

MacIntyre Care Oakwood

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Outstanding ☆
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

The inspection of Oakwood took place on 05 February 2018 and was announced.

Oakwood 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 is registered to provide accommodation for up to six people who require support and care in their daily lives.

At the last inspection the service was rated Good. At this inspection we found the service remained good and achieved a rating of outstanding in the safe domain.

The care service had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. We saw that people with learning disabilities and autism who used the service were able to live as ordinary a life as any citizen.

During the inspection the home demonstrated that they worked in innovative and creative ways to support people to lead as independent a life as possible. We saw that accidents and incidences were closely monitored and the service changed its environment and staff practice to meet people's needs safely. This had resulted in very positive outcomes for people and improvements to their daily lives and well-being.

We found examples where staff had supported people with their medicines and worked closely with medical professionals to ensure that people were receiving the correct medication at the correct time that enabled them to live as independently as possible, reduce hospital admissions and be cared for in the environment that they preferred when they were unwell.

Staff were recruited safely and people who lived in the home were involved in the process. A stable, consistent staff team provided quality care to the people who lived in the home. Staffing levels were consistent and were adapted to meet people's needs.

Staff spoken with and records seen confirmed training had been provided to enable them to support the people with their specific needs. We found staff were knowledgeable about the support needs of people in their care. We observed staff providing support to people throughout our inspection visit. We saw they had positive relationships with the people in their care as they had been supporting them for a long time.

The registered manager and the staff team understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Their competency and understanding was checked on a regular basis. This meant they were working within the law to support people who may lack capacity to make their own decisions. We saw that people were supported to make their own decisions when possible and their choices were respected.

Care plans were person centred and driven by the people who lived in the home. We saw clear care profiles that gave appropriate information about the most important aspects of their care for that person. They detailed people's wishes and care needs. They were regularly reviewed and updated as required.

The registered manager and the provider used a variety of methods to assess and monitor the quality of the service. These included regular audits of the service. The staff team were consistent and long standing. They demonstrated that they were committed to providing the best care possible for the people living in the home.

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 has improved to Outstanding	Outstanding ☆
Is the service effective? The service remains Good	Good ●
Is the service caring? The service remains Good	Good ●
Is the service responsive? The service remains Good	Good ●
Is the service well-led? The service remains Good	Good ●

Oakwood

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 checked 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.

The inspection took place on 05 February 2018 and was announced. It was carried out by an Adult Social Care Inspection manager. The manager was given 48 hours' notice because the location is a small care home for adults who may be out during the day; we needed to be sure that someone would be in.

Before the inspection we contacted Wirral Council contracts department. They told us that they had no concerns about the service. We looked at all of the information that CQC had received about and from, the service since the last inspection. This included notifications about issues that had happened in the service.

During the inspection we looked at all parts of the premises. We spoke with the registered manager, and two other members of staff. We met with four people who lived at the home and we spoke with two relatives on the telephone following the inspection. We observed staff interacting with people in the home. We looked at medication audit records, staff rotas and training records and we also looked at maintenance records. We looked at care records for two of the people who lived at the home.

Is the service safe?

Our findings

We spoke with two relatives. One told us that their family member was safe living in the home. They said, "They let me know if there is anything to know. I don't have to worry about him." Another relative told us, "I'm extremely happy with the standards there. The staff have the highest standards of care."

We asked about safety and how people in the home were kept safe and staff were able to describe to us when asked how they dealt with safeguarding concerns. We looked at the training evidence provided by the registered manager and saw that staff received safeguarding training and that this was regularly updated.

We saw that the home managed safeguarding concerns and dealt with risk in innovative ways. For example, we saw that they had identified that one person had some unexplained bruising on their body and that this had happened on a number of occasions. The home conducted an investigation and observed the person very closely and they found that the person was climbing through the hatch into the kitchen to touch the kettle. This person had an obsession with an item in the kitchen and would go to extreme lengths to touch it. At this time the kitchen in the home was locked at all times to keep people safe from harm. The home then applied a 'restriction reduction plan' and took the lock off the kitchen door and blocked up the hatch. Discreet, individual locks had then been applied to particular cupboards in the kitchen that needed to be kept locked to keep people safe from harm. This meant that the space was open and people could wander freely around their entire home. Plans were put in place that enabled the person to explore their obsession in a safe way. We saw this occur whilst we were present in the home. The manager explained to us that these plans had helped this person enormously and they were less stressed. Everyone else in the home had benefitted also by the open access to the kitchen because their freedom was respected and they were supported to stay safe. We saw that other aspects of safety had been considered and applied to make the kitchen a safer environment. This included an induction hob and new pans, which had been purchased to reduce the risks of people burning themselves. This also meant the home was adopting a more enabling approach as people living in the home could get more involved in cooking meals.

