Midland Heart Limited

St Matthews Place

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

Our inspection took place on 19 and 22 August 2016 and was unannounced. We last inspected the service on 16 December 2013 when we found the provider was meeting regulations.

St Mathews Place is an extra care housing scheme that provides personal care to people who are tenants. At the time we inspected St Matthew's Place was providing personal care to 37 people who lived at the scheme, this the maximum number of people that the provider would normally support with personal care at this scheme. The service caters for older people.

There was a registered manager in post at the time of our 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.

People felt safe living at St Mathews Place. People thought there was enough staff to ensure they received their planned care visits, with additional support or checks if they needed help between these calls. Systems were in place to identify risks to people. Staff were aware of people's risks and how to appropriately manage them. People were supported by staff who were employed after appropriate checks were carried out. People received their medicines safely and as prescribed

People thought staff were well trained, and had the knowledge and skills needed to provide them with effective care. Staff demonstrated an understanding of people's individual needs and how to meet these. People's rights were promoted as staff sought people's consent before providing care. People were supported with food and drink in a way that met their preferences and addressed their needs. People were supported to access healthcare professionals when required.

People thought staff were caring, kind and respectful. People said staff respected their dignity and privacy. People said they could make choices about how their care was delivered. People's independence was promoted.

People had involvement in planning their care and their preferences and requirements were considered in consultation with them. Staff understood what was important for people and ensured this was reflected in the care people received. Staff supported people to socialise with other tenants and provided opportunities to access the wider community. People knew who to complain to and were confident any complaints or concerns would be resolved.

People felt the scheme was well led, with systems in place to ensure people's views were captured and responded to. The provider had systems in place to monitor and improve the quality of the service. Staff were well supported by the provider and told us they were happy working at St Matthew's Place.

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.

People said they felt safe. People said there was sufficient staff to ensure they received support when needed and this maintained their safety. Systems were in place to identify, monitor and minimise risks to people. People were supported by staff who were subject to appropriate pre-employment checks. People received medicines safely and as prescribed.

Is the service effective?

Good

The service was effective.

People felt staff had the skills and knowledge needed to provide effective care. People's rights were protected as staff were knew how to obtain their consent before delivering care. People were supported with sufficient food and drink in accordance with their individual needs and preferences. People were supported to access healthcare professionals when required.

Is the service caring?

Good

The service was caring.

People told us the staff were kind, caring, and respectful. People's dignity and privacy was respected and they could make choices about how their care was delivered. People's independence was promoted.

Is the service responsive?

Good

The service was responsive

People were involved in how their care was planned. People's views were sought when their needs and preferences changed. Staff understood people's individual needs and preferences and how to meet these. People were supported to socialise and access the community. People knew who to complain to and had confidence complaints would be resolved.

Is the service well-led?

Good

The service was well led

People felt the service was well led and they had confidence in management. There were systems to capture and respond to people's experiences and monitor the quality of the service. Staff felt well supported by the provider and were happy in their work.

St Matthews Place

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 inspection took place on 19 and 22 August 2016 and was unannounced. The inspection team consisted of one inspector.

We reviewed the information we held about the service. 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. We also reviewed notifications of incidents that the provider had sent us since the last inspection. Notifications are events that the provider is required to tell us about such as serious injuries to people who live at the service. In addition we sought the views of local commissioners about the service prior to our inspection. We considered this information when we planned our inspection.

During our inspection we spoke with seven people and two relatives of people who lived at the service. We also spoke with the registered manager, two team leaders and two care staff.

We reviewed a range of records about how people received their care and how the provider's personal care service was managed. We looked at four care records of people who used the service, three care staff records and records relating to the management of the service. The latter included records of spot checks carried out by managers on the quality of the service, care call records, provider quality checks, complaint records and surveys completed by people.

Good

Is the service safe?

Our findings

People told us they felt safe living at St Matthew's Place. One person told us they felt safe as they were reassured by the availability of staff throughout the day and night. They also told us they were well treated and felt safe with the staff that visited them. Another person told us how the staff were careful when they helped them transfer from bed to chair with equipment and told us, "If it hurts I only need to say and they will stop, I can't quibble at anything". A third person told us how staff were always available to support them when walking and said, "I never walk alone".

