discussed the induction programme, staff training, health and safety, supervisions, staff working rotas, communication, and any other issues that they wanted to raise.

The staff told us that the manager was "nice and understands everything," and gave them good support. It was also said that they all worked well as a team, and it was important to do this, in order to meet people's needs.

The two staff records we looked at showed that all the recruitment information required in employing staff was obtained. The staff told us that they had all the recruitment

checks before they started to work at the home. They had induction training and had experienced staff who mentored them. We saw the induction file. All staff said they had received good training, appraisals and supervision. This was to ensure staff had the support and skills they needed to carry out their work and meet people's needs.

The training records showed that all staff received mandatory training and training relevant to meet the specific needs of the people being cared for. The manager told us that more than 70 per cent of care staff had NVQ level 2 or 3 in care.

**Our judgement**

People who use the service were safe and had their needs meet by competent staff.

## Outcome 16: Assessing and monitoring the quality of service provision

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

### What we found

#### Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

#### Our findings

##### What people who use the service experienced and told us

The people told us positive things about living at the home. One person told us that they had completed a satisfaction questionnaire with support from staff. Relatives we spoke with also provided positive feedback about the care provided for their family member

##### Other evidence

People's satisfaction questionnaires were undertaken on a yearly basis.

People's monthly meetings were carried out to listen to the views of the people.

The provider carried out Regulation 10 visits on a monthly basis. The last report seen was positive about the care people received.

The manager had monthly meetings with the organisation and other managers from the other sister homes in the mornings. In the afternoons they had the quality improvement group meetings to discuss ways of improving the service further. The manager told us that these meetings were good. We saw a copy of the last minutes of these meetings.

The health and safety file showed that the manager had taken the necessary steps to ensure people who lived and worked in the home were kept safe. The staff and the people in the home told us that they had fire drill practices, so they knew what to do if there was a fire. The manager also monitored the accident and incident records, complaints, and safeguarding issues.

All communal areas and people's rooms we saw were well maintained and very clean.

Weekly checks of people's rooms were being carried out to ensure all rooms were clean, and the furnishing and fittings were satisfactory.

The people's care plans were being audited on a monthly basis by the nurses. The home's medication was inspected by an external pharmacy every six months to ensure the home was working within the medication guidelines.

This was satisfactory. The nurses also monitored the medication in the home. The Fire Officer had visited the home to complete safety checks.

The Environmental Health Officer had visited the home and awarded the home five stars, which is very good.

**Our judgement**

People who use the service benefit from safe quality care, treatment, and support, due to effective monitoring systems being put in place.

# What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

**Improvement actions:** These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

## Information for the reader

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