

MacIntyre Care

White Ladies Close

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 

Overall summary

The inspection took place on 27 August 2015 and was unannounced.

The home provides accommodation for a maximum of five people requiring personal care. There were five people living at the home when we visited. A registered manager was in post when we inspected the service. 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.

People responded warmly to care staff looking after them and engaged with them in a friendly and positive manner. Relatives told us they had no concerns and that care staff knew what to do to keep them safe.

People received care from staff who understood their individual health needs and how to manage risks when caring for them. People were supported to take their medications. People received their medicines at the correct time and medications were safely administered and stored. The registered manager made regular checks to ensure people received their medication correctly.

People received care and support from staff who were regularly supervised and who could discuss aspects of

Summary of findings

people's care they were unsure of. People received care from staff that understood their needs and knew their individual requirements. Staff received regular training and understood well how to care for people.

People's consent was appropriately obtained by staff. People who could not make decisions for themselves were supported by staff within the requirements of the law. The registered manager understood the requirements of the law and had responded appropriately.

People enjoyed their food and were supported to prepare their own drinks and meals. People were offered choices at mealtimes and were supported with special dietary requirements. Staff understood people's needs and preferences and ensured people received the food they liked.

People's health needs were assessed regularly and care staff understood how they should care for people. Staff kept families informed about their relative's care and were appropriately involved them in the decision making. People accessed other health professionals as appropriate.

People liked the staff who cared for them and responded positively to them by seeking reassurance through tactile affection. People's privacy and dignity were respected and people were supported to make choices. People's individual circumstances were considered when caring for people.

People were supported to take part in activities they liked or had an interest in. Care staff understood each person's interests and positively encouraged participation in both decision making as well as the actual activity.

People were relaxed around the registered manager. Staff caring for people were positive about the registered manager and felt part of a team that understood the people who lived there as well each person's role within the team.

People's care was regularly checked and reviewed by the registered manager. The quality of care people received was routinely reviewed to ensure it could be monitored and improvements made where required. People were involved in making decisions about their care and how the service was delivered. People were kept updated by the registered manager and provider about issues affecting their care.

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?

The service was safe. People were relaxed around care staff. People were supported by enough staff that knew how to keep them safe. People received their medications when needed.

Good



Is the service effective?

The service was effective. People were cared for by staff who understood people's health and the risks to their health. People were involved in making choices about their care and diet. People received additional support from medical professionals when they required it.

Good



Is the service caring?

The service was caring. People were cared for by staff they liked and staff engaged positively with them. People were treated with kindness, dignity and respect.

Good



Is the service responsive?

The service was responsive. People were involved in shaping their care and deciding how their care needs were met. People were supported to participate in activities that reflected their interests as well as participate within the wider community.

Good



Is the service well-led?

The service was well led. People's care was regularly reviewed and updated based on decisions people had made. The quality of care was monitored so that it could be continually improved. People were involved in discussions about the service and kept up to date so that help influence the care and quality of the care they received.

Good



White Ladies Close

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 27 August 2015 and was unannounced. There was one inspector in the team.

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.

As part of the inspection we spoke to all people living at the service. We also spoke with two relatives of people who lived at the home. We also spoke with two care staff and the registered manager.

We reviewed three care records, the complaints folder, communication books and audits of the service.

Is the service safe?

Our findings

People at the service told us they felt safe and knew the care staff that looked after them. People talked positively about care staff and were keen to engage with them. One person described staff as 'Very nice people'. People were comfortable around staff. We saw people smile and look to staff for reassurance by holding hands and asking for hugs. Care staff responded by giving hugs and reassurance to people. Relatives we spoke with also spoke highly of staff. One relative told us their relative was "Very safe".

People were cared for by staff who understood how to keep people safe. Staff described to us how they kept people safe and they could recognise what abuse meant and who this should be reported to. Staff described to us training they had already received on the subject and that they were due to undertake to further training to reinforce their understanding of the subject. The registered manager also confirmed to us that all staff were due to have their training updated. The registered manager also described how people were encouraged to speak with her if they had any concerns.

We asked relatives about the staffing levels and both relatives told us they were happy with the staffing arrangements and thought their relative received the support they needed. We saw that when people asked for help and support there was always a staff member around in the communal areas to step in and support them. For example, one person wanted to change a CD in the CD player and staff were around to do this immediately. The registered manager told us that staffing levels were assessed based on people's needs and adjusted

accordingly. As people needs had been stable for some time, staffing levels had remained the same. The registered manager told us that if people's needs changed, staffing levels would again be reviewed. Staff we spoke to also confirmed that staffing levels were adequate.

People's health and risks to their health were understood by staff who understood how to keep people safe. For example, staff understood how to care for people living with mental health issues and Diabetes. Staff understood what each person's exact symptoms were and how they required support. For example, one person could display signs of agitation and staff knew and understood how the person displayed this and how it could be avoided. Staff were also vigilant about people living with Diabetes and ensuring people had access to food and drink so that their blood sugar level was safe.

