

Colleycare Limited

# St Matthews Care Home

## 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

About the service: St Matthews Care Home provides accommodation and personal care for up to 75 people including people with dementia. At this inspection 72 people were living at the service.

People's experience of using this service:

People we spoke with at this inspection told us they were happy living in St Matthews Care Home because staff were kind and their needs were met.

People had risk assessments in place that supported positive risk taking and staff supported people's independence daily.

Care and support was delivered in a personalised way by staff who knew people's likes, dislikes and preferences. Staff promoted people's privacy and dignity and their choices were respected.

Staff received training and had their competencies assessed to ensure they were skilled and knowledgeable to meet people's needs effectively. Staff were supported to develop their skills and knowledge.

Staff used effective infection control measures to protect people from the risk of infections. Appropriate equipment was in place where needed for people to receive support in a safe way. The home looked and remained clean throughout the inspection.

People could pursue their hobbies and interests. There were opportunities to take part in organised group activities. Staff encouraged and supported people to be involved. There were quiet areas for people if they preferred.

People and relatives told us there were enough staff to meet people's needs. People felt listened to and knew who to talk with should they have any concerns.

People, relatives and staff told us the manager was visible around the home. They confirmed that managers and staff were approachable.

Complaints and feedback from people and relatives were used in a constructive way and lessons were learned to ensure improvements were made.

The registered manager used a range of effective audits and governance systems to check the quality and safety of the care people received.

Rating at last inspection: Good (report published 6 May 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection. At this

inspection the service remained rated Good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was safe.

Details are in our Safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our Effective findings below.

**Good** ●

### **Is the service caring?**

The service was caring.

Details are in our Caring findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive.

Details are in our Responsive findings below.

**Good** ●

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

The service was well-led.

Details are in our Well-Led findings below.

**Good** ●

# St Matthews Care Home

## Detailed findings

### Background to this inspection

**The inspection:** We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Act, looked at the quality of the service and provided a rating for the service under the Care Act 2014.

**Inspection team:** The inspection was carried out by two inspectors, one assistant inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

**Service and service type:** St Matthews is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

**Notice of inspection:** This inspection was unannounced.

**What we did:** Before the inspection we reviewed information, we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. We received feedback from the local authority and reviewed the commissioner's report of their most recent inspection. We also reviewed the provider information return (PIR) submitted to us. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

During the inspection we spoke with 10 people who lived at the home, six relatives, six staff, two senior staff, chef, the deputy manager and the registered manager.

We looked at care plans relating to four people and reviewed records relating to the management of the service.

We carried out observations throughout the day and used the short observation framework tool (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us due to their complex needs.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- There were effective systems to help ensure people were protected from risk of harm or abuse. Staff received training and demonstrated they understood how to report their concerns internally and externally to local safeguarding authorities.

- People felt safe. Relatives told us they felt that the care and support people received was safe. One person said, "I do feel very safe here." Another person said, "I do feel safe here because the staff help. As I get older I forget things and they just back me up. They know me, staff make me safe." A relative said, "I think [name] is safe here. They have been here a year now, no problems."

Assessing risk, safety monitoring and management

- Risks to people's well-being and health were assessed and measures developed to mitigate risks. Risk assessments allowed for positive risk taking and enabled people to stay independent. For example, people had equipment in place such as floor sensor mat and walking frames, people were supported to be independently mobile.

- Procedures were in place to help ensure staff could deal with emergencies such as fire. People had personal emergency evacuation plans (PEEP) so that staff were familiar with how to assist people in an evacuation.

Staffing and recruitment

- People and relatives felt there were enough staff to meet people's needs in a timely way. On the day of the inspection staff were quick to respond to people's needs and answered calls promptly. Staff felt there were enough staff to meet people's support needs.

- Safe and effective recruitment practices were followed to help ensure staff were of good character, physically and mentally fit for the roles they performed. All staff had been through recruitment procedures which involved obtaining satisfactory references and background checks with the Disclosure and Barring Service (DBS) before the service employed them.

