

MacIntyre Care

MacIntyre Worcestershire Supported Living

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

This inspection took place on 6 and 8 January 2016 and was announced.

McIntyre Worcestershire Supported Living provides personal care for people in their own home. There were 30 people using the service when we inspected and there was a registered manager in post. 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 and associated Regulations about how the service is run.

All people and relatives felt the care staff provided care that was safe and had no concerns about their welfare. Care staff spent 24 hours a day in some people's home and provided an overnight service. People had then access to care staff at night if needed. People told us they felt safe when the care staff were with them.

Care staff knew what they would do if they felt a person was at risk of potential abuse and felt confident that any report incidents would be addressed. People had their individual risks assessed and which the care staff knew how to respond to monitor and manage them. There were enough care staff when people needed them in their home at the arranged times day and night. Staff provided people with their medicines and recorded when they had received them.

All people and relatives that we spoke with felt that the care staff were knowledgeable about their roles and responsibilities. Care staff told us they received regular training and supervisions that help them provide care to people they supported.

People were involved in making decisions about their care and their consent was appropriately obtained by staff when caring for them. People who could not make decisions for themselves were supported to make a decision in their best interest. Care plans detailed what support people needed and provide guidance for care staff on how best to meet the care people wished to receive. People were supported to make their meals or cares staff prepared them where needed. People were involved in planning their meals which included their favourite choices. Healthcare appointments were arranged for people and care staff had helped to arrange transport or went with them.

People told us they liked the care staff and their care needs were supported well. They also felt encouraged to be involved in their lives and choices and were happy that their dignity and privacy was respected. People spoke with us about the registered manager being accessible and provided examples of how the manager had supported them when they had queries or concerns.

Everyone we spoke with felt the registered manager and the management team were available to talk with and would listen and act of any feedback provided on the service. The management team had kept their knowledge current with support from the provider and external professionals. The staffing team felt the

provider and management team and they led by example and that they regularly checked on the quality of the care that people received. The registered manager had developed a clear plan of improvements and were working towards achieving these throughout the year.

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 received care and treatment from staff that understood how to keep them safe and free from the risk of potential abuse.

People told us they felt there were enough staff to meet their care and social needs and manage risks.

Is the service effective?

Good ●

The service was effective.

People's needs and preferences were supported by trained staff that understood their care needs. People made decisions about their care and support.

People told us that they enjoyed the meals that were made for them and it was what they wanted. People had accessed other health professionals when required to meet their health needs with staff support.

Is the service caring?

Good ●

The service was caring.

People and relatives were happy that they received care that met their needs. People's received care met their needs, reflected individual preferences and maintained their dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People were supported to make choices and be involved in planning their care. Care plans were in place that showed the care and support people needed.

People who used the service and their relatives were confident to raise any concerns. These were responded to and action taken if required

Is the service well-led?

Good 

The service was well-led.

People, their relatives and staff were complimentary about the overall service. There was open communication within the staff team and the provider regularly checked the quality of the service provided.

MacIntyre Worcestershire Supported Living

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 6 and 8 January 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection was carried out by one inspector.

We reviewed the information we held about the home and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law. No concerns had been shared from the local authority.

We spoke with four people who used the service and three relatives by telephone. We spoke with two senior care staff, two care staff, two frontline managers, one administrator and the registered manager.

We looked at three records about people's care, minutes from staff and people's meetings, complaint and compliments file, incident forms and quality audits that the registered manager and provider had completed.

Is the service safe?

Our findings

People that we spoke with told us that care staff made them feel safe and were happy that they stayed with them in their home to provide care and support. Care staff provided 24 hour care to some people and people told us they were respectful of their home and possessions. Care staff told us that they knew it was responsibility to provide support in a safe way and to keep people safe while in their home.

Care staff knew the signs and types of abuse that people were at risk from and told us they knew what action they would take if they suspected any abuse or had any concerns. They provided examples of some of the signs people may display. For example, if a person's behaviour changed or had unexplained bruising. They were assured their manager or the registered manager would take action to deal with any reported incidents or concerns.

People told us that care staff supported them with certain aspects of their daily lives to minimise the risk of harm. For example, helping them prepare their meals or going out on trips. Where people were at risk the provider had considered these and they had been reviewed regularly to help monitor any changes to people's risks. People's assessed risks had been recorded in their care plans and care staff told us these provided them with the information needed to help reduce the risk of harm to people.

The registered manager had monitored where people had falls, accidents or injury and reviewed them at the end of the month. This was done to identify if there were any risks or patterns to people that could be prevented. For example, if a person may need advice or support from a specialist or addition of equipment in support of their care.

People told us that the care staff were always with them. They also said they had the same group of care staff that supported them. The care staff and registered manager told us they ensured that people received care from staff with the right skills. For example, people who had a particular care need.

