

MacIntyre Care

Monro Avenue

Inspection report

54 Monro Avenue
Crownhill
Milton Keynes
Buckinghamshire
MK8 0BL

Tel: 01908269116

Website: www.macintyrecharity.org

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Monro Avenue provides care and support for up to 14 people with a learning disability or autistic spectrum disorder. At the last inspection carried out on the 10 and 13 July 2015 the service was rated Good. At this inspection we found that the service remained, Good.

The service had 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 and associated Regulations about how the service is run.

People continued to receive safe care. There were enough staff to provide care and support to people to meet their needs and appropriate recruitment procedures were followed. People were consistently protected from the risk of harm and received their prescribed medicines safely.

People continued to receive effective care. Staff were provided with induction training and specific training to meet the needs of the people using the service. They were supported with regular supervision and annual appraisals. People were supported to lead a healthy lifestyle and maintain good health and nutrition.

Staff provided care and support in a caring and meaningful way. They knew the people who used the service well. People or their representatives were involved in the planning their care. The care plans were personalised to reflect people's likes, dislikes and preferences. People knew how to make a complaint and systems were in place to respond to complaints and learn from them.

The service had a positive ethos and an open culture. The registered manager was a visible role model in the home. People, their relatives and staff told us that they had confidence in the registered manager's ability to provide high quality managerial oversight and leadership at the service. Quality assurance systems were in place to continually monitor the service and drive continual improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service 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 remains Good.

Is the service well-led?

Good ●

The service remains Good.

Monro Avenue

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 checked 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 25 July 2017. The inspection was unannounced and undertaken by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we had asked the provider to complete a Provider Information Return (PIR), which is a form that asks them to give some key information about the service, such as what the service does well and improvements they plan to make. The provider completed the PIR, which was returned to the Care Quality Commission (CQC) within the timeframe set. We reviewed information from commissioners that visit the service and other information about the service from statutory notifications of events that the provider is required by law to submit to the CQC.

We spoke with three people using the service and three relatives as some people using the service were unable to communicate verbally with us. We spoke with five care staff, one senior care worker and the registered manager.

We reviewed the care records relating to three people using the service, including medication and risk assessment records. We also reviewed staff recruitment, training and supervision records and provider audit reports in relation to the management and oversight of the service.

Is the service safe?

Our findings

People were kept safe at the service. One person said, "I am happy here. It's my home." A relative said, "We trust the staff, they are professionals and know what they are doing, they do a difficult job very well." Another relative said, "My daughter would be visibly distressed if something is not right, but carers somehow always find what is bothering her or find out what upset her and we trust them totally." Staff received training on safeguarding, one staff member said, "If I had any concerns at all, I would report directly to the manager." The staff confirmed they completed regular refresher safeguarding training to keep up to date with any changes in the safeguarding reporting procedures.

The staff recruitment procedures ensured only suitable staff worked at the service. As part of the pre interview selection process, candidates applying to work at the service were invited to meet people using the service. During the inspection we observed a member of staff escort a potential candidate around the service to assess how they interacted with people. The staffing levels were responsive to the needs of the service; continuity of care was maintained by using the same agency and bank staff to cover staff vacancies.

Potential risks to people's safety were managed in ways that enabled people to be as independent as possible, to lead fulfilled lifestyles. Accidents and incidents were closely monitored and risk assessments were reviewed on a regular basis and updated as required.

Fire safety practices were regularly carried out the service. One person using the service had the role of fire warden. They clearly took pride in keeping people safe, they checked our identification as we entered the home and ensured we signed in the visitors' book. They fully explained the evacuation procedure to us in the event of the fire alarm being activated.

People's medicines were managed safely. One relative said, "Our son takes medication, when he is on holiday with us we make notes in his diary so the staff will know he never missed a dose." The staff had received medicines training and their competencies were regularly assessed. They were knowledgeable about the way in which people preferred to take their medicines.

Is the service effective?

Our findings

People received care and support from staff that had the right skills and knowledge to meet their needs. One relative said, "We have full trust in the staff, they know our daughter well, sometimes I think they can read her mind, they understand her needs." The staff told us they received comprehensive induction training and regular refresher training. They told us they met regularly with their supervisor to discuss their work and learning and development needs and as a team to discuss the day to day needs of the service. Records seen during the inspection also confirmed this.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The staff had a good understanding of people's rights and their responsibilities in relation to working within the principles of the MCA and DoLS legislation.

