

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

St Matthews Unit

29-31 St Matthews Parade, Kingsley,
Northampton, NN2 7HF

Tel: 01604711222

Date of Inspection: 12 April 2013

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2013

We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓	Met this standard
Meeting nutritional needs	✓	Met this standard
Management of medicines	✓	Met this standard
Staffing	✓	Met this standard
Supporting workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	St Matthews Limited
Registered Manager	Mr. Jasbinder Singh Bhullar
Overview of the service	St Matthews Unit provides accommodation for up to 58 people who have mental health needs.
Type of services	Care home service with nursing Rehabilitation services
Regulated activities	Accommodation for persons who require nursing or personal care Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 12 April 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

During our inspection visit we spoke with four people who used the service, two relatives and two health professionals. We also spoke to the manager and five members of staff.

People we spoke with told us that they were happy with the service and liked living at St Mathew's unit. They also told us that staff were friendly and supported their needs.

During our observation we noted that people's relatives provided positive comments about the home and the level of care that was given by staff to their family member. Some of the comments included "Seems to have a good relationship with all staff and they are great to him", and "I am pleased he is here and they have settled in well".

Several people were not able to hold meaningful conversations with us, but we saw from their responses and body language that they were happy with the way staff were supporting them. We observed that all staff on duty had a calm and kind manner when working with individual people.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced effective support and care that met their individual needs and preferences

Reasons for our judgement

We previously carried out a compliance visit to St Matthews Unit in November 2012, which raised concerns in relation to the care and welfare of people using the service. During this follow-up visit, we looked at this to find out if improvements had made.

At our visit in November 2012 we observed that people's care and treatment was not always delivered in line with their individual care plan. During our visit in April 2013 we saw that the provider had introduced monitoring checks to ensure that people's assessed needs and treatment was delivered in line with their individual care plan. We reviewed four people's care planning documents and found that detailed care plans and risk assessments were in place for the people. This had information about their preferences, routines, health, personal, and social needs. We also found that where risks had been identified, care plans had been written to show how the persons care needs should be met. For example one person told us that they had ulcerated legs and said the "Nurses are very good at looking after them and they take me to the doctors when I am not feeling well". We spoke to a health professional who had reviewed this person's care needs. They told us that this person's ulcerated legs had improved since they came to live at the home. They told us that this was due to the person centred care the person received from the qualified nurses and care staff at the home. We also saw that other health professionals such as the tissue viability nurse were involved in the person's care. This meant that people received safe care that met their individual needs.

People were supported in promoting their independence and community involvement. We spoke to the occupational therapist (OT) who organised the weekly activity programmes for St Matthews Unit. They told us that they had reviewed all the activities and had made changes by introducing three new activity programmes to meet the different needs of people being cared for at the home. We saw a copy of the weekly activity programme for the upstairs and downstairs unit and for the day centre. We saw that some of this included, playing quizzes, doing art and craft, learning cooking skills and having one to one therapeutic sessions, and going out in the community. We also saw that people had their own

individualised programme of activities. The people we spoke with told us that they enjoyed going out into the community and doing the cooking activity the best. This meant that people were offered activities to maintain their welfare and promote their wellbeing.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

People were provided with a choice of suitable and nutritious food and drink. The staff on duty told us that on Friday's people were given the choice of having the food prepared in the home or they had a choice of having take away food. We saw that several people had chosen to have their preferred take away food and a staff member had recorded their orders. We observed some people eating their evening meal on the first floor of the unit, which accommodated people with high dementia needs. We saw people were being offered a choice of two main meals and a vegetarian choice, which were all well presented as well as being nutritionally balanced. We observed that the shift leader on duty monitored meal times and they also asked people if they enjoyed their dinner. We also observed that people were given alternative choices when they said they did not like the taste of the food. Staff we spoke with told us that people were always given choices about what they wanted to eat. They also told us that they knew what food people enjoyed. We saw this information was recorded in people's care files.

We observed some staff sat with people and encouraged them to eat in a dignified manner. We also saw that people were not being hurried to eat their food but they were given time to eat and enjoy their food. This meant that support was available to enable people to eat and drink sufficient amounts.

We saw that a single assessment process, which assessed all aspects of each person's needs, was in use. This included nutrition and the use of malnutrition universal screening tool (MUST) score. We observed that food and fluid charts were being completed for some people as dictated by the must score. We saw that people were being referred to the dietician, and other health professionals and advice given was followed by staff. This meant people were protected from the risk of inadequate nutrition and dehydration.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Medicines were safely administered. We looked at the arrangements put in place for administering people's medicines. We found that all medicines were stored securely. The medicine administration records (MAR) sheets were being fully completed for receiving and administering all medicine. We saw that the fridge temperatures were recorded with the medication being safely stored. We checked the quantity of medication for two people and found these matched the medication records. We saw that people's care plans had up to date information recorded about the medication that they took and that their medication was being reviewed by the doctor. Two people we spoke with told us that they received their medication from the nurses at the right time. This meant that people received their medication at the time they needed them and in a safe way.

The staff training records showed that the qualified nurses gave out medication and they had received training in administering medication. The qualified nurses we spoke with told us when they first started administering medication, an experienced member of staff observed them a few times. This was to ensure that they were competent in administering medication and people received their medicines safely.

