

MacIntyre Care 42a Haddon

Inspection report

Great Holm
Milton Keynes
Buckinghamshire
MK8 9HP

Tel: 01908262860
Website: www.macintyrecharity.org

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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 14 June 2016 and was unannounced.

The inspection was carried out by one inspector.

42a Haddon is a service that provides accommodation and personal care support for adults with learning disabilities. Accommodation is provided in self-contained flats within a complex. On the day of our inspection 40 people were using the service.

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 2008 and associated Regulations about how the service is run.

People felt safe. Staff had received training to enable them to recognise signs and symptoms of abuse and knew how to report any concerns. People had risk assessments in place to enable them to be as independent as they could be.

There were sufficient staff, with the correct skill mix, on duty to support people with their needs. Effective recruitment processes were in place and followed by the service.

Medicines were managed safely. The processes in place ensured that the administration and handling of medicines was suitable for the people who used the service. People received their medicines safely when they needed them.

Staff received a comprehensive induction process and on-going training. They were well supported by the registered manager and had regular one to one time for supervisions. Staff had attended a variety of training to ensure they were able to provide care and support based on current practice when supporting people.

People were supported to make decisions about all aspects of their life; this was underpinned by the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff were knowledgeable of this guidance and correct processes were in place to protect people. Staff gained consent before supporting people.

People were able to make choices about the food and drink they had, and staff gave support when required to enable people to prepare and cook their own meals. People were encouraged to eat a healthy balanced diet.

People were supported to access a variety of health professional when required, including dentist, opticians and doctors.

Staff provided care and support in a caring and meaningful way. They knew the people who used the service well. People, and relatives where appropriate, were involved in the planning of their care and support.

People's privacy and dignity was maintained at all times.

People were supported to follow their interests, join in activities of their choice and encouraged to develop relationships with people.

A complaints procedure was in place and accessible to all. People knew how to complain. Effective quality monitoring systems were in place. A variety of audits were carried out and used to drive improvement.

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.

Staff were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to support people with their needs.

Staff had been recruited using a robust recruitment process.

Systems were in place for the safe management of medicines.

Is the service effective?

Good ●

The service was effective.

Staff had attended a variety of training to keep their skills up to date and had been supported with regular supervision.

People could make choices about their food and drink and were provided with support when required.

People had access to health care professionals to ensure they received effective care or treatment.

Is the service caring?

Good ●

The service was caring.

People were able to make decisions about their daily activities.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

Is the service responsive?

Good ●

The service was responsive.

Care and support plans were personalised and reflected people's individual requirements.

People and their relatives were involved in decisions regarding their care and support needs.

There was a complaints system in place. People were aware of this.

Is the service well-led?

Good ●

The service was well led.

People and their relatives knew the unit manager and were able to see her when required.

People and their relatives were asked for, and gave, feedback which was acted on.

Quality monitoring systems were in place and were effective.

42a Haddon

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.

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Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We checked the information we held about this service and the service provider. We also contacted the Local Authority.

During our inspection we observed how staff interacted with people who used the service.

Some people who used the service had limited verbal communication or did not wish to communicate with us. However we were able to observe their interactions with staff.

We spoke with seven people who used the service and two relatives. We also spoke with the registered manager, two senior support workers and five support staff.

We reviewed four people's care records, four medication records, four staff files and records relating to the management of the service, such as quality audits.

Is the service safe?

Our findings

People were safe within the service. One person who used the service told us, "It is safe here." Another replied 'yes', when asked if they were safe. A relative we spoke with said, "Yes, I have no concerns with that." We saw that people were relaxed in the company of staff.

Staff had a good understanding of the different types of abuse and how they would report it. One staff member said, "I would speak to the manager." Another said, "I would go further if I had to or even to you (CQC)." Another explained what would make them think someone was being abused. They told us about the safeguarding training they had received and how they put it into practice. They were able to tell us what they would report and how they would do so. Staff were aware of the company's policies and procedures and felt that they would be supported to follow them. Safeguarding referrals had been made when required.

We found information displayed on the notice board giving information on how to raise a safeguarding concern with contact numbers for the provider, the local authority safeguarding team and the Care Quality Commission (CQC). These were also in easy read pictorial versions to aid people's understanding.

Staff also told us they were aware of the provider's whistleblowing policy and would feel confident in using it to report any concerns they had.