People were supported by office staff by arranging the rotas with groups of staff. These were then sent to people so they would know which care staff were providing their support. All care staff we spoke with said they worked as a team to cover shifts and that agency staff were used when needed to ensure that the correct number of staff were on shift.

Three people we spoke with told us the care staff looked after their medicines for them. Where people required the support of staff with their medicines the staff were trained and had an understanding of what the medicines were for. The registered manager had looked at people's medicine records monthly and where any gaps or concerns had been noted the care staff were supported with supervision and training.

Is the service effective?

Our findings

People received care from staff that felt knowledgeable and trained in how to support them. One family member that we spoke with said, "[Person's name] is comfortable with the staff and their knowledge". All staff we spoke with were happy that the training gave them the skills to provide people with the care they needed to meet their needs. One care staff said, "One course was about sight awareness. It really makes you think about how people experience things".

All staff we spoke with felt supported and had regular supervision meetings with their manager. This was to discuss their role and how they were providing care to people. They had also used a tool to help understand how a particular situation had worked well or could be changed to improve the person's experiences next time. Care staff told us this helped to raise their confidence and reflect on how to improve the care for people. One care staff said, "It's easy to use and effective" when looking at particular events.

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. We checked whether the service was working within the principles of the MCA. People's consent to their care and treatment had been recorded their care plans. Records showed the involvement of the person wishes and needs.

Two people we spoke with told us staff did what they ask them and choice in what they wanted. All care we spoke with understood the principles of the MCA and what this meant for people they cared for. They told us it was always about a person's choice and that they would never go against their wishes. They would raise any issues or concerns with the management team to ensure the correct procedures were followed.

Two people we spoke with told us they were involved in choosing their meal and either prepared them on their own or with support from care staff. One person said, "I made my breakfast". People also told us that care staff always supported them to make drinks or got them drinks when they wanted.

All care staff we spoke told us that where people needed help with meal preparation they followed the person's choice and offered encouragement for people to do as much as they were able. They said this amount of support varied from person to person and the type of meals prepared. They also knew who required a specialist diet or support when eating their food.

People were supported with care staff when they attended health appointments. For example, the GP or consultants. Care staff also helped people with making regular appointments when needed and supported them to ensure that any suggested change were considered and implemented.

Care staff said that they worked well with people's local health professionals to help people get the care they needed.

Is the service caring?

Our findings

All people we spoke with told us they liked the care staff and were happy when they spent time together. People visited the office with care staff we saw that they were relaxed in each other's company. People also knew the staff in the office and were welcomed by the registered manager. The registered manager had ensured that photos of people at events they had attended were displayed. In addition there were many craft items for sale they people had made at group sessions held at the office.

People told us care staff were part of their day to day lives and provided support, knew them well and understood what was happening in their day to lives. Where people lived with relatives they were also included in conversations with care staff. One person said of staff, "They are all friendly". One staff member said "You're there for them and what they want".

Care staff felt it was easy to get to know the people they cared for as they spent lots of times with them, were involved in all aspect of their lives and felt they had formed positive relationships with them. Care staff also referred to care plans or relatives if they needed information about the person and topics that may interest them. One relative told us that "The staff take time to get to know [person's name] and that that is really important to them".

People we spoke with felt they chose their care and the care staff were there to support them. They said that care staff asked how they liked things done. People told us they knew the care staff very well and they had routines which the care staff got to know.

Care staff explained that it was expected and important to involve people in decisions about their care. For example, one care staff told us how they involved people in achieving more independence with their personal care. All relatives that we spoke to confirmed that care staff were good at supporting their family members. One relative felt they were involved and that the care staff, "Ask for our opinions and thoughts" in supporting the care received.

All people felt staff provided them with the opportunity or encouragement to ensure they remained as independent as possible. People were given space in their home to spend time in the communal areas or time on their own. People felt that staff encouraged them to do things on their own. For example cooking their meal and keeping their homes clean. One relative told us they were pleased that their family member had improved their independence since receiving care from MacIntyre and said, "They try and lead [person name] forward, make them more independent".

People told us that staff were respectful and were careful to ensure their privacy and dignity were respected. They said they comfortable with the care staff providing their personal care. Staff we spoke with also provided us with examples of how they respected people's wishes and treated them with dignity. Staff described how they made sure that people were covered during personal care, and that they ensured that curtains were closed when required, so that people's dignity and privacy was maintained. All relatives felt comfortable with the care staff and how there relatives care was provided.

Is the service responsive?

Our findings

Two people that we spoke with told us they felt supported in their care needs and told us about their 'key workers'. These were a named member of staff that worked closely with a person to ensure they got the care they wanted. For example, one person told us their key worker had been supporting them to manage their diabetic care needs independently. People told us that their care was reviewed and that they would be happy to discuss any changes with care staff.