We looked at medication management and saw that the home had continued to do this well. They made sure that they had detailed knowledge of the medical conditions that people had. Staff worked with the medical staff supporting people to ensure that they were taking the correct medication and at the correct times. We saw two clear examples of more innovative ways of working in practice.

One person had moved into the home from another placement. They had needed to move to a more supportive environment due to a specific health condition deteriorating and doctors thought that they were presenting with a serious medical condition that would impact on their life in the longer term. The home's staff worked closely with the person's medical team and it was identified that in fact the symptoms were side effects of their medication. Once their medication was changed, the symptoms reduced and their health improved as a consequence. The home was working closely with the person to ensure that they received good care from all professionals supporting them. This had a significant positive impact on the person and their choices and opportunities in their life moving forward had changed.

Another person in the home had a health condition which was unstable and was often admitted to hospital

as an emergency case when they were unwell. This was very distressing for the person and this often happened at night which was even more upsetting as they often woke up in hospital. The staff from the home consulted with the person's hospital specialist and together agreed a risk assessment and guide lines to follow with regards to 'as and when' medication when their health condition became a problem. This went on over a period of time with close monitoring from the care staff to ensure that they got the guidance right. The guidelines were now in place and the person was able to stay at home when they were unwell because their medication was administered differently which enabled their condition to be controlled much quicker. This has significantly reduced the need for hospital admissions. When the person was unwell, they can now recover in their own bed and be supported by staff who know them well and not in a hospital environment.

These examples demonstrated that the home analysed all of the accidents and incidents to look for trends and took action and explored ways to improve the service provided to and the experience of people living in the home. This also showed that the home was able to balance positive risk taking, safety and freedom whilst making sure that the least restrictive options were taken.

As part of the inspection we looked at building safety. We saw that the home was well maintained and all the required safety checks were carried out. We looked at the Personal Emergency Evacuation Plans (PEEPS) that were in place at the home. We saw that these were of a high standard and contained a picture of the person and special considerations that they would require in an emergency. We also saw that the registered manager was sharing this good practice with other homes to improve their PEEPS.

We looked at the staffing levels and saw that the staff team were a long standing team. Staff levels were adequately maintained and we saw from the rotas that additional staff were brought in to meet the needs of the people who lived in the home when they had appointments or important things that they wanted to do. The home very rarely used agency staff; the last occasion was in May 2017. We saw that robust procedures were in place on the rare occasion that agency staff were used. For example a detailed profile was gained from the agency and we saw evidence that a robust induction process was followed for new agency staff. This meant that people were more likely to be cared for by someone who knew their needs. We saw that the home had their own relief staff which also minimised the need for agency staff.

We looked at how the service recruited new staff and saw that there were robust procedures in place to ensure that all the required checks were completed before new staff commenced working at the home. We saw that the interview process involved an informal "meet and greet" session. This gave the people who lived in the home the opportunity to give feedback about prospective new staff members. People contributed to this process to different degrees; however we saw that all contributions were valued. It also gave the staff team the opportunity to see how candidates engaged with the people who lived in the home. Observational feedback forms were completed following the informal session and these were given to the interview panel to for them to assess whether the person was a good match and suitable to work in the home.

We saw that the home was clean and well maintained and were told that staff and the people who lived in the home cleaned it together when possible. We saw that personal protective equipment was available for staff to use when they needed it.

Is the service effective?

Our findings

A relative told us, "I'm happy with the care. He gets looked after well there. Another relative told us that they were "extremely happy with the care there."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We spoke with the registered manager and found that they had a clear understanding of the MCA and DoLS. We saw that wherever possible they championed people's choices at all times. DoLS applications had been made for some people living in the home who needed them. Staff were able to demonstrate that they understood the process and the application of the principles of the MCA. We saw clear evidence of mental capacity assessments having been completed when they were needed and minutes of best interest meetings. The staff had yearly competency assessments completed regarding the application of the MCA and consent issues with their line manager. This ensured that everyone's understanding and knowledge was up to date and people's rights were protected.

The staff were trained regularly and this was demonstrated by the records shown to us by the registered manager. The records were audited so it was clear when staff needed refresher training as a traffic light system was in operation that showed when training was due to be refreshed. A staff member told us that they regularly received training and had been trained in all the areas required in order to meet people's needs safely. The staff member told us that they were well supported to do their job. They said, "I've worked for the organisation for 23 years and for 10 years in this home. It's very good and we get lots of training."