Using medicines safely

- People's medicines were managed safely. Medicine administration was completed in accordance with good practice. Medicine records were completed accurately and the sample of medicines we counted tallied with the amounts recorded. Staff had received training and there were protocols for medicines prescribed on an 'as needed' basis. This helped to ensure that people received their medicines as prescribed.

Preventing and controlling infection

- There were infection control procedures in place and regular cleaning in the home. Staff confirmed there were cleaning schedules in place. The home was clean and there were no lingering malodours. Staff used personal protective equipment (PPE) appropriately when delivering personal care to people.

#### Lessons when things go wrong

- The registered manager told us there were lessons learned when things went wrong. Appropriate actions were taken following incidents and learning was shared with staff. Risk assessments and care plans were updated after accidents and incidents to ensure that the measures in place were effective.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Pre-assessments were completed to establish if people's needs could be fully met and care plans were reviewed regularly.
- Care plans were comprehensive, contained relevant information and were individualised. For example, a care plan for someone with anxiety contained an emotional support plan for the individual.
- Staff had clear guidance on how to meet people's needs. to ensure they appropriately reflected the care people received.
- Care plans were stored electronically, and staff received prompts on hand held devices for people's support and care to ensure people's needs were met.
- Call bells did not make an audible sound, this ensured loud and frequent noises did not affect the way people felt. Call bells alerted staff on their hand-held devices.

Staff support: induction, training, skills and experience

- Staff received appropriate training and support to carry out their roles effectively. One person said, "I think all the staff have the attributes required."

A relative said, "When [name] was ill [staff] were very quick to assess [them], staff contacted the doctor who prescribed anti-biotics quickly. That was also done in liquid form, as they know [name] doesn't take tablets easily."

- The registered manager had developed champions for safeguarding, infection control, incontinence and nutrition to support best practice and staff learning.
- Staff received regular supervisions where they received feedback about their performance and any development needs were discussed. Newly employed staff had an induction and worked towards achieving the nationally recognised 'Care certificate'.

Supporting people to eat and drink enough to maintain a balanced diet

- People liked the food served to them. One person said, "The food is nice I am eating far more here than at home."
- People were provided sufficient amounts of food and drinks with lots of options to choose from. Specialist diets were catered for. The nutrition champion reviews people's nutritional needs monthly. Where people were identified at risk of malnutrition or dehydration their foods were fortified and the person referred to their GP or dietician.

Staff working with other agencies to provide consistent, effective, timely care

- Staff knew people well and were able to promptly identify when people's needs changed and seek professional advice.

- Staff worked in partnership with health and social care organisations appropriately sharing information about people to help ensure that the care and support provided was effective and in people`s best interest.

#### Adapting service, design, decoration to meet people's needs

- The home was designed in a way so that people could move around easily, whether this was independently or with the use of mobility aids. Equipment was situated in bedrooms and bathrooms to enable people to be independent where possible.
- There were large comfortable lounges with ample seating for everyone with quieter areas for people if they preferred.
- Signage was appropriately placed and supported people with information. Designated dining areas meant people could enjoy a meal together if they wished. People's individual bedrooms included personal items to help create a homely feel.

#### Supporting people to live healthier lives, access healthcare services and support

- People had access to health professionals to help them live a healthier life. There were regular GP visits. We saw evidence of dietician and district nurse involvement in people`s care as well as physiotherapists, speech and language therapists and opticians. Information was shared with other agencies if people needed to access other services such as hospitals.

#### Ensuring consent to care and treatment in line with law and guidance

- 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".
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, <whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found that the registered manager and staff were working within the principles of the MCA where necessary and appropriate to the needs of the people they supported.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- We saw caring interactions between staff and people in the home. The atmosphere was calm, homely and welcoming with staff and management being approachable and visible to all.

Staff engaged positively with people as they went around the building, Staff showed knowledge of residents, their needs and preferences and were ready to oblige with help and support.

- People told us staff were kind and caring and nothing was too much trouble for them. One person said, "The staff are very good. I don't have to wait and they are always friendly and helpful."

- Relatives appreciated staff`s kindness and the attention they showed to people and this put them at ease. One relative said, "We can leave [name] here with peace of mind. We come three or four times a week and have never seen anything untoward. The staff are caring and [name] is relaxed here. We discussed everything before [they] came in and [staff] know her well."