People were supported to attend annual health checks or reviews with consultants by care staff. Care staff told us they were able to provide information at this appointment and follow up with any changes to a person's care. Care staff we spoke with knew the type and level of care and support people needed. They understood people's health condition and what this meant for them. For example, if a person had certain conditions such as autism, they knew how the person would react to certain situations or requests. Care staff also felt they recognised any changes in people's day to day health needs. For example, infections or illness.

The care people received had been recorded and these were used to support each person when their care needs were reviewed. This information included any changes to people's care or support needs and any immediate changes were communicated to care staff. Care staff we spoke with confirmed that information was shared and they would share information between them when they changed shifts.

We looked at three people's care records which had been updated regularly or when a change had been required. The records showed people's choices and decisions about any that was working well or any change they wanted for the coming month. For example, any changes to hobbies or activities. Care staff we spoke with felt people's care records were accurate and reflected the person's care needs.

All people we spoke with told us about their work, hobbies and what they enjoyed doing when out of the home. Each person had individual social lives and interest and were supported by care staff where needed. For example, people were supported to go out for lunch or go to work and care staff drove people in their cars. People told us their day trips and holidays they had been or planned to go on. Care staff told us, "They (people) choose where they would like to go and we support them with it".

People told us they got to see their families and friends and were supported to invite people to their home. Families we spoke with felt their relatives were supported to keep in contact with visits or regular telephone calls.

People we spoke told us that they were happy with their care and support. Where they had made a complaint they told us they were comfortable to approach the staff. One person's recent concern had been reviewed by the registered manager and they were satisfied with the outcome. The person had raised their concerns using the providers 'red card'. This was a postcard they could be sent to the registered manager to let them a person had something they wanted to discuss with them.

The provider had a formal complaints process in place and this had been included in people paperwork when they joined the service. The process gave people the names and numbers of who to contact and the steps that would be taken to respond and address any concerns. A talking book had been developed by people that used the service during support meetings at the office. People had then visited other people that used the service in their own homes to show them the book and talk about how to raise concerns.

Relative told us they had confidence in the provider and when they raised some small concerns they had been dealt with immediately. One relative said, "I am never ignored", and another relative said, "If I mention anything it's always dealt with".

Is the service well-led?

Our findings

People felt supported by a consistent staff team and involved with the service they received. People had chosen to come to the office to attend meetings called 'My Voice' which followed an agenda of topics and actions that were followed up at the next meeting. For example, looking at politics and role playing scenarios on how to raise complaints. The provider also published a magazine in which people who used the service had been able to submit articles for publication. These were also displayed at the office as the registered manager was proud of the work people had done.

People that shared a home with others were supported by the care staff to hold regular house meetings so they could discuss the day to day running and how things were working well or talk about how to do things differently. People also had the chance to go into the office for workshops, for example crafts or socialising. This had been promoted by the registered manager and had supported people to sell their work at a local craft fair. Items were also available for sale at the office.

One relative commented they had been, "Quite impressed" and "were good at communicating" since they had been involved in the care of their family member. The provider ensured that help or assistance though a telephone number was available at any time. One relative said, "They are very good, a clear management structure in place"

People and relatives told us they completed questionnaires had been asked for their views about their care and were visited in their homes by the registered manager. We saw that surveys had been available in alternative formats where people required. The results had been reviewed and the results and actions sent out to people. For example, looking at how people can be more involved in recruiting new care staff.

People and care staff visited the office regularly and we saw they were relaxed and friendly towards each other. When care staff discussed people's health and well-being with them the conversations were respectful. People also knew the office staff and the registered manager told us they people had been employed to work in the office.

People knew who the registered manger was and told us all staff were approachable. Care staff told us they felt able to tell management their views and opinions at staff meetings. One care staff said, "There is always senior on call" which they said supported them if needed or the people they provided care for. The registered manager felt supported with a staffing team that were caring and reflected the provider's ethos of providing care that promoted and listened to the people they care for. Care staff reflected these values when we spoke with them. One care staff said, "We talk about the values at supervisions, make sure we reflect them in the care".

The registered manager and frontline managers visited people to check the standard of care provided. Staff told us this happened regularly to ensure they provided care in line with people's needs and satisfaction.

The registered manager felt supported by the provider and kept their knowledge current. They had access to

resources and advice through the provider's internal computer system. In addition the manager was involved in provider's forums and meetings with the providers other registered managers. The registered manager told us they used these to discuss what was working well and could be shared or if they were aware of any changes. The provider visited regularly and completed checks to see how the service was performing. This involved visiting people in their homes as well as looking at records. The registered manager had also developed a service improvement plan for the year. For example the registered manager had produced a quarterly newsletter for families and staff which included sharing best practice information. They had many areas for the coming year to continue improvements, one of which was to develop a simpler questionnaire with a view to increase the number of responses.

The registered manager also referred to Social care Institute for excellence, CQC and Skills for Care for support in guidance about best practice and any changes within the industry. They also worked with specialist with the local area to promote positive working relationships. For example nurse practitioners and GP's.