

Matthias House Limited

# Matthias House

## Inspection report

107 Dudley Road  
Tipton  
West Midlands  
DY4 8DJ

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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

Matthias House is a care home that is registered to provide personal care and accommodates up to 33 older people, some of whom are living with dementia. There were 31 people living at the home on the day of the inspection.

### People's experience of using this service and what we found

People felt safe and were supported by sufficient numbers of safely recruited staff. Staff were aware of the risks to people and how to support them safely and in line with their care needs. People were supported to receive their medication as prescribed by their GP, by trained staff. Where accidents and incidents took place, they were responded and acted on appropriately and analysed for any lessons to be learnt.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's needs were assessed prior to arriving at the home, to ensure the service could support them safely and effectively. People were supported by staff who felt well trained and supported by management.

People were supported to eat and drink and were offered choices at mealtimes. Regular drinks were offered to prevent the risk of dehydration. Staff were aware of people's healthcare needs and people were supported to access a variety of healthcare services in order to help maintain good health.

Staff had received training in the Mental Capacity Act and obtained people's consent prior to offering support.

The provider had invested in improving the living environment for people and was committed to ensuring the environment was safe and comfortable and met the needs of the people living at the home.

People had positive relationships with the staff who supported them and described them as kind and caring. Staff treated people with dignity and respect and supported them to make decisions about their day to day living. Where possible, people were encouraged to maintain their independence and for those who required it, access to advocacy services was available.

People were supported by a group of staff who knew them well, knew their likes, dislikes and what was important to them. People's care needs were regularly reviewed, and staff kept up to date with changes in their care needs. Staff support people to take part in some activities, but plans were in place to recruit an activity co-ordinator to improve the range of activities that could be offered to people.

People had no complaints about the service but were confident that if they did raise any concerns they

would be acted on and listened to immediately.

People, relatives and staff were complimentary of the service and considered it to be well led. The new provider had made themselves known to people and visitors to the service. Staff felt supported and listened to and were confident that the changes and improvements being introduced to the service would improve care delivery.

The registered manager and the provider had a number of audits in place to assess delivery of care and help drive improvement.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 24 February 2017). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

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

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

We always ask the following five questions of services.

<b>Is the service safe?</b> The service was safe.	<b>Good</b> ●
<b>Is the service effective?</b> The service was effective.	<b>Good</b> ●
<b>Is the service caring?</b> The service was caring.	<b>Good</b> ●
<b>Is the service responsive?</b> The service was responsive.	<b>Good</b> ●
<b>Is the service well-led?</b> The service was well led.	<b>Good</b> ●

# Matthias House

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall 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 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

Matthias House is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection-

We spoke with three people who used the service and three relatives about their experience of the care provided. We spoke with the provider, the registered manager, the deputy, two cooks and two members of care staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at training records, minutes of meetings and a number of quality assurance audits. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. This is the first inspection for this newly re-registered service. This key question has been rated as good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- One person told us, "I am quite happy here. I feel safe here as there is always someone around and that's what I need and the company." Relatives reported they considered the home to be a safe place for their loved ones. A relative told us, "We feel that there are enough staff around to ensure our relative is safe."
- Staff had received training in how to recognise abuse and were aware of their responsibilities to report concerns. One member of staff told us "I would report it to the manager or the senior, whoever is in." However, staff were unsure which outside agencies they would raise concerns with, should management support not be available. We discussed this with the registered manager, who agreed to provide staff with this information and contact numbers for the local authority and CQC.
- Where safeguarding concerns had been raised, they had been responded to and acted on appropriately.

Assessing risk, safety monitoring and management

- People were supported by staff who were aware of the risks to them on a daily basis. Staff knew people well and how to support people safely in line with their care needs. For example, we observed staff supporting a person to stand and move to a chair using a mobility aid. During this process staff supported the person appropriately, providing guidance and positive feedback.
- Risks to people were regularly reviewed and staff kept up to date with changes in people's care needs.

Staffing and recruitment

- People and staff spoken with felt there were enough staff employed in the home to meet their needs and keep people safe. One person told us, "There seems to be enough staff around, I don't have to wait long if I call for someone to help me getting to the bathroom." One member of staff told us, "When we have a full team on yes, but there is a vacancy and we are one carer short, but cover is put on and we are trying to help each other." We observed staff respond to people's requests for support in a timely manner.
- There was a dependency tool in place to assess staffing levels which was based on people's care needs.
- Staff told us prior to commencing in their role, the provider requested references and ensured checks with the DBS (Disclosure and Barring Service) were in place, to ensure people were supported by staff who were suitable for the role.

