

MacIntyre Care Station Road

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

We carried out an unannounced inspection on 29 October 2015. The home is registered for six people. At the time of our inspection, there were four people living at the home.

The service had a manager who was in the process of registering with the Care Quality Commission (CQC). 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.

There were systems in place to protect people from the risk of possible harm. There were risk assessments in place to provide guidance to staff on how risks to people could be managed and minimised.

Summary of findings

The provider had effective recruitment processes in place to ensure that staff employed to work for the service were fit and proper for their roles and of good character. There were sufficient numbers of staff to support people safely.

Staff had the skills and were knowledgeable about how to support people in line with their agreed care plans. Staff received regular supervision and support, and had been trained to meet people's individual needs.

Staff were aware of their roles and responsibilities. There were systems in place to obtain people's consent prior to people being assisted with care and mental capacity assessments (MCA) had been completed for two people

who lacked capacity and who were being deprived of their liberty in order to keep them safe. People received care and support from a team of caring and respectful staff.

People's needs had been assessed, and care plans included detailed information relating to their individual needs. Care plans were personalised and demonstrated people's preferences, and choices. The provider had a policy and process for dealing with complaints and concerns.

There were quality monitoring processes in place which were being developed by the manager. People's views had been sought regarding the quality of the service.

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.

There were systems in place to safeguard people from the possible risk of harm.

There was sufficient numbers of staff to meet the needs of people safely.

People were supported to take their medicines safely by trained staff.

There were robust recruitment processes in place.

Good



Is the service effective?

The service was effective.

People received care and support from staff who had been trained, were skilled and knowledgeable in meeting their individual needs.

People's consent was obtained prior to care or support being provided and this was also the case where people lacked capacity.

People were supported to eat a healthy balanced diet which met their needs.

People were supported to have their day to day health needs met.

Good



Is the service caring?

The service was caring.

People were supported by staff that were kind, caring and friendly.

Staff promoted people's dignity and treated them with respect. They understood people's individual needs.

People were provided with information about the service.

Good



Is the service responsive?

The service was responsive.

People received personalised care and support that met their needs and took account of their preferences and personal circumstances

People were supported in accordance with their agreed care plans.

There was a complaints procedure in place.

Good



Is the service well-led?

The service was well-led.

There was an open culture at the service.

The service had a manager who was in the process of registering with CQC.

There were quality monitoring audits and checks in place which were being developed.

Good



Summary of findings

Staff understood their roles and responsibilities and felt well supported by the manager.	
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Station Road

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This visit took place on 29 October 2015 and was carried out by one Inspector. The visit was unannounced. Before our inspection we reviewed information we held about the service including statutory notifications relating to the service. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with two people who used the service, three members of care staff, the manager and area manager. We received feedback from health and social care professionals. We viewed people's support plans. We looked at staff records. Policies and procedures for safeguarding people and complaints records. We looked at quality monitoring records including various audits which had recently been introduced by the manager. We reviewed staff support documents, team meeting minutes and individual training and supervision records.

Is the service safe?

Our findings

The people we spoke to were unable to communicate fully because of their complex health conditions but we observed people were being kept safe by staff. One person did say “Staff look after me, and I like them”. No one expressed any concerns with their safety in relation to the staff or the care they received.

Staff received training in safeguarding adults. Staff spoken with were able to describe the different types of abuse, and the procedure they would follow if they witnessed or suspected abuse. All said they would report any concerns immediately to the manager or senior person on duty. There were no safeguarding incidents on-going at the time of our inspection. The manager showed they were aware of their requirements with regards to safeguarding people who used the service.

We saw that care records included risk assessments for people who used the service in relation to their support and care. These were reviewed periodically and in response to changes. Care plans provided information for staff as to how the risks were to be managed to ensure the safety of people. For example a person who had epilepsy had clear instructions in the front of their care records which informed staff exactly what they needed to do to help keep the person safe. We saw that there were clear instructions for staff on how to use equipment safely and also observed a padded cushion on the bedroom wall of one person to protect them from injury while sleeping.