Within people's support plans were risk assessments to promote and protect people's safety in a positive way. These included; accessing the community, emotional and behavioural well-being and swallowing. These had been developed with input from the individual, family and professionals where required, and explained what the risk was and what to do to protect the individual from harm. We saw they had been reviewed regularly and when circumstances had changed. There were also risk assessments for the service including; lone working and security to keep staff safe.

We reviewed a fire file which contained; emergency contacts, floor plans and fire risk assessments. People had their own Personal Emergency Evacuation Plans (PEEPS) within this file. This was to aid staff and emergency services in the event of evacuation of the service.

Accidents and incidents were recorded and monitored. We saw records of these which had been completed correctly, in line with the provider's policies. Each person who used the service had a separate record of any accidents which had been reviewed monthly to ensure there on going safety. The provider reviewed all accidents at their provider visit.

Staff told us there was always enough of them to support people. One staff member said, "We have to have this amount of staff on duty for the number of people we support, we can't work short." The registered manager told us they had their own bank of relief staff if needed, they occasionally had to use agency staff but preferred to use their own staff to aid consistency of support. On the day of our inspection there was enough staff to provide support for each person. In the morning there was two senior support workers and

six support workers, in the afternoon and evening there was one senior support worker and eight support workers. The registered manager was on site until seven pm. We looked at the rota for the past week and following two weeks and found that it was based around the dependency needs and planned activities of people who used the service. Staffing levels were consistently under review to ensure the needs of people were met.

We found safe recruitment practices had been followed. One staff member said, "I had to bring in proof of who I was and other things when I came for my second interview." We looked at staff files and found that they contained a signed list of documents which had been seen but were held at the providers head office in their Human Resources (HR) department. These included copies of application form, minimum of two references, and a Disclosure and Barring Services (DBS) check. New staff were not permitted to start to work at the service until they had completed the necessary checks and found to be suitable to work with people using the service.

People were encouraged to administer their own medicines if they were able. One person told us, "I can take my own medication. Staff get it out and I sign the sheet to say I have taken it." They went on to tell us what their medication was for; they knew exactly what they were taking and the reasons why. Staff told us people were given their medication in their rooms and time was taken to ensure it had been taken and they were fine following this. The staff member administering the medication checked and completed the Medication Administration Record (MAR) at each stage and completed a stock check of medication of boxed medication after each medication administration. We observed this when people were receiving their morning medication.

We checked four people's medication records. These contained information and a photograph of the person and of the medication they had been prescribed. MAR sheets we looked at had been completed correctly. We found that medicines were stored correctly in a locked box in each person's room. A thermometer was kept in each box and checked daily to ensure medicines were stored at the correct temperature. Medication was audited daily at each administration by the staff member administering them, this ensured that in the event of an error it would have been noticed immediately and action would have been taken. The registered manager told us staff were only allowed to administer medicines if they had completed training and competency checks to do so.

Is the service effective?

Our findings

Staff told us they were very much supported by the registered manager. One staff member said, "I reduced my hours, but have recently started to cover for another staff member, [name of registered manager] has been really good making sure I am ok." Another said, "She is very good, always approachable." We were told that staff had regular one to one supervision and annual appraisals with the registered manager. One staff member said, "We have supervisions, but we can speak with [name of registered manager] any time." We saw completed supervision forms within staff files. These showed a variety of subjects were covered, including training and goals. Supervisions enabled staff to discuss their role with their supervisor and gave an opportunity to explore self-development. There was a supervision matrix showing that dates for future supervisions had been made for the whole of the year.

Staff told us they received a lot of training. One staff member said, "I have done a lot. I had to do some training before I really started to work; this helped me understand what I was doing. I am now doing my Level two diploma in health and social care" Another said, "We have just done a fantastic day on dementia. It has taught me a lot." A group of staff went on to tell us about it and how they had been able to connect some of it to the people they supported. This showed it had been meaningful to them. We reviewed the training matrix and found this showed training which included; safeguarding, infection control and manual handling. Some staff had also completed nationally recognised qualifications at both level two and three.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack 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. The application procedures for this in care homes and hospitals are 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 were being met.

We saw evidence within people's support plans that mental capacity assessments had been carried out, along with best interest meetings, when required and some people were subject to DoLS. People had been involved in their best interest meetings where this had been appropriate. Staff were able to tell us who was subject to a DoLS and why it was in place.