Using medicines safely

- People told us they had no concerns regarding their medication. Records seen showed people received their medication as prescribed by their doctor. Medication was stored safely and staff received training in how to administer medication.

- Where people received medication 'as and when required' for example pain relief medication, staff understood when this medication was needed and how to administer it. One person told us, "I was in pain this morning and they [care staff] offered me some paracetamol and I'm feeling a bit better now." Another person told us, "I'm on lots of medication. They are given out alphabetically and I have never been missed."
- Medication records were checked on a daily basis to ensure medication was administered and stored as required.

#### Preventing and controlling infection

- We found the home to be clean and tidy. We noted the service had recently had an infection control inspection and received a score of 98%. Where areas for action had been identified, an action plan was in place to ensure they were addressed.

#### Learning lessons when things go wrong

- Where accidents and incidents took place, they were reported, recorded and acted on appropriately. A member of care staff told us if they witnessed someone suffer a fall, "I would ring 111, get advice and check the person over. I'd record any injuries on a body map and make sure the person was observed and information passed to the next shift."
- Information gathered was looked at to identify any trends or areas for action to reduce the likelihood of events happening again or to improve the service. For example, protected mealtimes were introduced as it was recognised that having visitors in the home at this time could be disruptive.



# 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.

At the last inspection this key question was rated as good. This is the first inspection for this newly re-registered service. This key question has been rated as good. This meant 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

- Prior to entering the home, people's needs were assessed to ensure the service was able to support them safely and effectively. From records seen, we could see people were involved in these conversations, which included asking people about their life history, who was important in their lives and how they wished to be supported. We discussed with the registered manager the possibility of including in these conversations making people feel comfortable that they were in a safe place to be themselves, and if appropriate discuss their sexuality.

Staff support: induction, training, skills and experience

- People considered staff to be well trained and knew how to support them to meet their needs. One person told us, "Oh yes, they know how to look after me." A relative told us, "My relative gets great care here. The staff are all lovely."
- Staff told us they felt well supported and received regular training. One member of staff told us they had a particular interest in learning more about diabetes care as there were a number of people at the service living with this condition. The registered manager told us they could look into this and access some additional training that could be cascaded to other staff.
- The provider told us they had invested in a new training package and a 'train the trainer' package which meant staff were supported to keep up to date with their training needs. Train the trainer enables staff to provide training to other staff members.

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

- We were told for those who needed it, support was offered at mealtimes. We observed one person struggling to eat at lunch and used their hands at one point. We spoke with the member of care staff supporting this person. They explained how they encouraged and supported the person to try and use cutlery to help maintain their independence at mealtimes and sometimes this was more successful than others.
- We received positive feedback from people regarding the choice of food that was on offer. One person told us, "Food is good here, I get enough and if I want any more than I just have to ask" and a relative commented, "My relative is eating well here and enjoys the food." We spoke with two cooks who worked alongside each other and knew people's preferences and dietary needs. For example, they described how some people made the same choices for breakfast, but if they then didn't eat it, they would offer them something else to try and tempt them and get them to eat.
- People were asked on the day what they would like for lunch and we were told if the menu was not to their

liking alternatives would be offered.

- We observed people were regularly offered drinks throughout the day to keep them hydrated.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Systems were in place to ensure information was shared with staff and other professionals, in a timely manner, to ensure people's needs were met. A member of staff told us, "Information is shared at handover after each shift and if you've been on leave they will tell you what's been happening."
- People told us they were supported to access a variety of healthcare services, such as GP, dentist and chiropractor.
- People were supported to maintain good health and their loved ones kept informed of any changes in their health. A relative told us, "I am reassured by the home's response to any incidents involving my relative. If there is anything the matter or if they think my relative is not too well, then they call and let me know straight away and call the GP."
- We spoke with a visiting healthcare professional. They told us, "I visit on a daily basis, if they have any concerns they will ask me to see people. We have a good relationship with staff and it makes a good basis to get the right care in straight away to be honest."
- The registered manager was aware of the latest NICE guidance with regard to people's oral health needs. We saw each person had their own oral health care plan in place and arrangements had been made for a dentist to visit each individual to assess people's oral healthcare needs.