There was a robust recruitment process in place. Recruitment checks were undertaken by the human

resources (HR) department and details were provided to the home manager. The home manager was involved in aspects of the process such as selection and interviewing. We saw that appropriate pre-employment checks were completed such as a disclosure and barring checks (DBS), completed application forms and references. This process helped to assess the person’s suitability to work with vulnerable people.

The staffing levels were adequate to meet the needs of people in a timely way. We observed people did not have to wait to be supported the staff were on hand at all times. Staff said they felt the staffing levels were good. The manager told us that because they were a small home with a stable staff team they were always able to cover the shifts with regular staff.

Feedback from commissioners expressed no concerns with any aspects of the service. The latest contract monitoring report rated the service as being ‘good’.

We saw that there were appropriate systems in place for the safe storage administration and disposal of medicines. Staff had received training and their competency was checked periodically. Medicines were ordered through a local pharmacist and were dispensed in blister packs. Staff told us that medicines were checked by two staff before being administered to people.

. There were clear guidelines for medicines that were to be administered as PRN (medicines to be taken ‘as needed’). The manager had just completed a medicines audit and we saw medicine administration records (MAR) had been completed appropriately and the stock of medicines corresponded correctly. .

Is the service effective?

Our findings

We observed people received care that was effective and met their needs. One person said, “The carers know what to do. I like them”. We observed staff to be confident and clear about their roles and responsibilities. The staff spoken with told us they worked as a team to support and achieve the best possible outcomes for people in their care.

The manager told us about the training programme for staff which included an induction for all new staff. One staff member said, “I had a detailed and specific induction when I started working at the service”. Staff told us they felt the training was appropriate and gave the skills required to enable them to carry out their role effectively. Another staff member said, “After my induction, I shadowed other staff which gave me confidence on how to support people in meeting their needs”. A computerised record of all staff training was kept including when updates were due. Staff were able to do training specific to the needs of people who lived at the home including Epilepsy, Dementia and Parkinson’s.

We noted staff had received regular supervision and an annual appraisal. This provided an opportunity to review and discuss any identified areas for training or anything relevant to their work and personal development. Staff confirmed they had regular supervision and could speak with the manager whenever they needed support. These meetings were used as an opportunity to evaluate the staff member’s performance and to identify any areas they needed additional support.

We saw that written consent had been obtained and had been recorded in people’s care plans. One person was able to tell us that they (staff) always explain what they are

going to do when assisting people. In the case of two other people relatives had supported people with decision making and had consented on their behalf. Staff understood their roles and responsibilities in ensuring that people had consented to their care and support. One member of staff said, “If a person refused the support we would respect their wishes and offer again later”.

Staff told us they planned the menus with people on a Sunday for the following week. Staff did all the cooking and they demonstrated they were knowledgeable about people’s nutritional needs and preferences. Information was available in the kitchen showing the dietary needs and likes and dislikes of people, for example if people were diabetic or had any allergies. People were offered a choice of meals. Staff told us that people did not have to have what was on the menu something different was provided. We saw people were assisted with making choices using a range of pictorial prompts.

People were weighed at monthly intervals or more frequently if there were any concerns about their weight or health. If anybody’s needs changed, for example, if someone experienced significant weight loss, people were referred to relevant professionals for advice and support.

People were supported to access healthcare professionals such as GP’s dentists and opticians to help maintain good health and wellbeing. Staff told us they would call the GP if a person was not well. People would attend the surgery but if they were not well enough the GP would visit them at home. Care records evidenced involvement with a variety of healthcare services which showed a holistic approach was taken into people’s health care. The manager told us that they kept families updated about any changes to their family member’s health.

Is the service caring?