Consent to care and support was gained at all times. People had signed consent forms in their support plans for aspects of their care including; personal care and medication administration. Staff told us that even if people were unable to verbally communicate their agreement, they knew them well enough to understand if they did not agree. We observed staff gaining consent throughout our inspection, for example,

staff knocking on people's doors and asking if they could enter people's flats, asking if they wanted to go out and speak with the inspector.

People told us, and showed us, they had a packed lunch to take with them when they were going out for the day. Some said they had made it themselves others had support from staff. Staff told us that each person had their own budget and some were able to plan and shop independently, others were supported by staff to plan and shop. Staff told us they encouraged people to maintain a healthy balanced diet, but respected their choices; they assisted some people to plan their weekly meals. Staff supported people to cook the food of their choice if they needed help. Staff told us that if anyone had a problem with nutrition they would seek advice and support from professionals. We observed staff assisting people with drinks and snacks throughout the day.

Staff told us that each person was supported to see or be seen by other healthcare professional's including their GP, optician, dentist or other health care professionals. Where able, people were supported to make and attend their own appointments. The staff told us that each person had a 'health passport'. They explained that this contained all documentation regarding the person's health with contact numbers and information. The person took this with them to every health appointment and if they had to go into hospital. We saw evidence within people's support plans that they had attended various appointments to enable continuity of health care.

Is the service caring?

Our findings

When asked if the staff were nice and kind one person replied, "Yes they are." Another said, "They are all lovely." Others responded with nods and smiles. A relative we spoke with made comments regarding the kind and caring approach of the staff. They said, "They are all so nice, they can't do enough for [person's name] to support her."

We observed positive and meaningful interactions between staff and people who used the service, for example, when they were helping people or giving general support, staff were chatty and there was a nice and relaxed atmosphere. When people returned home from their day out, staff were attentive and listened to all they had to say.

Staff demonstrated that they knew people's needs and preferences very well. We observed staff chatting with people about things of interest to them. Some people were becoming unsettled due to strangers being in their surroundings, staff knew how to respond to help them settle. They spoke to them in a calm and reassuring manner, explaining who we were and inviting them to chat to us if they wished. This settled them and showed the staff member knew them well. Staff were able to tell us about individuals and the contents of their support plan, and we observed this in practice.

We observed people being involved in their care and support and given choices in their routines. One person appeared tired; staff advised them to have a rest as they were going out that night. The person asked if they could just sit in the lounge with staff and another person. Staff agreed this was a good idea.

The registered manager told us of two people who had lived in the same service for a number of years. One of them needed a lot more care and support as they were now living with dementia and their friend helped with their support. They had been involved in making a video recording; this was the friend explaining what it was like now for the person who was living with dementia, and how they helped. The people involved agreed for us to watch the recording, which has been used nationwide as a training aid.

The registered manager told us that there was access to an advocacy service if required. People were informed of this on admission, but staff would recommend it if they felt it was appropriate. Some people used the services of an advocate and this had been recorded in their support plans.

We observed staff treating people with dignity and respect and being discreet in relation to personal care needs. They made sure doors were closed, spoke in a quiet discreet voice and made people feel comfortable. We observed staff offering support to one person who was unable to verbalise. They made sure they were at the person's eye level and spoke using short clear phrases to enable the person to understand. Staff explained they knew by the person's facial expressions if they were happy or not. Support was provided in a kind and calm manner. People appeared relaxed and at ease with staff and there was a good atmosphere.

There were some areas within the home and garden where people could go for some quiet time, or to

engage with others, without having to go to their rooms. This showed that people could be as private and independent as they were able. We observed people sitting at a garden table, chatting about their day.

The registered manager told us visitors were welcomed at any time and people went to visit family and friends when they wanted. A relative we spoke with said, "[name of person] comes home, but is always happy to go back." We saw within support plans we reviewed that visitors had been and people were routinely assisted to travel to stay with or visit family.

Is the service responsive?

Our findings

Staff confirmed that before admission to the service people had a thorough assessment. The registered manager told us that part of the assessment was to also check the person would fit in the service with the other people who already lived there. This was to ensure that the service was able to meet the person's needs at that time and in anticipation of expected future needs. This information would be used to start to write a support plan for when the person moved in. Support plans we looked at showed this had taken place.