The registered manager and staff had a good understanding of what potential abuse looked like so they could recognise how to protect people from harm. Staff were knowledgeable about how to identify and escalate any concerns to ensure people were kept safe. Staff told us they would raise concerns if needed. One member of staff told us "If a customer is not happy [with their safety] I will raise a concern". The provider had demonstrated their awareness of local procedures for safeguarding people by alerting the local authority and CQC when they had concerns about potential abuse. These showed systems were in place to ensure any allegations of suspected or actual harm would be promptly and appropriately escalated.

There were sufficient numbers of staff available to keep people safe. One person told us, "Any time I want staff I can find them". Another person told us it they called staff they would soon receive a call over their intercom to check if they were safe, with staff visiting if needed. A third person said, "I have no worries, you know [staff] are in the office. If you press the buzzer they come quickly". A relative told us staff were sometimes a little busy but, "It's never been a problem". People said there was enough staff available to ensure they received their care calls at the times agreed. One person told us staff, "Turn up about the right time, not late". A second person told us, "I'm happy with the time [staff] turn up they are quite good. Staff told us there were sufficient staff available to ensure people were safe and they could meet their commitments in respect of care calls.

People told us there was always enough regular staff available. One person told us, "There are regular carers", another, "I know some of them, I know who to go to, I know their face". A third person said, "If there are different staff, there is an introduction by regular staff". A Relative told us, "Not a stranger every time we come in, there is consistent staff". The registered manager and a team leader told us while there were some staff vacancies they were able to access regular and consistent agency staff. Another team leader told us, "We use one regular agency and tend to get the same staff". This showed the provider had systems in place to ensure there was enough staff to keep people safe and ensure they had staff employed that knew people.
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We looked at the provider's staff recruitment systems and found these made sure that the right staff were recruited to keep people safe. We saw that checks, for example Disclosure and Barring checks (DBS), were carried out before staff began work at the service. DBS checks include criminal record and barring list checks for persons whose role is to provide any form of care or supervision. The registered manager told us staff references were obtained by the provider's human resources department, and staff would not be employed

until these were checked. We spoke with staff who confirmed that these checks had been completed before they started work. One member of staff told us, "I could not start until the checks came through", this confirmed by records we saw.

Checks were undertaken to assess any risks to people and to the staff who supported them. We saw risk assessments included information about action to be taken to minimise the chance of harm occurring. For example, we saw appropriate equipment people needed to transfer them safely was identified by use of risk assessments. For example, we saw one person had a lifting hoist and slings that were identified as safe for the person's individual requirements. The person and staff confirmed the use of the correct equipment as identified within risk assessments. The person said they felt safe when staff used the equipment. We also saw where people's health may present a risk to them there were systems to monitor this potential risk. For example, where risk assessments identified concerns with a person's fluid or dietary intake, we saw records were completed to identify when risks may need escalating. Staff we spoke were aware of risks to people, this reflecting what people told us and what was recorded in their risk assessments. One team leader told us the risk assessments they completed were, "To protect people from dangers". For example, one person told us how their risk assessment told staff they would be accompanied when walking to reduce the risk of their falling if unsteady. We saw staff accompanied this person when they walked to lunch. This showed risks were considered and action taken to promote people's safety.

People were happy with the support they received with their medicines, and they said they received these in a safe way. One person told us, "They [staff] are very good with medicines". Another person told us staff, "Give medicines regularly" and, "Medicines come in every month". A third person told us staff just prompted them to take their medicines but, "I forget so that's a good thing". A relative told us they were satisfied with how their family member was given their medicines. We saw assessments were completed to identify what support people may need with medicines. For example where staff may just need to prompt people to take their medicines as opposed to staff administering them. Staff we spoke with were able to tell us how they administered medicines in a safe way, and told us their competency was checked by managers. We looked at some people's medicine administration records (MARs) and found that these were well completed, and showed people were given their medicines as prescribed. People told us how their medicines were stored securely in their flats, and they told us how they were happy with this arrangement. We also saw a check of how medicines were managed by a pharmacist in March 2016 did not identify any concerns. This showed people received their medicines as prescribed and in a safe way.

Good

Is the service effective?