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

- The provider told us when they first took over the service, their concerns were to ensure the safety of the environment and address a number of areas they had noted for improvement. We saw this was ongoing and plans were in place to refurbish the building. They told us "We wanted to get systems safe and working before we progress. We want to renovate every room when they become available and we are looking at improving the call bell system."
- The provider had built a new extension with four bedrooms and en-suite facilities which were of a high standard and had plans to replicate this standard of work in the rest of the building. A member of staff told us, "The provider has a lot of plans for the place, the extension is beautiful and he's made a lot of improvements to the bedrooms, he's slowly getting the place tidied up a bit."
- Although people welcomed the changes to the environment that were being introduced, some people were concerned regarding the level of noise it created in the home. We discussed this with the provider, who advised us they were aware of this, and tried to keep the noise level down to a minimum.
- We noted signage to support people, for example, identifying particular rooms and communal areas was in place and people had photos on their doors to help them recognise their own room.
- Work had been carried out in the garden areas to make them accessible and welcoming for people living at the home. One person told us, "I can get out into the garden in the summer, they have had some landscaping done in the garden which looks very nice and has tidied the garden up." Plans were in place for a greenhouse and raised garden beds to encourage people to take part in gardening activities in the warmer weather.

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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People told us staff obtained their consent prior to supporting them and we observed this.
- The registered manager had a good understanding of the MCA and their responsibilities regarding DoLS and applications had been submitted where they had assessed that people were potentially receiving care that restricted their liberty. The registered manager had systems in place which identified the expiry date of authorisations that were in place, so that people could be reassessed if required.
- Staff spoken with had an understanding of MCA and DoLS but were unsure who had a DoLS in place at the home. We raised this with the registered manager for them to discuss with staff and provide them with the information required.

# 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.

At the last inspection this key question was rated as good. This is the first inspection for this newly re-registered service. This key question has been rated as good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives told us staff were kind and caring. We observed a number of caring, friendly interactions between people and the staff who supported them.
- People were supported by a group of staff who had worked at the home for many years and knew people well. Staff asked after people as they passed through communal lounges, listened to responses and had a laugh and a joke with people.
- We observed staff to display a caring nature and attitude when talking and listening to people. For example, we saw one person was having difficulty in finding a television channel they and other people in the small lounge could watch together. The member of staff suggested a channel they might like which showed 'old films', which the person was very pleased about.
- Staff told us they enjoyed working at the home and supporting the people who lived there. One member of staff said, "There is a big family feel here, it's comfortable, a nice homely home."
- Staff spoken with respected people's views and choices. Care records held information regarding people's particular preferences and what staff should consider when supporting people with their care.
- We saw a number of compliments had been received from relatives. One relative wrote, "You have my deepest gratitude for all the love and care you have shown over the last nine years. You are like a family and cared for [person] as if they were part of the family too."

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

- People told us they were supported to make decisions about their day to day care and support. We observed people were asked where they would like to sit, what they would like to do and what they would like to eat for lunch.
- Staff explained where people were unable to give verbal consent, they observed people's body language as a way of understanding their wishes.
- We saw reviews of people's care were carried out on a monthly basis and where possible, where people were involved in those conversations.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect. A relative told us, "The care here is fine. The carers treat my relative with dignity and respect, they always knock their door before going into the room and are always dropping by for a chat with my relative."
- Staff knew the importance of maintaining people's dignity when supporting people and explained how they did this by ensuring the person consent to the support and ensuring curtains and doors were closed. A

member of staff told us, "For me, it's offering constant reassurance making sure people are comfortable."

- Staff told us they supported people to retain their independence where possible. One member of staff explained how they encouraged a person to do what they could to get themselves dressed, which meant they maintained some areas of independence.
- People were supported to access advocacy services, should they wish to do so. An advocate can be used when people have difficulty making decisions and require this support to voice their views and wishes.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. This is the first inspection for this newly re-registered service. This key question has been rated as good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported by a group of staff who were aware of their individual preferences and needs. For example, a member of staff described how one person could become distressed when receiving personal care. They told us, "[Person] likes singing, the best thing you can do is be chirpy and cheerful and it makes a massive difference."
- People's care records were regularly reviewed and up-dated and staff kept informed of any changes to ensure people were receiving the right levels of care.
- Each person living at the home had a key worker who had overall responsibility for ensuring their care plans were up to date and accurate. Key worker roles were changed every three months to ensure all staff were familiar with each person's particular care needs. The registered manager told us, "From an audit point of view, it's good to have another set of eyes on the paperwork, otherwise if you're always looking at the same care plan, you can become a bit complacent."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were supported by staff who were aware of their communication needs.
- We were told that although there was no one currently at the service who required information in a different format, for example, large print, the registered manager told us this could easily be accommodated.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- A relative told us, "The home has started to organise events like Halloween and they have young school children coming in to mix with the people who live here. There isn't an actual activities co-ordinator, I think they were expecting the staff to look after people and then do the activities, but they don't have that sort of time." We discussed this with the provider who told us they had plans in place to employ an activities co-ordinator.
- We observed people had participated in arts and crafts activities and games. A member of staff had sat with a small group of people to make some Christmas cards but told us, "It's difficult to get people to participate in some activities, it can be a challenge. Sometimes, just sitting and holding a person's hand

makes a difference. We observed people sitting in a small lounge enjoying a film together.