People told us they were supported to take their medicines. One person told us, "They help me with my medicines and explain what they're doing." Staff explained the medicines to people before offering it to them and ensured it was taken safely. For example, when one person needed to have their blood sugar checked, the staff member involved the person and offered support when they saw the person required extra help. Staff had a good understanding of people's medicines and when they needed to be taken. People's medicines were regularly reviewed by the registered manager to ensure people received the right medicine and at the correct times. Staff told us they had recently updated how the "As and when" pain relief was recorded as they felt the system of recording this could be improved.

Is the service effective?

Our findings

People told us they received care from staff who understood how to care for them. One person told us, “They do look after me really well.” Relatives we spoke with also told us that they thought care staff understood how to care for their family member. One relative told us, “They really know what they’re doing.” Another relative told us, “I think the world of the staff. They’re very good at looking after everyone.”

Care staff discussed with us the training they accessed and how this enabled them to look after people. For example, care staff had received Diabetes training and knew what to be aware of when caring for someone living with Diabetes. Two relatives we spoke to told us they thought care staff understood what they needed to do to care for their relatives.

Care staff we spoke with told they had regular feedback on their performance and discussions with the registered manager to ensure they received all the training they needed to perform their role. One staff member told us they had face to face meetings with their manager, “At least every six weeks.” Staff told us they were encouraged to participate in training and could request further training if they required it. The registered manager confirmed that training was routinely monitored to ensure care staff accessed all of the necessary training and that training was kept up to date. The registered manager described upcoming training and which care staff would be attending. The registered manager also told us feedback was welcomed on training so that the effectiveness of training could be understood.

People told us about how they were involved in decisions about their care. People described to us how care staff explained things to them. For example, one person had their blood sugar level tested and staff clearly explained what was happening to the person. Staff we spoke with

understood decisions could be made in people’s best interests and that some decisions required an authorisation, called a Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. The registered manager had assessed people at the service and made applications for the decisions that were affected. Where people required support to make decisions the provider took steps to ensure that their best interests were considered and involved family members to make those decisions.

People told us they liked the food and that they were offered choices. For example, one person told us, “We have a set menu and we all get to say what we’d like.” During our inspection we saw that one person had just returned from the supermarket and bought a selection of things that they then used to prepare lunch. One person liked bananas and we saw that staff had supported the person to buy these. People chose what they wanted for lunch and we saw people help to prepare lunch for themselves based on their own preferences. One person required a special diet and regular meals. Staff we spoke with understood the person’s needs and knew exactly what was required for the person.

People told us they accessed help and support from healthcare professionals. One person told us, “They take me to the doctors and then they look after me at home.” Another person said, “I like to go to the dentist and optician.” We saw from people’s health records that they were able to access a variety of services. During our inspection, we saw one person being supported to attend a GP appointment. All the staff were aware of the appointment and what support the person needed to attend the appointment. We spoke with relatives who also confirmed their family members attended health appointments as and when they needed.

Is the service caring?

Our findings

People we spoke with were positive about the staff that cared for them. One person said, “They’re brilliant.” Some people living at the service had lived with each other for some time and had forged friendships. People described what other people liked and disliked. For example, one person liked a particular type of music and other people and staff knew what this person liked and supported the person to listen to their music. People and staff were seen singing with the person and asking them to guess the singer of various songs.

Staff spoke affectionately about the people they cared for. Care staff could recall people’s histories and knew what people’s preferences were. For example, one person liked a particular type of reading book. Staff were seen engaging with the person and talking about the book.

People and relatives told us that staff involved them in people’s care in a variety of ways. One person told us they had, “Regular meetings” and understood these were to discuss their care. One relative also told us, “We have meetings. They tell me everything. They’re marvellous.” People told us about how they were involved in planning their care. For example, one person described how they talked about things they wanted to do more of such as holidays. We reviewed three people’s care records and saw that care planning meetings had taken place and that people were involved in reviewing these and signed to confirm a meeting had taken place.

We saw people were treated with dignity. For example, we saw one person supported by a female member of staff when the person asked for help with personal care. We saw the staff member discreetly follow the person and provide them with the support needed. The person was heard saying, “That’s much better.” We also saw people’s space being respected. For example, when one person returned to their bedroom, staff knocked and waited for permission before entering. We asked staff about what it meant to treat people with dignity and one staff member told us it was about treating people like, “Individuals”.

People told us about how they maintained relationships with their friends and relatives. One person described how they telephoned their sister regularly. People’s individual circumstances were taken into consideration when supporting people’s contact with their family. For example, one person had lost contact with their family through changes to their care throughout their life but staff worked with a Behaviour Support Nurse to try and identify possible relatives. When the person’s family was identified, staff worked sensitively with the person to reconnect the person with their family and encouraged the relationship to flourish. Another person at the service had a ‘best friend’ and enjoyed regular visits to see them. The person was also encouraged to host them and told us they often invited them over for dinner.