Our findings

People said staff always asked if they agreed and consented to any care or support before this was provided. People we spoke with said they gave consent to their planned care when their care plans were reviewed with senior staff. One person told us, "They always ask if you want medicines and do ask if you want to go [to dining room] but I don't want to". Another person said staff, "Always ask do you want anything before they give it to you" 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 particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff were able to tell us how they would ensure they acted in accordance with the MCA, and demonstrated a good understanding of the Act. One member of staff told us they, "Assume that people have the capacity to talk to me". They added if there were any difficulties with people understanding how to make decisions they would report this to their senior so they could review how the person could be best supported. Staff told us they had received training in the MCA which helped them understand the importance of gaining people's consent.. This showed staff were aware of their responsibilities under the MCA.

People said their care was provided by staff in a way that allowed them to be confident in staff skills and knowledge. One person said they were, "Confident in the staff and they are helpful if you need them". Another said, "I Feel I can say that the staff that come to me are well trained". A relative told us they were, "Very happy will all the staff". Staff were positive about the training they received. One member of staff told us the provider was, "Pretty good with training, there's a really push for training". A team leader told us how the training they received reflected the needs of people they cared for, for example they said they had recently received training in supporting people with dysphagia (where there is difficulty or discomfort in swallowing). The registered manager showed us how training was planned so they could easily identified any gaps in staff training provision and ensure staff had the required skills to perform their roles. We spoke with recently employed members of staff who told us about their induction. They said, "Staff have been supportive". They told us about their induction and how they were able to shadow more experienced staff over their first week, and were made aware of important issues such as fire safety. We saw this initial induction was recorded in the staff member's files. While some staff already held training, for example in moving and handling people, we were told they were not expected to undertake these tasks until they had completed the provider's training. This was so the provider could be confident staff had the right skills and knowledge. The provider expected staff to complete a probationary period during which they would need to achieve a minimum standard of expected standard of competence. This showed staff were supported by the provider to gain the knowledge and skills required to support people.

People were happy with the support they had to eat and drink. People told us the support they needed with meals and drinks varied dependent on their individual circumstances, but staff were aware of the support they may need to ensure they had a good diet. People told us they also were able to purchase meals and drinks from a centralised kitchen facility within the scheme. One person told us they had appropriate support with food and drink and said, "Meals they bring to you, if you don't want them you have just got to

say, meals are very nice, if I didn't like would say so to the carer. If I ask for lunch its food that I like". They also said they had plenty of drinks, and we saw these had been placed in arms reach of the person as detailed in their care plan. Another person said, "Dinners very nice, the pudding was lovely". The registered manager told us they did offer a variety of meal choices, this including for example Caribbean cuisine, this available to any person who lived at St Mathew's Place. A person we spoke with confirmed these options were available to them. We saw people's assessments included information about how people needed support with their diet, for example some people were identified as being at risk of malnutrition and we saw there were systems in place to ensure there was increased monitoring in respect of people's diet and fluid intake. This showed people had the support they needed to have sufficient food and drink.

People said staff were observant of any changes in their health and supported access to health care services when this was required. One person told us, "I Have seen doctors coming in ". People told us staff would support their access to health care professionals if required. Two people said they had regular contact with, for example nurses due to on-going health concerns. People also said staff knew how to respond to specific health conditions they may have. A person living with diabetes told us, if they were unwell because of their diabetes, "Staff would know". Staff we spoke with recognised what they should look out for in respect of monitoring people's health, and any action they should take. We saw this was reflected in people's records. Where there were concerns about people's health these were monitored and we saw any changes in health were escalated appropriately. For example, where a person had repeated infections, the person was monitored more closely so this could be used to inform their doctor. This showed that the provider ensured people's health care needs were monitored and people were supported to access health care services when needed.

Good

Is the service caring?

Our findings

People said staff were consistently kind and caring. One person said, "They do try and, make you feel happy if there is anything making you unhappy, they are very good". A second person said, "They [staff] are very nice and friendly, they are all loveable, down to earth. They [staff] are lovely, they are very caring. If I want anything I do not hesitate to ask". A third person said the staff gave them "Lovely support and they are caring to me; they ask you how you are". A relative told us there was, "Always a smiley face in reception".

People told us they had good relationships with the staff who visited them. They also said they received support from familiar, consistent staff. One person we spoke with said, "Staff they know me and are very good". Another person said, "Staff do make you feel comfortable". One person told us they had a member of staff who was, "Some nice fellow who never does anything to upset you". This showed the provider aimed to ensure people were supported by staff they knew.