Our findings

We observed people to be supported by staff who were kind and caring. A person told us they liked living here, and had been here a long time.

We saw staff to be caring and sensitive in their approach to people and they offered reassurance when people were apprehensive. It was evident that there was trust between service users and staff. For example staff reassured a person who appeared concerned that we were visiting. The staff provided an explanation and the person became more relaxed.

Staff knew people well and interacted positively with the people living at the home. When speaking with staff about people's care needs they spoke kindly and compassionately about people. For example staff told us whose condition had deteriorated due to complex medical conditions and described the persons support needs in a way which demonstrated a real care and concern for the person's wellbeing.

Both staff and the manager said the staff team were consistent with very little turnover. Staff told us "I love working at the home, we all work well as a team and all care about each other, and were supportive of each other"... Staff said they believed if they were happy this created nice atmosphere for people living at the home.

Staff demonstrated a good understanding of people's needs and preferences and were able to tell when people were not 'themselves'. One person who appeared not to be very happy was observed by a member of staff to hold their head on a couple of occasions and staff determined the person had a headache and offered them some pain relief.

Care records contained information about people's backgrounds and staff told us this was important in understanding people's lives and what their care pathway had been before coming to live at the home. Staff said this information helped them to understand people better and helped them form positive relationships.

We observed that people's rooms were personalised and reflected their individual preferences. For example one person who loved a particular colour had their room decorated in their favourite colour and we saw they were dressed in a matching outfit with their nails painted to match their outfit.

We saw people had pictures and things that they liked around them. For example one person had pictures of different places they had visited and pictures of their special friends and people who were important in their lives. When the person showed us their pictures they were smiling and clearly very proud of all the places they had visited and the things they had done. Staff told us they tried to engage people in things they enjoyed both inside the home and in the local community. One person told us "I can do what I like but if you don't want to do something you don't have to."

We saw that staff showed a genuine interest in people and their interactions were caring, friendly and respectful. We saw choices were given to people when care staff were supporting them with their care needs. For example we saw staff asking a person if they wanted to have lunch now or in a while, and did they want to sit at the table or in the lounge. People were encouraged to be independent, and staff supported people at their own pace and staff checked that they were alright and asked people if they wanted anything before leaving. Staff communicated with people in their preferred manner and provided explanations so that where possible people were encouraged able to express their views. This was through regular meetings and when discussing menus. Also during lunch people were asked if they liked the lunch, and did they have enough or did they want another drink.

We saw staff respected the people they were supporting and maintained their dignity. We observed staff respecting people's privacy by being discreet when offering personal assistance. Staff were also able to describe ways in which they promoted people's dignity and independence. We saw staff maintained people's confidentiality and did not discuss personal information when there were other people within earshot.

Care records contained information about people's end of life preferences. The manager told us this was important to give people the opportunity to make decisions and express what they wanted their end of life care to be. Staff had involved relatives in these discussions where appropriate to ensure people wishes were adhered to if they became too unwell to make decisions.

Is the service responsive?

Our findings

People who used the service were unable to give us feedback about their involvement in their care planning. Staff we spoke with described in detail the needs of the people they cared for. They told us they involved families or people involved in people's lives to ensure they had as much information as possible to help them be as responsive as they could. This information also determined how people liked to be supported. Staff told us they read care plans and checked for regular updates. Staff and the manager also said they involved the person's key worker in reviews as these were the people who were involved in the day to day care provision and knew the person well.

Staff were able to tell us in detail about people's preferred routines. For example on the day of our inspection we saw one person was already up having breakfast as they were going out. Another two people got up a little later as that was what they wanted to do. We saw staff accommodated the preferences of people in all aspects of the person's care and support. People's choices, preferences and wishes had been taken into account in the planning of their care and had been recorded in their care plans.