Is the service responsive?

Our findings

People described to us how staff supported them to do things they wanted to do. One person told us, “I can go out myself and do things for myself. It’s important to me.” People’s level of independence was assessed and people were supported to fulfil activities that enabled them to gain independence. For example, one person regularly visited their family and travelled by bus themselves. Another person required more support and care staff were seen helping the person go shopping and prepare meals.

Staff could describe to us people’s individual needs and how they worked with people to meet these. Staff could clearly describe each person, their personality, their background and what was likely to cause them anxiety or pleasure. For example, one person had a friend that visited them and both staff we spoke with described how happy it made the person that their friend visited. Other people and the person also described this same friend and how it made the person happy.

People told us they were supported to pursue things that interested them and we saw the people pursued interests that were specific to them. For example, one person liked to read and listen to music and they were seen listening to CDs throughout the inspection. One person liked to volunteer at a local mother and toddler group and talked positively about this experience and how much they enjoyed it. We also saw photographs displayed in the lounge of the person with members of the group which the person proudly showed us. People were interested in social events and were supported to pursue these. For example, one person liked to attend the disco and staff we spoke with were all aware of which day the person attended this activity and knew not to arrange anything else that could potentially clash with this.

People told us about residents’ Meetings that took place. One person told us how people were encouraged to contribute to the agenda if they wanted to talk about something. For example, one person had wanted to discuss

day trips and this had been added to the agenda. Minutes were recorded in an easy read format for people to follow. We saw that the agenda was pinned to the wall and that ideas for the agenda were updated with people’s contributions. We also saw that people were encouraged to complete an easy read questionnaire about the service and what they thought about it. For example, people were asked questions like “Do you like the food?” and “Are you happy living here?” Responses collected to the questionnaires indicated people were happy with the care they received.

People were encouraged to develop wider links with the community and for people to share their experiences of living within the neighbourhood. We saw that people were invited to participate in activities that helped to support their participation of their neighbourhood. For example, people were encouraged to attend the local Residents Association meetings and participate in neighbourhood litter picks that were arranged. We also saw that people were involved in planning a summer fete that was being organised. People told us about the roles they were playing and talked enthusiastically about what they were going to do. For example, one person told us about how they were helping with book stall to sell second hand books.

People and relatives told us about what they would do if they needed to complain. One person told they would speak to the registered manager. We saw some complaints had been made by people living at the service. The complaint was logged and detailed what action was taken to resolve the concerns and reassure the person. Complaints also listed what staff did to prevent any reoccurrences of the concerns. Two relatives that we spoke with told us that they knew how to complain and in one case had previously complained. However, both relatives told that they preferred to speak directly to care staff and discuss anything that concerned them. Relatives described to us how they felt they had an open relationship with staff and would rather resolve things before they escalated into a complaint.

Is the service well-led?

Our findings

People told us they liked the registered manager and knew her. We saw that people were relaxed around the registered manager and chatted to her.

The registered manager told us they enjoyed working at the service and felt the small team worked together well. Staff we spoke with were positive about working at the service and working alongside the registered manager. One staff member said, “I love working here.” Another staff member described the registered manager as, “Very thorough. A good leader”. Staff told us they felt comfortable raising issues that may concern them with the registered manager. Staff told us they could provide feedback on issues affecting their work. For example one staff member described to us how they had preferred classroom based training to online training and this was being explored by the provider. Another described how they had not felt that the recording of the use of PRN medication was fully effective and that how they had contributed towards the current system in place (PRN medication is medication that is used only when it deemed necessary).

Staff also told us they felt that communication was open and that they received regular updates from the manager about the service. For example, we saw that staff were given email hand outs that they had to sign to ensure that all staff had accessed the information and read it.

The registered manager described to us systems used to monitor and evaluate people’s care. We reviewed three people’s care records and saw that these were updated regularly. We saw that regular checks were made to review

people’s medicines, the environment people lived in, any accidents people had had as well as how people’s care was recorded. The management systems were also audited by another manager from one of the provider’s other services and feedback given about whether there were any areas that required improvement. For example, care plans were reviewed as was the environment and the registered manager was clear about what was working well and what required further attention.

People told us they felt their contribution helped to influence how the service was delivered. Outcomes from resident’s meetings were also used to shape people’s care. For example, the registered manager used suggestions from meetings to influence how care was delivered. For example, decisions about the planning of the fete or days trips were given to people by the manager. One person described to us how they had been involved with clearing the garden ready for the fete and how they were helping decide where various stalls would be situated.

People told us about changes that were likely to affect the service. People described to us how they had been involved in meetings and that the provider was keeping them up to date with changes affecting the long term future of the service. People felt that they had contributed to decision making process.

The registered manager described to us how they had been supported to undertake the role of manager and about how they had received training and support. The registered manager told they had regular meetings with the regional manager and that they felt that support was available at the, “End of the phone” if they needed it.