

MacIntyre Care

Southview 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 ●

Summary of findings

Overall summary

We inspected Southview Close on 23 and 29 August 2018. This was an unannounced inspection.

At the last inspection which took place on 7 January 2016, the service was rated Good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Southview Close is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Southview Close provides personal care without nursing for up to 12 adults with a range of learning disabilities. There are two flats on the ground floor and two flats on the top floor, each with three bedrooms. There were 11 people living at Southview Close at the time of the inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager at 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 2008 and associated Regulations about how the service is run.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were only deprived of their liberty to receive care and treatment when this was in their best interests, the provider sought legal authorisation to do so under the Mental Capacity Act 2005 (MCA).

Relatives were very happy with the care and support their family members received. They said they were involved in planning their care and were able to visit the service without restrictions. They said the support workers were always welcoming and looked after their family members really well.

People were supported to live independent lives and took part in a number of activities both within the home and outside in the community. They had the opportunity to meet with their link worker on a regular basis during which they were asked if they were happy with the service and if there were any areas in which they needed some help or support.

There was an open culture at the service. Incidents and accidents were recorded and used as a learning opportunity, staff were provided with previous examples of incidents that had taken place, the findings and the action taken in response. Staff were also provided with regular information about safeguarding. We received positive feedback from health and social care professionals about the good working relationship they had with the service.

Care plans were person centred and focused on how best to support people. People's health needs including their medicines were managed well. People's dietary and nutritional needs were being met.

Robust recruitment checks were in place and new staff completed a comprehensive induction based on recommended guidance. Mandatory training was available to staff to maintain their learning and appropriate guidance and support was delivered through regular 1:1 and team meetings.

There were some well-established governance systems to assess and monitor the quality of service that people using the service received.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service had improved to Good.

The care plans contained up to date information.

Each person met with their link worker on a regular basis.

Activities provision within the service had improved.

Is the service well-led?

Good ●

The service remains Good.

Southview 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 comprehensive inspection took place on 23 and 29 August 2018. The inspection was carried out by one inspector and was unannounced.

Before the inspection, we reviewed the information we held about the service. This included notifications sent to us by the provider and other information we held on our database about the service. Statutory notifications include information about important events which the provider is required to send us by law. We used this information to plan the inspection.

During the inspection we were only able to speak with one person using the service as the others were not able to communicate verbally. However, we did observe staff supporting people during the inspection. We spoke with eight staff, including the registered manager, administrator, senior support workers and support workers. After the inspection, we telephoned relatives of four people using the service and got feedback from four health and social care professionals to gather their views of the service.

We reviewed a range of documents and records including; four care records for people who used the service, four staff records, as well as other records related to the management of the service such as complaints and audits.

Is the service safe?

Our findings

One person using the service told us they liked living at Southview Close and they were happy. Relatives that we spoke with told us they were confident that their family members were safe and well looked after. They said, "I'm sure he is happy there", "[My family member] is happy there, they know the staff and environment."

Training records showed that support workers received regular safeguarding training as part of their mandatory training which was refreshed every year. A newsletter called 'Safeguardian' was used to share information and updates about safeguarding, this was on display in the staff room for staff to refer to if needed.

Medicines were administered and managed safely. Relatives said their family members received their medicines as prescribed. One relative said, "They are strict with medicines."

Medicines profiles with details of the type of support needed, their level of independence, contact details of their GP and pharmacy were available.

Medicines that were not part of a Monitored Dosage System were counted at every handover and medicines with limited shelf life such as eye drops were labelled with the date of opening. Medicines Administration Record (MAR) charts were completed by support workers when they administered medicines to people. An annual review of support worker's competency, assessing their practice and an observation of medicines administration was completed.

There were enough staff on duty throughout the day to meet people's needs. There were three support workers supporting people on the two ground floor flats and three on the first floor flats during the day. At night, there were two support workers on each of the floors. Staffing levels were adjusted according to the needs of people, for example some people required 1:1 support which was provided by additional support workers.

There were procedures in place which helped to ensure only suitable staff were employed. Each staff file contained a proforma sheet which evidenced that appropriate recruitment checks had been completed. This included their employment history, references, proof of identity and annual Disclosure and Barring Service (DBS) declaration. The DBS provides criminal record checks and barring functions to help employers make safer recruitment decisions.

Incidents and accidents that occurred at the service were recorded on paper and then uploaded on an online reporting system. One support worker said, "If there is an incident that occurs in presence of staff, we complete the paper form and pass onto [the registered manager] to sign off and record."

We found that some of the incidents reports completed lacked information in relation to the incident. For example, some of the records did not show which agencies had been contacted, some had not been signed

or dated by a manager. We spoke with the registered manager about this, she told us that all the details were completed on the online system which was verified by the compliance team. Only the registered manager was able to upload details onto this system. We discussed extending this privilege to senior support workers in the event of the registered manager being off for an extended period. She agreed to look into how incidents and accidents could be completed online with the compliance team in her absence.