Staff told us they knew the people in their care but used their written support plan to confirm there had been no changes. Staff told us that people were involved in any updates in their support plans, and it was discussed with them. Staff met with people on a regular basis to talk about their goals, and how they were progressing with any already set. We saw this had taken place as it was documented in support plans we viewed. Staff had a handover between shifts to pass on information to ensure continuity of care and support. We observed a handover and everyone was discussed as to where they were or had been, what time they needed collecting or how people had been if they had stayed at home.

A relative told us, "We are involved in her care, we go to her reviews." Relatives told us they were involved in their loved ones support plan and the staff would ring and keep them informed of any changes. They also attended all review meetings. There was evidence in the support plans we reviewed that people and their families or representatives had been involved in developing them.

A relative said, "The staff had set up FaceTime so I can speak to my daughter and can see her." They went on to explain that calls had improved as their daughter can now see them she chats more. This had improved their communication. During our inspection we observed positive interactions between staff and people, who used the service, and that choices were offered and decisions respected. For example, staff and people chatting about their day, staff assisting people to decide where they were going and what they were going to do.

People had an individual plan of activities for each day. This had been developed with their support worker, and showed a variety of activities specifically for each individual. These included; expressive art, green genies, which was assisting to keep the environment clean, and working in a café and bakery. People we spoke with were enthusiastic about their activities and told us they enjoyed them. The registered manager explained that the provider was celebrating 50 years of service this year. Two people who used the service had gone with staff to the Peak District to do 50 miles (walking) for 50 years. This was occurring over one week and they aimed to walk 10 miles a day and camp every night and have dinners as a team etc. On the evening of our inspection a number of people were going out for a meal and onto the theatre. People told us they were looking forward to it and told us what they were going to see and what meal they were having before the theatre. The service had recently employed an activities coordinator. They had set up a dance group which staff told us was well attended. We saw photographs of people participating in activities; these were in people's individual flats. One person showed us a photo album of the holidays they had been on.

There was a complaints policy and procedure in place. The policy was also available in an easy read pictorial format to assist people with making a complaint and was on the wall. We saw documentation which showed complaints had been dealt with in the correct way and had been concluded in a way which was satisfactory to both parties.

The registered manager told us that an annual survey had sent out to people and their relative's. The survey for the people who used the service was in pictorial and easy read format to assist with completion. The results were available for the 2015 survey. There had been a few comments which had been followed up with a call or visit to the person who had made them. The results had been analysed and a report produced in easy read format of the responses, which had been given to each person who used the service.

Is the service well-led?

Our findings

Staff said that there was an open culture, they could speak with the registered manager about anything and they would be listened to. They also said they were fully involved in what happened in the service and at provider level. They were kept informed of any changes and knew who they could contact.

Staff told us that they received support from the registered manager and other senior staff. One staff member told us, "[name of registered manager] is very good; she is always here, and involved in what is going on." A relative said, "[name of registered manager] and all the staff are really good."

The registered manager told us that the provider had a whistleblowing procedure. Staff we spoke with were aware of this and were able to describe it and the actions they would take. This meant that anyone could raise a concern confidentially at any time.

There was a registered manager in post who was supported by staff team and a management team based at head office. During our inspection they received calls from management team offering support. This showed the provider was supportive of the registered manager.

During our inspection we observed the registered manager chatting with staff and people who used the service and assisting people with their support. It was obvious from our observations that the relationship between the registered manager and the staff was open and respectful. When people returned from their daily activities, a number of them visited the registered manager to tell her what they had done. She took time to listen and chat with them, asking them what they should be doing next and prompting if unsure.

Information held by CQC showed that we had received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way.

There were effective processes in place to monitor the quality of the service. The provider had a variety of quality monitoring processes including support plan audits, daily checks of water temperature, fridge and freezer temperatures and medication. The registered manager told us the provider had recently introduced a new self-assessment document which all registered managers had to complete. This was based on the regulations the Care Quality Commission (CQC) inspect against, and they had rated themselves in each area. When actions had been required, we saw they had been recorded and a date for completion made.

The registered manager told us that all accidents and incidents were recorded and reviewed by them and the provider. This was to see if any patterns arose and what could have been done, if anything to have prevented it happening or to stop it happening in the future. Documentation we saw confirmed this.

A variety of meetings had been held on a regular basis, including; senior staff meetings, team meetings and flat meetings. Flat meetings had been held monthly to enable people who lived in each flat to discuss any issues or what they would like to do. Staff told us they attended staff meetings as they were useful to keep up to date with things. We saw minutes of all of these meetings which showed suggestions were acted on,

for example outings to the theatre and holidays.