People were supported to eat, drink and maintain a balanced diet. One relative said, "There is plenty of food, it's of good quality, they [People using the service] make a menu every week. The staff encourage people to eat healthy; I notice my son will eat different foods there, which is good, as he gets a variety." We saw that people with swallowing difficulties were referred to the speech and language therapy services for advice and support in meeting their dietary needs.

People had access to healthcare as required. One relative said, "We are always informed if something changes in the daily routines and health needs of our son, it comes to them [Staff] as second nature. We are often asked if we would like to attend doctors' appointments, and we do if we think it is serious." One staff member said, "Residents have regular health checks, it's an automatic process, we receive letters to make appointments, which we put in the diary." People's care records evidenced that staff promptly contacted health professionals in response to any deterioration or change in people's health and that they acted on the instructions of the health professionals.

Is the service caring?

Our findings

People were supported in a caring and inclusive way. One person said, "I like the staff here because they are nice to me, I like quiet staff." One relative said, "My daughter has the best care possible, kind people are looking after my daughter, they are also very kind to me." Relatives told us the staff made them welcome when they visited their family members. One relative said, "They [Staff] have time to make me cuppa, sit and update me, they are very open, I still feel very much part of my daughter life. I have to say it's not easy to give your child to someone else to look after, but those people [Staff] deserve all a medal."

We observed the staff treated people with dignity and respect; people were very relaxed and comfortable with staff. The staff were able to tell us in detail about each person, their likes and dislikes, and the activities that they enjoyed. They were able to describe how this knowledge was used to support people, particularly at times when they may be upset or anxious.

Easy read questionnaires were used to seek feedback from people. One person said, "I like having meetings about me, I make coffee for all." They explained how they completed a questionnaire saying, "There is a smiley face, green is good, yellow is so so and red not good, I cover red with the paper, I don't like red face." The feedback received was used to ensure people received the care and support they wanted.

Information was available to people on advocacy services, although at the time of the inspection no people required the use of an advocate.

The staff understood the importance of maintaining confidentiality and people's care records were stored securely. Information was only shared with authorised people involved in people's care and support.

Is the service responsive?

Our findings

Comprehensive assessments were carried out to identify people's needs and plan how they were to be met. Care plans were developed with the involvement of people using the service and their relatives. The staff were able to describe in detail the care and support they provided for people.

People were supported to follow their interests and take part in social activities. Relatives told us the staff supported their loved ones to follow their interests and be part of the community. One relative said, "My daughter is very disabled, basically she can't do much. She needs help and support around the clock. But somehow these people [Staff] manage to get her to go out every day, do the shopping, she even works at café, I honestly I don't know how they do it." The service had their own transport and staff facilitated people to follow their interests, such as, attend social clubs, discos, swimming, day to day shopping, meals out and visiting friends and family.

People and their relatives knew how to make a complaint and they were confident that their concerns would be listened to and addressed by the provider. One relative said, "We have never had any reasons to complain, if we wanted something, we would just pick up the phone and talk to any member of staff, they would pass on the message." Another relative said, "If I saw that something was not right I would just talk to the senior worker or manager, she is on the ball and gets things quickly done. But I really don't have any reason to ask for anything." The registered manager told us that all complaints were taken seriously and viewed as learning opportunities to continually develop the service.

Is the service well-led?

Our findings

People were placed at the heart of the service, and the care they received was very person centred. Relatives were very complimentary about the care their loved ones received. One relative said, "In my opinion the residents' well-being is placed at the centre of everything."

The open and transparent culture in the service meant that people and their relatives were fully involved in making decisions about their care. They were involved in providing feedback on the service they received, by attending review meetings and completing questionnaires.

The staff knew how to keep people safe from abuse or harm. They were aware of the whistleblowing procedures to follow if they felt any abuse concerns were not taken seriously by the provider. Safe risk taking was a fundamental aspect of the ethos of care and support at all levels.

The staff were asked for their feedback through team meetings and surveys, to contribute to the service development. The positive feedback we received from staff indicated they felt supported and took pride in helping people to lead enriched and fulfilled lives. They were motivated to work to high standards and build upon their skills and knowledge through on-going training and personal development.

The registered manager and senior team lead by example, promoting the vision and values of the service. One staff member said, "[Registered manager] is very good at listening, she is very approachable, almost here every day and works her socks off."

Quality assurance systems were in place to help drive improvements and a number of quality audits had been carried out. These included audits of care plans, medicines and the environment. The provider had carried out regular inspections of the service and reports for these were seen. Where areas for improvement had been found action plans were put in place and followed.