MacIntyre Care

Saxon 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

This inspection took place on 09 December 2015 and was unannounced. When we last inspected the home in October 2013 we found that the provider was meeting the legal requirements in the areas that we looked at.

Saxon Close provides accommodation and support for up to six people who have a learning disability or physical disability. At the time of this inspection there were six people living at the home.

The home has a registered manager. 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 were safe and the provider had effective systems in place to protect them from harm. Medicines were administered safely and people were supported to access other healthcare professionals to maintain their health and well-being.

People were involved in planning the menu and given a choice of nutritious food and drink throughout the day.

Summary of findings

People were encouraged to maintain their interests and hobbies. They were supported effectively and encouraged to develop and maintain their independence.

People were aware of the provider's complaints system and information about this and other aspects of the service was available in an easy read format. They were encouraged to contribute to the development of the service.

Staff were well trained. They understood and complied with the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards.

Staff were caring and respected people's privacy and dignity. They were encouraged to contribute to the development of the service and understood the provider's visions and values.

There was an effective quality assurance system in place.

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.

Staff had a good understanding of safeguarding procedures to enable them to keep people safe.

Risk assessments were in place and reviewed regularly to minimise the risk of harm to people.

Emergency plans were in place and were discussed regularly so that staff were aware of the procedures to follow should an emergency occur.

Good

Is the service effective?
The service was effective.

Staff were well trained and able to communicate with the people they supported.

Consent was obtained before support was provided.

The requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards were met.

Good

Is the service caring?
The service was caring.

Staff's interaction with people was caring.

People's privacy and dignity were protected.

Good

Is the service responsive?
The service was responsive.

People were supported to follow their interests and encouraged to contribute to the running of the home.

Complaints were responded to appropriately.

Good

Is the service well-led?
The service was well-led.

The registered manager was supportive and approachable.

The provider had an effective system for monitoring the quality of the service they provided.

Staff were aware of the provider's vision and values which were embedded in their practices.

Good

Saxon 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.

The inspection, carried out by one inspector, took place on 09 December 2015 and was unannounced.

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 reviewed the information available to us about the home, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. We also reviewed the report issued following a recent local authority monitoring visit.

During this inspection, we spoke with one person who lived at the home, two members of staff and the registered manager. We observed how care was delivered and reviewed the care records and risk assessments for two people who lived at the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We checked medicines administration records and looked at staff training and supervision records. We also reviewed the provider's policies and procedures and information on how the quality of the service was monitored and managed.

Good

Is the service safe?

Our findings

People told us that they were safe living at the home. One person said, "I feel safe. The people make me feel safe." Staff told us that the home provided a safe environment for people. When asked what made it safe one member of staff told us, "All of it. We work as a team and will fight for the people who live here. We will stand up for people. It is the way staff work with people to support them." In answer to the same question, another member of staff said, "The door is always shut. People hold on to our arms when they are out. We have got our eyes on them all the time and make sure they don't wander off."

The provider had an up to date policy on safeguarding and whistleblowing. Whistleblowing is a way in which staff can report misconduct or concerns within their workplace without fear of the consequences of doing so. Staff we spoke with told us that they had received training on safeguarding people and one member of staff told us, "I did my safeguarding training by e-learning and had face to face training at [another of the provider's homes.]" Staff were able to demonstrate that they had a good understanding of what concerns should be reported and told us of the procedures they would follow if they had concerns. Our records showed that the registered manager had reported relevant incidents to the local authority and to the Care Quality Commission.

We saw that there were person centred risk management plans for each person who lived at the home. Each assessment identified possible risks to people, such as the use of homely remedies, using the kettle and health and well-being when out in the community. There were positive behavioural support plans for people who exhibited behaviour that had a negative impact on others. These identified possible triggers for such behaviour and actions that staff should take to de-escalate such situations, such as another member of staff offering support when a person targeted a particular member of the staff team.