The staff we spoke with on duty showed that they had good understanding about the medication that people were prescribed to maintain their health needs. The staff also told us that they used the services of the local pharmacist if they needed any advice or information about medication. We saw the most recent pharmacist visit report and this showed that the information on medication was kept up to date and systems were in place to protect people against the risk associated with the unsafe use and management of medicines.

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

There were enough qualified, skilled and experienced staff to meet people's needs. We looked at the staff working rota during our visit to St Mathews Unit. The rota provided details of how many staff were on duty during each shift and whether they were qualified or unqualified staff. We saw that there were enough qualified nurses to plan care for the number of people needing nursing needs. This was also confirmed by staff we spoke with. The manager showed us the staffing structure and they were able to show that they had carried out a needs analysis as the basis for deciding sufficient staffing levels. The calculation showed that there was a ratio of one member of staff to three people using the service during the day time, and one member of staff to five people during night time. This calculation did not include the full time working hours of the occupational therapist (OT) and three assistant OT's and the clinical lead and manager's hours. This showed that there were appropriate numbers of skilled staff to meet people's needs.

We saw that there were sufficient numbers of staff with the right competencies, knowledge and skills to meet the needs of the people throughout our visit. The provider had clear staffing arrangements in place and they were able to respond to the changing needs of people and unforeseen circumstances. For example we found that the provider used bank staff and the assistance of staff from their other locations to cover staff absences and emergencies.

The manager told us that they asked staff in their supervision, team meetings and through satisfaction surveys to find out if there were enough staff to meet people's needs. The staff we spoke with told us that there were enough staff on duty and they told us if they needed more staff due to changes in people's needs, they would inform management. They told us that management would review the staffing levels to meet people's needs. We saw and staff told us that during ward rounds, an extra member of staff who was a qualified nurse was put on shift to cover the ward round. A family member we spoke with told us that when they visited the unit, there was always a member of staff available to talk to them about their relatives care needs. They also told us that the staff from the home took their relative to visit their family and stayed with them until they were ready to go back to the unit. This meant that there were systems in place to monitor and review people's needs so that effective staffing levels were maintained.

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

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We previously carried out a compliance visit to St Mathews Unit in November 2012, which raised concerns in relation to supporting workers. During this follow-up visit we reviewed the improvements that the provider had made to supporting workers.

At our visit in November 2012 we observed that not all staff were receiving regular supervisions and mandatory training. During our visit in April 2013 we saw that the provider had put in monitoring checks to ensure that all staff received regular supervision and mandatory training. We were provided with a copy of the mandatory training programme for 2013 to 2014 and this showed that all staff had received training on basic food hygiene, infection control, fire training, manual handling, basic first aid and safeguarding.

The staff we spoke with told us that they had all received mandatory training. They told us that they had also completed other training related to meeting the needs of the people they cared for. For example understanding mental health and mental illness, medication, care planning, and managing violence and aggression. The staff told us that they did refresher training on a yearly basis. The manager also told us that all new staff for the first two weeks did not work on the staff working rota. During this time they shadowed experienced staff and completed all their mandatory training as well as the induction standards workbook as part of their induction training. We saw evidence that this was happening. This meant that all the staff received regular training to meet the needs of the people they cared for.

The staff told us that they had supervision with the manager or a senior member of staff. They said that these meetings were good and looked at their personal development and discussed how they were meeting the needs of the people being cared for. The manager showed us files of qualified staff that undertook staff supervisions. We saw that the qualified staff supervised care staff and the manager and deputy manager supervised the qualified staff. The staff supervision files we looked at showed that all staff were receiving regular six to eight weekly supervisions and this also included looking at their training and developmental needs. This meant that staff were appropriately supported to enable them to deliver care and treatment safely and to an appropriate standard.

Assessing and monitoring the quality of service provision

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. People had monthly meetings and we saw that their views were asked about meals, activities and if they had any issues that they wanted to discuss about the running of the home. A relative we spoke with told us that they were asked about their views in how their relative's needs were being met by the staff. We also observed that the manager and staff on duty spoke to people in the home on a regular basis to find out their views about the care that they received from the service. One person told us if they were not happy about something, they told staff about this and they said the staff always resolved the problem. This meant that the views of people using the service were being listened to and acted upon to improve the quality of the service provided.

We saw that the home had received unannounced monthly monitoring visits from the organisation. This was by looking at the environment, health and safety, people's finances, talking to people and staff, looking at people's care plans, staff recruitment files and other records kept in the home. We saw that a report was written after their visit and the information we read was very positive about the care people received. We also saw an action plan was put in place to address some issues raised in the report. The manager told us that these had been met and we saw evidence of this.

We saw that the care plans were being audited on a monthly basis by qualified nurses to ensure that all staff had correct and up to date information to meet people's care needs. We saw that health and safety and medication audits were also being carried out regularly to keep people safe. We also saw that the provider had completed staff, service users, and external professional's satisfaction questionnaires to gather information about how well the service was performing. This meant that systems were in place to monitor the quality of services provided by St Mathews Unit.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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