We noted from the care plans that there was clear guidance for staff on how people should be supported in meeting their needs. For example there was specific step by step guidance on how staff should hoist a particular person safely. For another person there was detailed information on how to manage a complex health condition. We also saw the care plans had been reviewed regularly or when people's needs changed. Staff told us that they found the care plans informative and easy to follow. One member of staff said, "We discuss when there are changes in people's needs and we read the daily care notes." This helped us to ensure that continuity of care and support was maintained.

We saw from care plans and documents that relatives were involved in regular reviews of their family member's care. Care records had been signed by relatives where the person was unable to sign themselves. Staff and senior support workers confirmed that relatives were invited, where appropriate, to be involved in their family member's care. This showed that there were opportunities for people and relatives to contribute to their care plans so that care would be provided in a way to suit their own needs and preferences.

Staff and the manager told us they organised activities for people at the service such as going to the local church, walking in the park, feeding the ducks in the local river. Staff said they talk to the residents about things they like to do and often organised trips out, as they had a mini bus at their disposal. Staff told us it was flexible as they could take people whenever they wanted without it being organised in advance.

During the inspection we saw people doing various things they enjoyed including listening to music, knitting and looking at photographs and another person was going out. Staff also told us that sometimes they have entertainment in the home such as a singer coming in; they have events and celebrate people's birthdays and other festivities throughout the year.

We saw that there was a complaints procedure in place with details displayed in the office and an easy read format was given to people and was contained within their care file.

Staff told us they would support people if they wanted to raise any concerns they might have about the care provided. We saw there had been no complaints since our last inspection.

Is the service well-led?

Our findings

There was a manager in post who was in the process of registering with CQC. The manager had only been working at the service for four months and demonstrated a clear vision for the service. During our inspection we observed that they spent time around the home and interacted with people who lived there.

Staff spoke positively of the management of the home and how it was run. Staff told us they felt the manager was approachable and fair. A member of staff said they were well supported by the manager and appreciated the stability as they had been without a regular manager for a period of time. Another member of staff told us they valued the fact that the manager discussed things with them and listened to their views and opinions. Staff told us how they worked well as a team and were supportive of each other.

During our inspection we found the management and staff to be open and transparent. For example the manager reviewed the systems that were in place and had introduced a number of new audits. They told us these were being implemented but had not yet been completed, for example a monthly building and maintenance audit. We saw some audits had been completed.

On the day of our inspection the area manager was at the service completing their monthly quality monitoring audit of the service. We saw that these were completed each month and where issues were identified they were put into the report to be addressed within the agreed timescales, for example monthly infection control audits and medication audits. The manager told us she received good support from the area manager and the provider.

The manager said they had recently had a new bathroom installed which was specifically for use with a person who lived at the home to make bathing more comfortable to meet the person's individual needs but could also benefit

the other people who used the service. The manager told us they had other plans to improve the environment in the home so that the people who lived there would benefit from improved surroundings.

The manager told us that quality assurance surveys were sent out annually to people who use the service, relatives, staff and stakeholders. People who were unable to complete these were supported by family members, their key worker or offered an independent advocate. The latest survey had been completed recently but the results had not been evaluated at the time of our inspection. However the manager told us the feedback would be analysed and any shortcomings would be put into an action plan. The manager told us feedback from the surveys would be shared and discussed at residents meetings and staff meetings.

We saw the minutes of the regular staff team meetings. Meetings covered a number of areas about how the service ran. Areas for improvement within the service were discussed with guidance about what was required from staff. Staff told us they were kept updated regularly. Good practice was acknowledged and highlighted and demonstrated that both staff and managers wanted to continually improve the quality of the service.

We were shown notifications that had been sent to CQC these with and accidents and incidents were monitored to ensure the risks were regularly reviewed to reduce the risk of a reoccurrence.

The manager said that they worked in partnership with people and their relatives, as well as, health and social care professionals so that they had the necessary information to enable them to provide the care that people required. Staff told us that the manager provided leadership, guidance and the support they needed to provide good care to people using the service.