

Tracs Limited

Maycroft

Inspection report

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Date of inspection visit: 16 July 2014
Date of publication: 22/12/2014

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 

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

We did not give the provider notice that we were going to inspect Maycroft. We call this an unannounced inspection.

Maycroft is an adapted residential bungalow. It provides ground floor accommodation for up to six adults who

have a learning disability and who may also have a physical disability. The home had been fitted with hoisting facilities in some bedrooms and the bathroom. There were special bathing facilities for people who were unable to stand and who needed staff support to stay clean and healthy. The home was run by a registered manager who had the support of a deputy manager and a team of seniors. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Summary of findings

We found that the home was supporting people well, and during our visit we observed people and staff enjoying each other's company. There was a happy and relaxed atmosphere in the home. We found people were being supported to access activities that they enjoyed and were of interest to them. Only one of the six people could verbally tell us how they found living at the home, and their feedback was entirely positive. We spoke to three relatives and four health care professionals. They told us the home was good and meeting the needs of the six people.

People lived in an environment that was clean, comfortable and well maintained. We found that each person had been supported to decorate and furnish their room in a colour and style that suited their age, personality and interests. We found that people's rooms contained the equipment they needed for their care and a wide range of personal items.

Five of the six people we met were unable to verbally communicate what they needed or would like. We found information had been recorded in people's care plans

and advice had been sought from professionals with specialist knowledge about communication when this was required. Staff we spoke with were able to explain to us what they believed people's sounds and facial expressions meant. Staff who had worked at the service for a long time told us how they shared their experience and knowledge about how people communicated, with new staff during induction to ensure new staff learnt about people's communication as quickly as possible.

We found that each person's care had been tailored to their needs and wishes. The care plans were all individual and reflected the preferences and needs of each person. We also found that the registered provider had a clear strategy about how the service should be developed to be as person centred and individual as possible. Training and new care plan documents were being provided to ensure this approach continued and would be applied and developed within the home. Three of the five staff we spoke with told us that in their opinion the best aspect of the service was the quality of care and individual care people received.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

People we spoke with including one person living at the home, relatives, staff and healthcare professionals told us that Maycroft was a safe place to live. People we spoke with told us it passed the “mums test”-this meant they would be happy that one of their relatives used it.

Good



Is the service effective?

Our observation of staff practice, talking with staff and reviewing the training records provided evidence that staff had the skills and knowledge they required to meet people's care needs. We found that people's needs had stabilised and people's health and wellbeing had improved. This showed the care and support was being effective.

Good



Is the service caring?

We saw and heard staff supporting people in a way that was kind and compassionate. People were supported to be as active in their care as possible.

Good



Is the service responsive?

People were receiving care and support that was tailored to their needs and wishes. There were opportunities for people to share their concerns and complaints in a way that suited their communication needs.

Good



Is the service well-led?

There was a registered manager in post. The manager and provider monitored the quality of the service people received in order to ensure people received support which met their care needs and kept them safe,

Good



Maycroft

Detailed findings

Background to this inspection

This inspection was undertaken by one inspector and a specialist advisor. We visited the home on 16 July 2014 and spoke with one person who lived at the home, the relatives of three people, five care staff and the registered manager. After our inspection we spoke with four health and social care professionals who had recently treated or visited people in the home.

Before the inspection we reviewed the information we already had about the home. Providers are required to notify the Care Quality Commission about events and incidents that occur at their home. We refer to these as notifications. Before our inspection we reviewed notifications the provider had sent us and the additional information we had requested. The provider had completed and returned a "Provider Information Report. (PIR) This document provided information under the

questions: Is the service safe, is it effective, is it caring, is it responsive and is it well led? We used this information to plan what areas we were going to focus on during our inspection. We last inspected this home in August 2013. We found it was meeting the requirements of the law in the areas we inspected and that people using the service were happy with their care and support.

We observed how care was delivered by care staff during the day including support given to people at breakfast and lunch time. We spent time observing care and support in the lounge area and the dining room.

We looked at records including three people's care plans and the staff files for three members of staff. We also looked at records of meetings, training, best interest decisions and accident and incident reports. We looked at the provider's records for monitoring the quality of the service. These included how the provider responded to issues raised, audits, action plans and annual service reviews.

Is the service safe?

Our findings

People had been kept safe from harm. People living at Maycroft, staff, their relatives, staff and health professionals told us they had no concerns about people's safety. One health professional told us "I have never felt unhappy about people's safety" and a member of staff said, "I have never seen or heard any abusive practice. We get trained well, and asked regularly in supervisions, meetings and audits if we are happy with the standard of care." We asked seven people who knew the home if this was a service they would feel happy for a member of their family to use. They all told us it was.

We found that regular training and updates had been provided for all staff in the areas of safeguarding, whistleblowing and the Mental Capacity Act. Staff we spoke with were aware of their responsibilities to safeguard people. Staff told us and we saw written evidence that staff were directly asked each month if they had seen or heard any practice that was of concern. This meant the provider was giving staff the opportunity and support to raise concerns.

We looked at the recruitment files of three members of staff who had recently started work at Maycroft. The records showed that robust practices had been used to check that people were suitable to work with vulnerable adults.