Supporting people to express their views and be involved in making decisions about their care

- People knew about their care plan and could decide what care and support they needed.

- People and their relatives had meetings to share their views. People could express their views daily to staff and the registered manager sought people's feedback with annual surveys.

- People's care plans contained their preferences and supported their cultural needs, likes, dislikes and preferences. Care and support was tailored around each individual. One staff member said, "We encourage the resident to remember and talk about their past and what is important to them."

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their dignity and privacy. One person said, "The staff are very amicable, not bossy. They help rather than boss or interfere."

- People were well-groomed and dressed appropriately for the weather. One person wanted to go for a walk in the garden and was encouraged to get their coat first. Staff supported people with their needs discreetly to protect their privacy. Doors were closed when staff were giving personal care.

- Relationships were encouraged. Visitors were made to feel welcome and had no restrictions on visiting times.

- Information about local advocacy services was available and people were supported to access independent advice and guidance where necessary. The confidentiality of information held about people's medical and personal histories was kept secure. This was sufficiently maintained across the home in a way that preserved and maintained appropriate levels of privacy.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received their care and support in a way they liked. One person said, "Staff know what I like, and they listen to me."
- Care plans detailed people's preferences. For example, religious and spiritual preferences. Staff knew what people liked and supported people with daily choices.
- People had opportunities for social interaction. One person said, "I like to sit and read or do a word search. I do enjoy the scrabble in the lounge area on a giant screen."
- There were a range of activities provided including, exercises, outside trips and other social in-house activities such as reminiscing, card games or quizzes.
- On the day of our inspection, some people had baked cakes. There was an entertainer who played guitar and sang songs with people. One person said, "I don't get fed up, it's ideal here. I like my circuit in the garden most days, not the Olympics but me and [name] like to get out there."
- Relatives were happy and thankful for the personalised care and support people received. One relative said, "There seems to be a lot happening here, [name] enjoys living here."

Improving care quality in response to complaints or concerns

- People had no complaints about the service; however, they knew how to complain if they had any concerns. One person told us, "I have no complaints. I would say if I didn't like something. My [children] are always asking are you ok [name], any problems."
- People's relatives thought the management team were responsive and they dealt with any concerns promptly. Complaints we looked at were responded to appropriately.

End of life care and support

- The service provided end of life care for people. People were asked to think about their wishes in relation to end of life care and it was documented if they had any specific wishes. End of life care plans were reviewed to help ensure people's wishes were up to date. Where people were nearing end of life action was taken to keep them as comfortable as possible and to remain at the service if this was their choice.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People, their relatives and staff told us that St Matthews Care Home was managed well. People knew who the staff were and who they could talk to if they wanted. One person said, "If I had any problems I would just speak to the staff."
- Relatives were happy how the home was run. One relative said, "I think [name] is safe here. We can leave [them] here with peace of mind."
- The registered manager and deputy manager were visible and walked the floor daily to help ensure people and staff were alright. Staff felt listened to and told us the registered manager's door was always open if they needed support.
- Staff echoed the registered manager's vision and values about providing personalised care and support to people.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care.

- There were clearly defined roles for staff working in the home. Staff had clear lines of responsibilities to effectively manage all aspects of the service. Staff received a hand over before starting their shift to help ensure they were aware of any important changes to people's support needs. Staff told us there was good team work and communication.
- Staff felt listened to by their managers and had one to one support appropriate for their job roles.
- Staff were supported to develop. This meant that staff had appropriate support to acquire and maintain skills and abilities to provide people with effective care and treatment. Champions for safeguarding, infection control, incontinence and nutrition supported best practice and staff learning.
- Accidents and incidents were used as an opportunity for learning and improving. For example, the registered manager had a falls chart to monitor patterns and trends to identify and resolve risks.

Engaging and involving people using the service, the public and staff. Working in partnership with others

- There were opportunities for people who used the service and their representatives to share their views about the quality of the service provided. People told us there were regular meetings
- Surveys were sent out annually to people, relatives, staff and other stakeholders to gather feedback about the quality of the service provided.