Information posters were on display in the staff room and were used as a learning opportunity for support workers. These gave anonymised and simplified information about real life incidents that had taken place, what happened, the findings and the action taken.

Care records contained information about risks to people and how they could be managed to keep people safe from harm. We found that although appropriate risk management plans were in place and were being implemented by staff to reduce the risk, the risk rating did not always reflect this. This was discussed with the registered manager who agreed to look into the information that was being recorded.

Each person had a Personal Emergency Evacuation Plan (PEEP) which contained guidelines for both day and night staff and took into account any special considerations such as mobility and understanding if an emergency evacuation was necessary. Fire drills took place every six months.

Maintenance certificates for the emergency lighting and fire alarm test certificates were seen. Monthly fire checks on the fire extinguishers, emergency lighting and escape routes were carried out. Visual checks on wheelchairs, profile beds and hoists equipment were completed daily.

The service managed the control and prevention of infection. Foods stored in the fridge were labelled with date of opening and cooked food was temperature checked before serving. Daily cleaning tasks such as cleaning bedrooms, bathrooms, communal spaces and other tasks were completed. Water temperature and bath water temperature checks were completed regularly.

Is the service effective?

Our findings

Staff told us they were happy with the training provision on offer to them. Support workers were supported to complete the Care Certificate when they started their employment. The Care Certificate is an identified set of 15 standards that health and social support workers adhere to in their daily working life. It is the minimum standards that should be covered as part of induction training of new support workers.

Training provision was a mixture of online and face to face training. The administrator said they monitored support workers compliance with regards to training, they said "We get a report every month when people's training is expiring." The latest training report showed that training in various courses that the provider considered mandatory were completed by staff. Topics included emergency first aid, epilepsy awareness, fire awareness, food hygiene, health and safety and manual handling. Support workers said the registered manager was "very supportive" and "approachable." Staff files contained records of supervision meetings that took place which focussed on any actions from previous meetings, any new actions and training needs.

People's health care support needs were met by the provider. People had Health Action Plans in place which focussed on and promoted their health needs. They included areas where people needed support in relation to their health and included records of appointments. Correspondence between the service and health professionals such as dysphagia reports from community therapy teams and the GP were also seen.

There had been no recent new admissions to the service but there was documentary evidence of assessment and review documents that demonstrated that people's support and care was monitored to ensure the placement was still appropriate.

Referrals were made to health and social care professionals when needed. We received positive feedback from professionals about the good relationship they had with the service. They told us they worked collaboratively with the service to meet people's needs. Comments received included, "Communication with staff is good and communication with [the registered manager] is excellent. We are kept fully up to date with any changes to medication and alerted regarding any health, mobility concerns or any other changes to the support plan."

People were supported in relation to their diet and nutrition. Staff involved people and helped them to make an informed choice about meal planning by meeting with them, showing them pictures of meals and asking their opinion of what they would like.

Prescribed food and fluid plans were in place for those people that needed support with eating and drinking. Support workers were familiar with people's preferences and additional support needs in relation to their nutrition. We observed support workers supporting people when they returned from the day centre, which they did in a manner that reflected their support plans. For example, by giving the food that was appropriate for their diet.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

Care records included a section called choice and control which recorded the type of decisions that people could make for themselves, those they needed some support with and those they needed full support with. Support workers demonstrated that they were aware of these and used appropriate methods to communicate effectively with people, such as Makaton.

Where people did not have the capacity to consent to any restrictions that were in place, a DoLS authorisation was completed and submitted to the local authority for approval. There was evidence that best interest decisions were made on behalf of people, in line with the MCA. For example, one person had bed guards to stop them from falling out of bed at night and a monitor at night. This was agreed with their advocate. Care plans were also written by support staff in consultation with significant people involved in people's lives.

The flats were in reasonable decorative order. People's bedrooms were furnished according to their needs and taste. For example, people who could not mobilise independently had tracking hoists. Parker baths and shower chairs were also available for those that were not able to shower independently. The corridors and kitchen/dining areas were wide and wheelchair accessible. A health and social care professional said, "The manager and staff team will make sure the environment is safe and secure and repairs are completed in a timely manner."

Is the service caring?

Our findings

One person said they liked living at Southview Close. Relatives said the support workers were approachable and caring. Some of their comments included, "I am very happy", "They are very good to [my family member]" and "Very friendly, they all know [my family member]." We looked at some comments that had been received from relatives, these were complimentary to the support workers and the support they gave. They said, "Delighted with the great care and support that [my family member] is receiving" and "[my family member] is obviously happy and relaxed, well looked after and their physical, personal and emotional needs are being met."

We observed caring interactions between support workers and people using the service. We saw one support worker helping people when they returned from the day centre, giving them snacks. They did this in a caring manner, taking their time and asking them if they had a nice time.

Relationships that were important to people were encouraged. Relatives told us they could visit their family members at any time of the day. They said they were kept up to date by support workers if there were any changes to their family members support needs, telling us "I can go anytime" and "I see [my family member] every Sunday, whenever I see [my family member] he looks well."