The manager had produced and kept under review a staffing risk assessment. This showed the number of staff that were required each shift to support people and keep them safe. Rotas, discussion with staff and our observations showed these numbers were being adhered to on most occasions. The manager had recently identified that some people required additional staffing support. The manager was able to evidence how they were addressing this in both the immediate and longer term, to ensure people had the staff support they required.

Some people living at Maycroft used behaviour as a way of communicating their needs and how they were feeling. This behaviour could sometimes present a risk to themselves or to other people living and working in the home. We found that staff had been well trained and supported about how to manage this behaviour. Two members of staff told us they felt staff worked together as a team to protect people from the risk of being harmed. Individual records we looked at showed this area of care had been assessed and planned for. Plans had been kept under review and changed when necessary after an incident. Staff training included how to safely use physical interventions. However records and discussions with staff showed that staff had been able to use distraction and communication techniques to safely diffuse situations without this being used.

No one in the home had been subject to assessment under the Mental Capacity Act. We found that best interest meetings had been held when people were being considered for treatment that required consent or which carried a risk. We saw information on each person's file detailing how they made decisions and any support that they required. Staff we spoke with were aware of the Mental Capacity Act. Staff had been provided with training to ensure they had the knowledge to support people appropriately without restricting their rights. The manager was aware of the Mental Capacity Act and how to make a referral if this was required. We found no evidence to suggest that anyone was being restricted inappropriately or being deprived of their liberty.

We looked at the records showing that equipment and services in the home such as the fire alarm, hoists and bath had been serviced and maintained as was required to ensure they remained safe to use. These checks and services had been undertaken when necessary which meant people were protected from the risk of an unsafe environment.

Is the service effective?

Our findings

People were being supported by a staff team that included staff who had worked at the home for some time and who had got to know people's needs well. The majority of staff at Maycroft had been in post for many years and knew people and their needs well. One relative we spoke with told us, "Many of the staff that work there have been there for years. That tells you a lot." Staff who had worked at the home for some time told us how they shared the information and experiences they had gained about people with new staff at induction. During our inspection we spoke with two staff that had recently started work at the home. They told us they had received a detailed induction and had been allocated to a "buddy" so they were supported to learn about people and their needs promptly. This was a way of helping people feel confident and comfortable with new staff as quickly as possible.

Records showed us that staff training and updates were provided regularly. Topics covered included specific sessions on the needs and conditions that people living at Maycroft experienced. Staff told us, "I feel well trained and supported. I feel confident to do my job." Another staff member told us, "If someone's needs changed the training would be provided straight away." The member of staff went on to give examples of training provided or experts who had been brought in urgently to support the staff team meet a person's changing needs.

We found that fresh meals were cooked each day, and that where possible people living at Maycroft were involved in the preparation of food. We looked in detail at the eating and drinking needs of two people who needed the texture of their food and drinks altered to enable them to safely

swallow. We found that the home had involved the relevant healthcare professionals in planning this area of people's care and that the guidelines they had produced were being followed. Staff we spoke with had a detailed understanding of each person's dietary needs and their preferences. We saw people were being supported towards a healthy weight when they had been assessed as being either over or under weight. We observed as people were offered their breakfast and lunch time meals Staff were aware of the support people needed to eat and drink safely and food was prepared and presented in the way each person required.

Five of the six people required a lot of staff support to stay clean and healthy. We found that a plan of care had been developed that identified the support each person needed to get up, get ready for bed and meet their care needs throughout the day. At the time of our inspection we observed people being supported with their morning routines. People were unhurried and we observed that they had been supported to complete their personal hygiene to a good standard, and in the way that their plan stated they preferred.

People living at Maycroft had a wide range of healthcare needs. We found that good links had been developed with the relevant health and social care professionals, and that people were being supported to attend appointments at community clinics and hospitals or within the home. Health professionals we spoke with told us people's healthcare needs were being well met and their comments included, "Anything we recommend, they put into place. Nothing is too much trouble. They are very respectful of my client and always work in their best interest."

Is the service caring?

Our findings

During our visit we saw and heard staff treating people with compassion and kindness. Throughout our inspection we observed a relaxed and happy atmosphere in the home. We heard people laughing with staff and saw people smiling and having fun together. Some people needed encouragement to meet their care needs. We saw staff undertake this encouragement gently and creatively to ensure the person's needs were met. Staff we spoke with told us they had time to spend with people. Their comments included, "Staff I work with often go beyond caring. They make sure the day is as good as possible for the people living here" and "We all take time with people. We make sure people look nice, smell nice and have good clothes on." This supported our observations of the care people received on the day of our inspection.

During our inspection we spoke with two relatives who were both very happy with the care offered at Maycroft. We also referred to a compliment another relative had recently shared with us about the service. The relative had said, "The staff member was absolutely super and we could see the wonderful relationship (my relative) has with her (the staff member) and how relaxed they were together."

Five of the six people were unable to verbally express their feelings and wishes. Despite this we observed and heard staff describe how they used people's gestures, facial expressions and sounds to understand what people wanted. Staff told us about new activities they had tried with people and how they had watched people to find out if the person had enjoyed or benefitted from the experience. In this way the home was helping people to be actively involved in making decisions about their lives and care.