Staff regularly reviewed people's risk assessments and their daily records to ensure that they knew how to manage the identified risks. Staff also talked about people's experiences, moods and behaviour at shift handovers. Staff therefore had up to date information to be able to reduce the risk of harm occurring.

Records showed that the provider had carried out assessments to identify and address any risks posed to people by the environment. These included assessments of risks involved with carrying out tasks in the home, the equipment used in the home and general risks, such as working alone. We saw that the home held regular fire drills and evacuations. This ensured that people who lived at the home knew where to go in the event of a fire. In addition, each person had a personal emergency evacuation plan that was reviewed regularly to ensure that the information contained within it remained current.

There were formal emergency plans with a contact number available for emergencies to do with the building, such as a gas or water leak and information as to where to find the necessary switches to stop the supplies of gas, electricity or water. There were also emergency plans for other incidents such as the unexpected death of a person who lived at the home or a road traffic accident that involved the vehicle used by the home. These enabled staff to know how to keep people safe should an emergency occur. We noted that at each team meeting the team discussed one of the emergency plans so that they were kept up to date about the actions they should take in those circumstances.

There were enough staff to support people safely. Staffing levels had been determined by the needs of the people who lived at the home and we saw that the staffing levels had been assessed in November 2014 and reviewed in May 2015 to ensure that staffing levels were relevant to the needs of the people who lived at the home. One member of staff told us that there were sufficient staff with an additional member of staff on duty at the weekends to enable people to go out if they wished to.

Although there had been no recent recruitment at the home we saw that the provider had a robust recruitment policy which included carrying out relevant checks with the Disclosure and Barring Service (DBS). DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed. Applicants were also required to complete health questionnaires to ensure that they were mentally and physically fit for the role they had applied for. The policy required that employment references were followed up before an applicant could start work. This assisted the provider to determine whether the applicant was suitable for the role for which they had been considered.

Good

Is the service safe?

Medicines were stored appropriately within locked cabinets in people's rooms. We looked at the medicine administration records (MAR) for two people and found that these had been completed correctly, with no unexplained gaps. Two members of staff had signed the MAR each time to confirm that medicines had been administered. Protocols were in place for people to receive medicines that had been prescribed on an 'as and when needed' basis (PRN) and homely remedies. When we carried out a reconciliation of the stock of medicines held for one person against the records we found this to be correct. We saw that there had been an audit carried out by the pharmacy that confirmed that previous actions recommended following an earlier audit had been completed. People's medicines had been reviewed regularly by their GP.

Good

Is the service effective?

Our findings

People were unable to tell us whether they thought the staff were well trained. Staff told us that they completed regular refresher training in all areas thought to be essential by the provider. This had been delivered by various methods, including on-line and face to face learning. These areas of training included safeguarding, which had recently been updated, communication, safe movement of people and equality and human rights. Staff told us that training was discussed at supervision meetings, and they were reminded when refresher training was due. The manager monitored staff training records to ensure that each member of staff was up to date with their training before any supervision meeting and set targets for the completion of any that was outstanding. This enabled the provider to be sure that staff received the necessary training to update and maintain their skills to care for people safely. Staff were able to tell us how training had improved their ability to care for the people who lived at the home. One member of staff told us that they had recently completed training on dementia which had enhanced their understanding of the challenges faced by people who were living with dementia. This had made them more patient and sympathetic toward people. Another member of staff told us, "I did not know as much as I do now about diabetes. I know what to do for people now."

Staff told us that they received regular supervision every month. One member of staff told us, "[Manager] is really hot on it. And I recently had an appraisal too." Staff told us that supervision was a two way conversation, during which they discussed their training and development needs, their morale, any concerns they had or any complaints they wanted to make. One member of staff told us it was also a forum at which they could discuss ideas for improvements that could be made in the service or for the people who lived there. The manager showed us that there was a schedule to ensure all staff received supervision.