Staff knew why it was important to communicate and talk to people about the care they provided. For example, staff explained to us that some people may need additional time and support to understand and discuss choices they gave them. The registered manager said their expectation was that staff would, "Break down what they said so people understood it". Staff we spoke with understood the registered manager's expectations. We saw occasions where staff interacted with people and we saw their communication was clear, and people showed understanding. People said staff spoke with and listened to what they had to say before and during providing care. They told us this was to ensure their choices about how their care was provided were respected. We saw when staff spoke with people they looked comfortable and relaxed. This showed staff understood the importance of communicating effectively with people.

People told us the staff treated them with dignity and respect. One person said staff,
"Will stand outside room when I am dressing to give me privacy". Everyone we spoke with said staff would always knock the door and let them know who was there before entering. A relative said staff, "They tell you who it is" and would call out and knock the door before entering a person's flat. We saw staff used this approach before and when entering people's flats. Staff were seen to be polite and spoke to people in a way that met with their expectations. For example, we saw staff used people's preferred titles to address them, as was confirmed by the people we spoke with. People consistently said that staff were all polite, friendly, showed them respect and considered their privacy. We saw staff were polite and considerate in all the conversations we saw they had with people. Staff we spoke with were able to tell us of ways in which they promoted people's privacy and dignity. For example, one member of staff said, "You make sure [people] are covered up, you don't leave front door open, and it's how people are made to feel that's important". This showed people were respected and treated in a dignified way by staff.

People told us staff helped them be more independent. One person we spoke with said the staff, "They help me to wash myself". Another person said, "If I can do it I do it, if not they help me". A third person said, "I'm [encouraged] to walk as much as I can from flat to lift, good and bad days but feel good for walking". The registered manager told us promoting people's independence was a key aim of the service, and staff we spoke with understood this. Staff also understood the importance to people's well-being in promoting their

independence. This showed people's independence was promoted.

Good

Is the service responsive?

Our findings

People told us assessments of their needs, likes and dislikes were carried out prior to them receiving any personal care. One person and their relative told us, "We had a look around; staff did talk through things before moved in". The person's relative added, "Had a chat with the manager, had a look around. [The person] had one day out here for some lunch. We filled out forms, what [the person] liked for example". They confirmed they and their family member felt involved. Another person told us they were involved in, "Two assessments, one social services and one of the seniors [from St Matthew's Place]" before they received a service. A team leader told us people's needs and personal preferences were assessed before they received any personal care from staff. They said they would get an assessment from commissioners following which they would visit the person to confirm their needs prior to their moving into the scheme. All the people we spoke with confirmed they were involved in planning their care. People were able to show us, or tell us about care plans that were agreed with them. They all confirmed their personal likes, dislikes and person requirements were discussed with them. This showed the provider had systems in place to involve people in planning their care when first moving into St Matthew's Place.

We talked through three people's care plans with them and they told us the care they received reflected what was written in their plan. People told us their care was reviewed with their involvement on a regular basis. One person said staff, "Always pop in and update you on issues", another that the reviews of their care were, "Very helpful". A third said, "[Team leaders] do come and talk to us about our care". The registered manager told us people's needs were reviewed on a regular planned basis or, "Updated as needed when there was a change" to people's needs, this confirmed by what people said. Staff told us they were able to access assessments of people's needs and preferences, and their care plans, so they could provide people with care they had agreed to. Staff told us, that in addition to updates of people's needs when they started work (handovers), there was an expectation they checked people's care plans prior to providing care. This was to ensure they were aware of any changes to a person's requirements or preferences. They also said they would ask the person for their views as well. Staff demonstrated a good awareness of people's needs and preferences, which reflected what we saw written in people's records. This showed the provider had systems in place to ensure they were responsive to people's needs.

People told us they were supported to have opportunities to socialise with other people who lived at St Matthew's Place should they wish to. One person told us the provider, "Has a lot of things going on". They told us about various social nights that were themed such as a Jamaican and Hawaiian night. They said, "The staff put on a show for help the heroes and land girls". They added, "Our quality of life has improved with the places we have been to since we have been here". Another person said "They [staff] always do outings, always go with them. There's' a social club once a month and they put a buffet on". Other people told us about the social nights and trips out that were arranged by staff. One person also told us how they were involved in running a shop for other tenants, and we saw another person enjoyed managing reception duties. Another person told us how they were supported to observe their religion with the support of a visiting priest. This showed the provider allowed people opportunities for occupation and socialisation that would support their well-being and independence.