Some of the support workers we spoke with had been working at the service for a number of years and they understood and supported people how they wanted to be supported. They said the length of time they had been employed meant that they got to know people well and people were comfortable in their company. This was reflected in the feedback we received from relatives and in our observations of care. One relative said, "I can tell [family member] is happy by the way they look at the staff, always has a big smile."

People's religious and cultural needs were met by the provider. One person was supported and encouraged to attend church, they had also furnished their room and lounge with religious memorabilia. Another person had their religious dietary requirements respected by support workers. Support workers demonstrated a good understanding of the need to respect the views of people using the service.

Care records were person centred and completed in consultation with people, their family and link workers. Records included details about the things that were important to people and how they liked to be supported. People had communication profiles in place that helped support workers to understand how best to communicate with people, how they gave consent and how they expressed their feelings. Support workers were familiar with these techniques.

People were encouraged and supported to live independent lives. Link workers supported people to make informed decisions about how they lived their lives. Records such as person-centred care plans and 1:1 link worker meetings showed that people's views were considered and acted upon by staff.

Is the service responsive?

Our findings

At the last inspection, this key question was rated as 'Requires Improvement.' This was because care plans were in the process of being updated and some information was difficult to locate. Link worker meetings did not always take place on a regular basis. We also found there was a lack of structured activities within the service. At this inspection we found improvements had been made.

People using the service had access to many community based activities. Typical activities that people attended included, going to the cinema, swimming and community day centres. Internally, there was a monthly programme of events which were held with a sister service close to Southview Close. People at Southview Close were taken to this service to take part and this helped them to maintain friendships with people living there. Other activities that took place included, baking sessions, cinema nights, aromatherapy sessions, karaoke nights and music sessions with a music therapist. A support worker said, "Each time we do an activity, we take pictures and document it."

Link worker meetings were taking place on a regular basis. A senior support worker said, "Everyone is still assigned a link worker, the link worker meetings take place quarterly. They are kept in the individual file" and "As senior support workers we check to see if they are taking place on a regular basis." Link worker meetings were arranged every three months. Each meeting included a review of any action plans that were in place, these included planned activities and holidays. A summary of people's health needs, any family contact and if they were happy with the general support they received was also included.

People's support plans were based on people's individual needs and how they could be supported to achieve them. They were written by support workers in consultation with people or in their best interest with input from important people in their lives if people were not able to contribute. Examples of support plans in place included support needed with personal care, when out and about, around the house, money and banking and maintaining friendships.

Support plans also included communication profiles which helped support workers to implement effective communication techniques to support people in an appropriate manner. Support workers used these techniques, one support worker said "[Person] has limited verbal communication, you have to repeat yourself a few times and you can tell by their language if they understand. Sometimes using picture cards or taking them to the computer to show helps too."

There had been no formal complaints received in the past year. People using the service were asked if they were happy or had any complaints during link worker meetings.

Relatives told us they had never previously had a reason to raise a formal complaint. However, they did say that they would speak to the manager directly if they had any concerns. Easy read guides on how to complain were included in support plans and were also displayed in communal areas of flats.

Is the service well-led?

Our findings

Relatives of people using the service told us the service was managed well. They said the staff team, including the registered manager were open and kept them informed of any changes to the support needs of their family members. Comments included, "We've found [registered manager] and staff to be very approachable", "We are very happy, the service could not be bettered." Comments from health and social care professionals included, "Our dealings with Southview Close (MacIntyre Care) have always been very positive" and "I believe [registered manager] is a good manager as she listens and her main focus is for the people the team support to have the best quality of life possible."

There was a registered manager at 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 2008 and associated Regulations about how the service is run.

Statutory notifications were submitted by the registered manager in relation to reportable incidents such as any Deprivation of Liberty Safeguard (DoLS) authorisations or safeguarding concerns.

There was an open culture at the service which was reflected in the feedback we received from relatives. Some of the comments included, "They keep me informed", "If there is anything, even if its small they tell me" and "I can go anytime."

The views of people using the service, relatives and staff were also sought and taken into consideration. For example, people had regular link worker meetings during which they gave their views about how the service was running. Similarly, there were regular staff and 1:1 meetings in which the views of support workers were considered. Topics for discussion included the provision of care for people using the service, activities provision and any staff related matters such as training or going over policies.

Formal feedback was sought through the completion of an annual survey. People were asked a range of questions which were completed with the help of relatives on areas such as the staff, complaints, food, health and finances. The results from these were analysed and were positive.

There were some well-established governance systems to assess and monitor the quality of service that people received. The area manager had a yearly schedule of quality assurance visits during which various aspects of the service were audited. This helped to ensure there was good oversight into how the service was running. Areas looked at included, complaints, health and safety, safeguarding and staff records.

An annual, comprehensive medicines audit which looked at a number of areas including records, policies, error reporting, stock and storage and staff competence scored 3.4 which was a 'good' score with minor deficiencies found. A similar finance audit also scored 3.7, a 'good' score. Both these audits had action plans in place to rectify the issues found.