Staff had received training on the requirements of the Mental Capacity Act 2005 (MCA) 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw detailed capacity assessments which had been completed in each area of people's lives. The service had assessed whether people were being deprived of their liberty (DoLS) under the Mental Capacity Act and found that a number of authorisations were required. Applications had been made to the relevant supervisory bodies but not all had been assessed. We saw that some authorisations had been granted as people were not allowed to leave the home unless they were supervised.

People and staff told us people's decisions about their daily care and support needs were respected. One person told us, "They ask if they can help me. They help me a lot." We saw evidence that people had been involved in identifying decisions that they could make for themselves, such as the clothes that they wear; those that they needed some support with such as deciding where to go on holiday and those that they needed full support to make. One member of staff told us, "If they said no [to care] then that would be fine."

Staff told us that they used various methods of communication if people were unable to vocalise their needs, such as facial expressions and body language as well as using MAKATON, a form of sign language used by some people who have learning difficulties. They also used pictures and showed examples to allow people to make choices.

People told us that they were involved in decisions about the menus. We saw that people chose what they wanted to eat for the coming week at the weekly house meetings. Each person chose the main dish for one day of the week. One person told us, "I eat everything. I get to choose. I chose shepherd's pie last week and curry for next week." Where they were able to people were supported to make their own food and drink and had support plans and risk assessments in place for when they did this. There were food guidelines in place for people who had diabetes and their blood sugars were checked at least every four hours

Good

Is the service effective?

to ensure that they stayed within acceptable levels. A member of staff told us "We have to amend the snacks offered to them to control the blood sugar levels." Another member of staff told us, "We all sit down to dinner together like a family, although they can eat in their room or in the lounge if they wanted to." Records showed that speech and language therapists (SALT) had been involved in determining appropriate food consistencies for people where appropriate. People's weights were monitored on a weekly basis and a referral made to appropriate health-care professionals when this was needed.

Each person had a health plan in which their weight and visits to healthcare professionals were recorded. We saw that appointments had been made for people to attend healthcare services, such as GPs, community nurses, therapists, dentists and opticians and the outcomes from the appointments. People also had an annual health check with their GP.

Good

Is the service caring?

Our findings

People were unable to tell us of their experience although one person said, "It's alright. The staff are caring." We saw that the interaction between staff and people was caring and supportive. People appeared to be very happy with the staff and we saw people going up to members of staff and hugging and stroking them. There was obvious affection on both sides and people were very much at ease with staff. There was a very homely atmosphere.

People's support records included a section titled 'About Me', which provided information about their preferences, their life histories and things that were important to them. It documented how people liked to be supported with different elements of their care and their preferred daily routines. Staff were able to tell us of people's likes and dislikes, their personal histories and who and what was important to each person they supported. They were able to explain the different ways in which they needed to support people effectively. One member of staff told us, "You get to know them and their ways." We observed that staff always spoke with people appropriately and addressed them by their preferred names.

We saw that staff promoted people's privacy and always knocked on their door and asked for permission before entering their rooms. Staff were able to describe ways in which they protected people's dignity when supporting them, such as ensuring that doors and curtains were closed before providing any personal care. They also told us that they never discussed the care of people they supported outside of the home, which protected people's personal and confidential information.

People were encouraged to be as independent as possible. People were supported to make their own food and drink wherever possible and to go shopping for personal toiletries and clothes. One person told us, "They help me make toast." We saw that people had been encouraged to make their rooms their own personal space and each was decorated to their personal taste. One room was grey and white and had a large mural of a sports car on one wall whilst another room was decorated in pink.

Information about the provider and the home was available in an easy read format that people could understand. This included the 'Service Agreement' that set out the roles and responsibilities of the provider and the person who lived at the home. It included information about the provider and the processes for making concerns or complaints known to the manager and provider.