People told us they knew who to complain to and were confident complaints would be addressed. People told us they were aware of the provider's complaints procedure, which was available in the scheme reception area, or they knew who to take complaints to. One person said, "No complaints about anything", another, "We are able to say if there is anything we don't like". A third person said, "No complaints, if I did would talk to [the registered manager]". One relative said they were not sure how to contact the provider, but knew who to complain to. They added, "I'm pretty sure [the registered manager] or staff if something was wrong would go official and go through procedure" and "I'm sure if there was a problem it would be dealt with". The registered manager told us they had received one complaint in the last 12 months and showed us how this had been resolved. This showed that people's complaints would be listened to, and addressed or escalated for resolution.

Good

Is the service well-led?

Our findings

People told us they thought St Matthew's Place was well run and they were satisfied with the care they received. People we spoke with knew who the registered manager was and said they saw them often. One person said, "[the registered manager's] a nice manager that we have now". Another person said the registered manager "Is nice "and said they saw her when she came round to ask their views. A Third person said if the wanted to talk to the registered manager, "They are in office or just walking around so just press the buzzer".

The provider had a number of ways in which they gathered people's views. Some people we spoke with told us they had received surveys forms from the provider to ask for their views. We saw completed survey forms where people had expressed satisfaction with the quality of the service they received. People also told us they attended tenant's meetings where they would discuss the scheme and any concerns people may have. One person said they had, "Meetings, had one last week about trips and so on". Another person told us about a meeting that was held when people had concerns about the food from the main kitchen. They said, "Up to a month ago food was just awful but there was a change of catering". They said there was a meeting and since this the food had improved. Other people we spoke with also confirmed their views about the food had been listened to and improvements were made. People also told us the registered manager and team leaders did spot checks on staff and they would ask people's views when doing so. One person said, "They [managers] ask if any complaints", another that, "Seniors come and check medicines, ask if they is anything upsetting us, anything I need ". This showed the provider had systems to gather people's views and responded to these.

People also expressed confidence in the registered manager and senior staff with whom they said they had regular contact. The registered manager and staff demonstrated a sound knowledge of people's needs and their responsibilities in providing people's personal care. We found the provider had met their legal obligations relating to submitting notifications to CQC and the local safeguarding authority. The provider was aware they were required to notify us and the local authority of certain significant events by law, and had done so.

Staff told us they understood their role, what was expected of them and were happy in their work. Staff expressed confidence in the way the service was managed and told us the management were available when they wanted to talk to them. Staff told us they had regular one to one supervision meetings, appraisals and their competency was checked by the registered manager or seniors through spot checks. Staff said they received the support they needed to understand their roles and responsibilities. One member of staff we spoke with said, "Any issues try to sort straight away, manager supports a professional relationship". Another member of staff said, "Our line managers are very good". Staff told us they felt able to raise concerns by speaking to the management or external agencies and 'whistle blow' if needed. A whistle-blower is a person who exposes any kind of information or activity that is deemed illegal, dishonest, or not correct within an organization that is either private or public. This meant staff felt well supported and able to share their views with the provider.

We saw the provider had systems in place to identify, assess and manage any risks to the quality and safety of the service. We saw changes to people's care, and any risks that presented were recorded and monitored for trends and patterns, to inform how these risks were managed. Accidents and incidents were recorded and the registered manager and staff were able to tell us how this informed how they made changes based on any trends that may be identified. For example the registered manager told us how they now made use of a reporting processes (called impact statements) that staff would be made aware of and asked to sign to ensure any matters of import related to people's care were clearly identified, escalated and improved. We saw copies of regular audits the registered manager completed, and documented records of provider visits where they checked on the quality of the service, these reflecting the key lines of enquiry (KLOE) as used by CQC. We found the provider had identified some areas where improvements could be made, for example record keeping. The registered manager showed us how these provider audits had led to a targeted action plan that we saw they were addressing. The registered manager told us the provider monitored the action plan on a regular basis to ensure they were making the expected improvements identified within the action plan. They also added they had received good support from the provider. This showed the provider, was proactive in finding areas where there was scope for improvement in the service people received, with clear targets setting out how and when these would be achieved by.