We saw that all of the people who lived in the home had different dietary needs. These varied from soft diets, thickened fluids, fortified drinks and food being required to be cut up in bite sized pieces. The staff demonstrated that they were very aware of these individual needs and made sure that people were supported in the way that they needed to eat and drink safely.

We saw that people had regular access to health care and their care files showed that people's health was closely monitored. We saw that the staff knew the people well and knew how to identify quickly when something was wrong and get them the support that they needed. For example, one person needed their blood pressure checking on a regular basis. The home had a machine to do this and the staff had been trained to use it safely.

The home was on a pleasant street in a residential area. The building was decorated in a homely style and had been adapted to meet the needs of the people living at the home.

Is the service caring?

Our findings

We met with four people who lived in the home. One person was happy to show us around. They were very proud of their home and enjoyed showing us lots of personal photographs that were displayed around the home that showed the people living there enjoying themselves at various events.

We spoke with one relative who could not speak highly enough of the staff and the care that they provided. They told us that their relative had recently been on holiday to somewhere that they had always wanted to visit and stopped off at their home on the way. They explained that this was a significant achievement for the person as they finally felt confident enough to leave their home and go on holiday. They said that this had been achieved by the staff caring for the person and helping them to build up their confidence.

We observed the staff interacting with the people who lived in the home and it was obvious that the staff knew them well and how it was best to support them. Staff were very observant of people's behaviour and we saw that they were able to identify cues and respond accordingly.

We saw that people's confidentiality was maintained in the home. Records were locked away in the office. Staff were careful that none of the people could access information about the other people in the home. People's dignity was also respected; we saw examples of this as we walked around the home and saw staff knock on doors and close doors when people needed support with personal care..

We saw that the care and support provided was person centred and led by the person receiving the care. Staff were guests in the people's home and this was very apparent. We observed warm, positive relationships with staff providing very individualised support to meet people's needs. We saw that people in the home all communicated in different ways and that the staff were fully conversant in all these ways. Staff briefed the inspector to explain certain processes to follow when they were engaging with the people who lived in the home. This helped to minimise stress for the people and to avoid any potentially difficult interactions.

Is the service responsive?

Our findings

We spoke with one relative and they told us that they were involved in the care of their relative and they attended reviews of the person's care at the home.

We saw that the people led busy, varied lives of their choice. Activities included dog walking at the local dog home, horse riding, music sessions and soft play at a local sensory suite. We saw that staff were responsive to people's needs and recognised when these changed and how to act accordingly. We saw that personal relationships were encouraged. For example one person went to visit their friend at another home one day a week and their friend came to visit them on another day each week. This enabled them to spend time together, maintain their relationship and to host their friend in their own home.

Another person attended music sessions in another home down the road. This made the sessions more affordable for the person and they could socialise with other people at the same time.

Individual care files were in place for the people living at the home and we looked at the two of these in detail. Care files contained clear assessments, guidance and information about the person and how to support them effectively. This included the support people needed to manage their health and personal care, finances, medication and day-to-day lives. There was clear person-centred information that had regularly been updated. The records showed how the person wished to be cared for and what was important for staff to know about them. We saw that staff were attentive to changes in people's needs and the care plans were updated accordingly.

We saw that there was a complaints procedure in place. There had been no complaints since the last inspection. We did see that compliments were also recorded and we read one from a health professional who had recently worked with the home and complimented them on the care that was provided.

Is the service well-led?

Our findings

We spoke with a relative who told us, "I don't know the manager very well as he is quite new but he has innovative ideas about care and he is good for the service."

The service had a registered manager who had been registered since April 2017 but had been in post for 16 months. 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. Staff told us that the registered manager was very supportive but that there had been a lot of changes that they were still getting used to. They told us that the team worked closely together and supported each other to provide the best possible service for the people who lived in the home.

We looked at the arrangements in place for quality assurance and governance. Quality assurance processes are systems that help providers assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. We reviewed several audits and checks and these included checks on health and safety, staff records, care records and medicines. We saw that these checks were carried out regularly and thoroughly and that any action that had been identified was followed through and completed. We saw that the registered provider also regularly visited the home and did recorded quality checks on the service that was being provided.

The care service had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. We saw that people with learning disabilities and autism who used the service were able to live as ordinary a life as any citizen.

The registered manager belonged to the registered manager's network in the local area. They held the role of Chairperson for Specialist Services. They were in the process of developing this role and had recently supported a local nursing home to improve communication methods for one of the people who lived in the nursing home who had a learning disability. We read an email from the manager of the nursing home thanking the registered manager for his help. We were also told that they were in the process of expanding this role to support other homes in the area who were striving to improve their services.

We also saw that the registered manager had won an award at the Great British Care Awards 2017; "The Frontline Leaders Award North West". They had also been nominated for the national award.