We saw that people's records were stored securely in a locked cupboard in the office, as were the management records, although many were either held centrally by the provider or stored electronically on a system protected by password. They could therefore be accessed only by people authorised to do so.

Good

Is the service responsive?

Our findings

People had a wide range of support needs that had been assessed before they moved into the home to determine whether they could all be met. We saw that support plans were detailed, included relevant information necessary to support people appropriately and reflected people's wishes. Information from people's relatives and others who knew them well had been included when the plans were developed.

Each person had been assigned a link worker who was responsible for reviewing the person's support needs and agreeing the goals they would work towards. We saw that people's well-being was assessed on a monthly basis and their care plans reviewed to ensure that the care provided continued to best meet their needs. During the monthly review people's link worker checked people's well-being and that the support plans and risk assessments reflected the care and support needs of the person.

The staff and registered manager told us of the changes that had been made within the home to accommodate one person on the ground floor as their health needs had changed. This had involved working with their landlord to convert the manager's office and a bathroom into a room with an en-suite wet room for the individual. The registered manager and staff all felt that this was a better option than the person having to move from what had been their home of many years. One member of staff told us that the people who lived at the home had, "Coped really well" during the changes.

All of the people at the home assisted with running the home and the cleaning and tidying their rooms. One person told us, "I will be changing my bed today and washing the floor in my room."

People were encouraged to take part in activities to maintain their hobbies and interests. One person told us they were interested in gardening and pointed out the greenhouse in which they grew tomatoes and flowers in the summer. We saw that there were a wide range of activities available for people to participate in as they chose when they were not attending life-long learning at the provider's day centre. One member of staff was putting the Christmas decorations up at the home during our visit and encouraged one person who was not attending the day centre to assist them. Another person said that they were going out with a member of staff to the shops and then for lunch.

The registered manager explained the provider's Positive Behaviour Support Policy which was about keeping people happy and safe and supporting them to learn new ways to change their behaviour. One member of staff went on to explain how they used this in their role as link worker for a person who lived at the home who wanted their attention all the time.

There was a complaints system in place and people knew how to make a complaint. However, no complaint had been received for some time. The registered manager told us that they would follow the provider's complaints system and any complaint would be responded to by them personally as well as being reported upwards through the provider's compliance and monitoring system.

Good

Is the service well-led?

Our findings

Staff told us that the registered manager was very approachable and that the culture at the home was open. One member of staff said, "All the staff are helpful and lovely."

Staff told us that the provider's 'visions and values' were discussed at each team meeting. One member of staff told us, "The vision and values are to listen to people, do what they've asked, talk to them, value them." They told us that they firmly believed that the values were embedded in the way all the staff at the home worked.

People were encouraged to provide feedback and be involved in the development of the service at regular house meetings. Topics covered at the meetings included items such as menu planning and the choice of activities available. A satisfaction survey was sent each year and the results analysed to identify any improvements that could be made to the service provided. We saw that where people responded with anything other than absolute agreement with questions asked of them, such as, "Do staff tell you what they write about you?", they were advised of the steps that would be taken to put things right. One example was that "Staff will show you the daily records that they complete."

The minutes of the staff meeting held in October 2015 showed that staff were encouraged to be involved in the development of the service. Topics such as the medicines audit, surveys and emergency procedures had been discussed. In addition the staff had discussed the interactions that had occurred with people and ways that these had improved people's well-being. One example given had been where one person had refused to eat their toast but when a member of staff had cut the toast into small pieces the person had eaten it.

The provider had an established quality monitoring programme which applied across all of its homes. We saw that a member of the provider's health and safety team also carried out regular audits of areas such as medicines administration, emergency plans, incidents and accident reporting and risk. Following a recently completed monitoring visit by the local authority the home had been given a score of 99.6% compliance, with only the training matrix needing to be updated. The provider's regional managers also completed monthly audits of the home and provided a report to the registered manager and the provider's governance team. The latest audit completed in November 2015 had identified no lapses.