- The registered manager told us there were a number of memory boxes available throughout the home, holding items of interest for people to look at.
- We saw links had been made with the local community. For example, children from the school visited twice a year and people living at the home had also visited the school and had been involved in judging an art competition.
- Relatives told us they were made to feel welcome in the home. Mealtimes were protected to prevent disruption and a newsletter had very recently been introduced to provide people and visitors with information of events happening in the home.

Improving care quality in response to complaints or concerns

- People told us they had no complaints regarding the service, but if they did, they were confident they would be listened to and dealt with appropriately.
- No complaints had been received, but information on how to make a complaint was made available in service user guides which were in every person's bedroom. There was a system in place to report, record and act on any complaints received.

End of life care and support

- At the time of the inspection, there was no one being supported with end of life care. The registered manager advised that if people became unwell and this level of support was required, they would ensure people, their families and other professionals were involved in ensuring the appropriate care was provided.

# 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.

At the last inspection this key question was rated as good. This is the first inspection for this newly re-registered service. This key question has been rated as good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider was on site every day, overseeing and making improvements to the service. They told us, "Staff really do feel a responsibility for the home, which is encouraging. The staff are excellent, this job is a vocation. You will retain staff if they enjoy the job."
- The provider and the registered manager were keen to provide staff with opportunities to develop their skills and provide additional training to staff where required.
- The provider had provided staff with various opportunities to raise any concerns they may have. They had a visible presence in the home but appreciated not all staff may feel confident raising concerns directly with them and in response to this had introduced an anonymous suggestions box.
- Relatives were complimentary of the service and told us they would recommend it to others. One relative said, "I would recommend the home, I think that it is lovely here. Relatives recognised the improvements being made to the environment and the investment in staff. A relative said, "The staff have had some training lately and it seems that the new owner is being proactive in that respect."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People, relatives and staff were complimentary of the registered manager, describing her as approachable and told us they had no concerns regarding her ability to act on any concerns or issues they may raise. A relative told us, "The managers' door is always open, they do ask us to make an appointment if we can. The owner is approachable. There is a suggestion box but I just go straight to the manager or owner."
- We observed the registered manager to have a visible presence in the home, she knew people well and supported her staff when unexpected absences occurred.
- Where accidents and incidents or safeguarding concerns took place, the registered manager was open and honest and ensured they were looked into and acted on appropriately.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a clear staffing structure in place. Staff were aware of their roles and responsibilities and were supported by the registered manager and the deputy. Arrangements were in place to ensure a senior member of staff was on duty seven days a week.
- Staff told us communication was good and their arrival for handover, 15 minutes before the start of shift meant they were fully informed of people's current needs when the shift commenced.



- Staff told us they were happy with the arrangements in place for supervision meetings and if they needed to meet with the registered manager sooner, this was arranged.
- The registered manager was aware of their responsibility to notify CQC of events that they are required to inform us of, as part of their regulatory requirements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's views of the service were sought during reviews of their care, service user meetings and through surveys which were given out on an ad hoc basis.
- The provider had invited relatives to a meeting when they first took over the service and told us they intended to call another meeting soon to provide people and family members with an update on their plans for the service.
- Staff told us they felt supported and listened to. They were provided with a number of opportunities to raise any issues or concerns they may have, for example in one to one supervision, staff meetings or anonymously using the suggestions box. We saw where staff meetings had taken place, staff suggestions had been taken onboard. For example, staff had asked if the small activity room at the front of the building could be used as another lounge, as it overlooked the road and also enabled people to see who was coming and going at the home.

Continuous learning and improving care

- A relative told us, "I find the manager is approachable, if I have raised any issues with them then they have been resolved for example my relative was having falls a lot and so pressure pads were put by their bed and bedroom furniture was moved around to ensure no sharp corners near the bed. My relative's falls have reduced."
- The registered manager had a number of quality assurance systems in place such as medication, care plans accident and incident analysis and health and safety checks. We saw where action had been taken to make improvements.
- The provider conducted their own audits of the service on a monthly basis.
- Throughout the inspection the provider and the registered manager were open to the findings of the inspection.

Working in partnership with others

- The registered manager worked closely with healthcare professionals to ensure people's healthcare needs were met and people received appropriate care and support in a timely manner.