Throughout our inspection we saw and heard staff working in a way that was respectful of people's privacy and dignity. Staff knocked on doors before they entered and we saw staff let people know they were going to move them in their wheelchairs before doing so. We also saw staff explaining and talking to people all the time about what they were doing and how they were going to support them next. Some people had behaviour that presented a risk to their dignity. We saw written plans had been developed and staff knew how to respond to these situations to ensure the person's dignity was protected as far as possible.

Is the service responsive?

Our findings

We found that people benefitted from a service that was meeting their individual needs. One relative we spoke with told us, “They try and help keep (my relative) busy with things that they like. They use their knowledge to help plan things she will like, things that are special and important to her” another relative said “My relative struggles to say what they want. They ask me, they let me know what’s going on, and every year I get a survey from the head office.”

Each person had an individual plan of care. These had been tailored to meet each person’s individual needs. Where possible information from as much of the person’s life had been included to ensure staff supporting the person was aware of their life history and the context of any special behaviours or challenges they displayed. Staff told us they did not wake people up in the morning. This meant people got care when they were ready to start the day and at a time of their choosing. We saw that people’s culture and religion had been recorded and the support people needed to practice this was included in each person’s plan.

Staff we met and care records we reviewed showed that some people had experienced changes in their care and support needs. These changes had been either for short, acute periods or over a longer period of time. We could see from records and people told us that the care and support offered to people changed to accommodate their needs. We looked in detail at one person’s care and found that staff had been very quick at identifying changes in the person’s wellbeing, assessing the new risks, involving the necessary health professionals and adjusting the staffing team.

We found evidence that the provider was developing the way they expected care to be delivered across the

organisation. We saw information in the home and were informed that training to enable staff to work to a new person centred care strategy had commenced. We were informed the benefits of this included staff have access to some new care planning tools that would ensure people using the service remained at the centre of service delivery.

We found that the provider was using information from experiences and feedback to develop the service. Staff we spoke with told us how incidents and accidents were reported. The organisation then analysed the information submitted and developed a document to share around the organisation to ensure the risk of a repeat incident was reduced and minimised.

People we spoke with told us the home had an open culture and was receptive to suggestions about care and treatment. One professional told us, “They are happy to work with us, anything we suggest they put into practice. They do all they can to support the client”

The manager had arranged meetings for both staff and the people living at Maycroft. This provided an opportunity for people to share ideas and concerns to improve the quality of care. Suggestions had been made about the running of the home and ideas raised to improve people’s quality of life. This had resulted in people living at Maycroft purchasing items they needed or wanted or being able to undertake a specific activity of interest to them for example.

There were established policies in place to support people who wished to raise a complaint. We found that no complaints had been raised, however staff, relatives and health professionals we spoke with told us they would feel confident to raise matters of concern.

Is the service well-led?

Our findings

We found that people benefitted from a service that was well led. One staff member we spoke with told us, “I have an open dialogue with the manager. We are constantly communicating about what is working well and what needs developing” and a relative told us, “The manager or shift leader will always talk to me if I need to chat anything through with them.”

People had ways of expressing their views that were appropriate to their individual communication needs. This meant people could influence how the service was delivered. During our inspection we saw that people were regularly asked what they wanted to do, what they would like to eat and drink and that staff responded promptly to meet these needs.

Each year the provider sent questionnaires to relatives of people living at Maycroft, the staff team and health care professionals to identify how the service could be improved. Feedback was mainly positive and we saw an action plan had been developed in response to the comments raised. In each report the provider gave an update on the action taken since the last survey. This ensured people could see the impact their feedback had made on service development.

Staff told us and records showed that staff were asked for their views of the service by the manager at regular supervisions and staff meetings. Staff said that they felt the manager was approachable and they were encouraged to ask questions and express their views. This meant that both the managers and staff understood key challenges and how the service needed to be developed in order to further meet people's care needs.

The provider had a clear leadership structure which staff understood. Each person at the home had a key worker to help ensure they received continuity of care. Each shift was led by a senior carer and the home had a deputy and a registered manager. There was an on call rota so that a senior member of staff from within the organisation would always be available to provide advice to staff about how to meet a person's care needs when required. This meant that people could be assured that staff were fully supported and could get advice in event of a difficult situation occurring.

The provider monitored the quality of the service to ensure people received support which met their care needs and kept them safe. This included recording accidents and incidents to identify if people were at risk of harm and if appropriate how to stop similar incidents from happening again. Staff we spoke with told us how they filled in documentation following a difficult incident or near miss. They were aware that these were reviewed by the manager and analysed by the organisation. Staff we spoke with were aware that learning from such incidents were shared around the organisation to ensure best practice was in place and the chance of a repeat occurrence was reduced as far as possible. We found that the provider audited key areas of the home to ensure it was safe and that it was meeting people's needs.

We saw the provider had worked towards and gained an “Investors In People” award. This is an award which acknowledges that an organisation is working above-and-beyond the requirements of the code of practice for supporting and developing staff.