MacIntyre Care

Bartlett 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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 21 March 2016. Bartlett Close provides accommodation and personal care to four people who have a learning disability, and the home was fully occupied at the time of the inspection. The service is located in the vicinity of shops, pubs and other local facilities, near the town of Witney in Oxfordshire. Staff are on duty twenty-four hours a day to support people living in the home.

At the last inspection on 20 March 2015 the provider was advised to take action to improve staff's understanding of the key principles of the Mental Capacity Act 2005. Enhancement of the systems for monitoring the quality of the service was also suggested. All these recommended actions had been completed.

The home had a registered manager in post. 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.

A person who was able to communicate with us verbally told us that they felt safe and happy living at Bartlett Close. Staff understood the systems which were in place to protect people from harm, and were able to recognise and respond to abuse in the correct way. People had risk assessments in place to keep them safe whilst enabling them to be as independent as possible.

People's prescribed medicines were safely managed by staff. Relevant systems and protocols in place ensured people received their medicines as prescribed. Staff's competence was reviewed regularly to ensure that the medicines were administered safely.

The legal requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) were being followed. The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager had completed the required training and was aware of their responsibilities. We found the provider to be meeting the requirements of the DoLS.

Staff had been provided with training and showed an understanding about safeguarding adults from abuse, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The provider helped people to use advocacy services where required.

Staff received comprehensive induction and on-going training. Staff members were supported by the registered manager who gave them regular one-to-one supervisions.

People were provided with sufficient amounts of food and drink, with all recommendations from health care professionals being followed. People were supported by staff to access a range of health care services which ensured their health was monitored and maintained.

Relatives told us they were satisfied with the care people received. Staff treated people with kindness and compassion and respected their privacy and dignity.

People, their families and advocates were involved in the process of planning and reviewing their care. Care plans contained information as to the support and care people required to meet their needs. Staff met people and other interested parties to review and update the plans of care to ensure that people's needs were responsively met and changes to people's needs identified.

Staff and relatives told us that the service partly relied on agency care workers. Staff also stated it affected their workload as the agency care workers were not trained to administer medication or to use moving and handling equipment.

We saw that some of the people who use the service had raised complaints during the last 12 months. Staff had supported them through the process and the complaints had been investigated and responded to appropriately in a timely manner. Staff felt able to raise any concerns and knew that the management would act on them.

There was an open and transparent culture within the home. Staff understood the vision and values of the service and were actively involved in the development and improvement of the service. The provider understood their responsibility to inform the commission of important events and incidents that occurred within the service, such as safeguarding concerns and DoLS authorisations.

Regular quality and risk audits ensured that the issues affecting people's care were identified. As a result, appropriate actions were taken to drive improvements to the quality of the care the people 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 was safe.

People were protected from abuse as staff had an understanding of what abuse was and their responsibilities to act on concerns.

Risks to people's health and wellbeing had been assessed and appropriate measures were taken to ensure staff supported people safely.

There were procedures in place to manage and administer medicines. Staff had received training in how to administer medications safely.

Is the service effective?

Good

The service was effective.

Staff received training enabling them to support people effectively and safely. Regular supervision meetings and evaluation of training ensured staff understood how to implement their learning.

People were supported by staff who demonstrated their awareness of how to offer choice and make best interest decisions for people. People's freedom and rights were respected by all the members of staff.

People were offered a variety of healthy food to choose from and supported to maintain a safe, balanced and healthy diet. Guidance from health professionals was followed to meet special dietary needs of people.

Is the service caring?

Good

The service was caring.

People were encouraged to make choices about how they wanted to be supported, and staff respected their preferences.

Staff had assisted people to decorate their rooms in an individualised way.

Relatives of people were welcome on the premises, and staff made sure people were supported to maintain relationships that were important to them

Is the service responsive?

Requires Improvement

The service was not always responsive.

Relatives and staff felt it was often difficult for people to develop rapport with agency workers as they changed too frequently. The agency worker's training was not recognised by the provider so they could not use moving and handling equipment or administer people's medicines. As a result, too few staff members were able do these tasks.

People's needs were assessed prior to their moving into the service. Both people and their representatives were involved in the on-going review and development of their care.

Care planning was person centred and was presented in a format that people could understand.

Is the service well-led?

Good

The service was well-led.

There was an open and caring culture throughout the home. Staff understood the provider's values and practised them in the delivery of people's care.

The manager demonstrated the knowledge and skills needed to perform the registered manager's role. The provider had a robust process to ensure the quality of the support remained to a good standard.

Bartlett 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 21 March 2016 and was announced. We gave the provider a 48 hour notice to ensure people who use the service could be given an opportunity to speak with us. The inspection was carried out by one inspector. Prior to our visit, we had reviewed the information we had held about the home, including previous inspection reports and any concerns raised about the service. We had also looked at notifications sent in to us by the registered manager, which had revealed to us how incidents and accidents had been managed.

During our inspection we talked to one person. We also spoke with the registered manager, the area manager, a senior member of staff, two regular members of staff and one agency worker. Some people living in the home were unable to tell us about the care and support they received. We received feedback from three relatives of people living at Bartlett Close. This enabled us to form our views of the support people received.

We pathway tracked the care of four people. Pathway tracking is a process which enables us to look in detail at the care received by each person in the home. We saw four staff recruitment files and supervision records. We looked at all staff training records and a training record which covered the period of 2015-2016. We considered how information was gathered and quality assurance audits were used to drive improvements in the service. We also looked at records relating to the management of the service, such as health and safety files, risk assessments, staffing rotas and business continuity plan.

Good

Is the service safe?

Our findings

One person told us that they felt safe and happy at Bartlett Close. Relatives of people told us they had no concerns about people's safety. One relative told us, "I'm sure they are definitely safe. We can tell by their body language, they seem so comfortable with staff".

People were protected from the risks associated with their care and support because these risks had been identified and managed appropriately. Risk assessments were completed with the aim of keeping people safe, yet supported them to be as independent as possible. People's individual risk assessments were incorporated into their care plans. These gave staff detailed information about how to support people in a way that minimised risk for the individual and others. Identified areas of risk depended on the individual and included areas such as the administration of medicines or the use of a minibus.

Staff were knowledgeable about their responsibilities to protect people from abuse and knew who to contact if abuse was suspected. Staff confirmed that they had received training in this area and that they had access to relevant procedures. Staff felt confident that if they did report any concerns, these would be promptly taken into account by the management team and that action would be taken to protect people. Staff knew what other external bodies they could contact if they had concerns about the registered provider, for example the local authorities, the police or the Care Quality Commission.

There were robust recruitment systems in place. These included assessing the suitability and character of staff before they commenced their employment. Applicants' previous employment and experience was reviewed at the interview and references were analysed as part of the pre-employment checks. Staff were required to complete a Disclosure and Barring Service (DBS) check. DBS checks enable employers to make safer recruitment decisions by identifying candidates who may be unsuitable to work with vulnerable people.

The registered manager explained to us the detailed system that was in place to ensure that people's finances were safe and accounted for. They showed us the records staff signed at the beginning and end of each shift to confirm the balance accuracy held for each person.

People's medicines were administered safely by staff who had been trained and assessed as competent to do so. Medicines were stored appropriately within locked cabinets in people's rooms. We looked at the medicine administration records (MAR) for four people, and found that these had been completed correctly, with no unexplained gaps. Protocols were in place for people to receive medicines that had been prescribed on an 'as and when needed' basis (PRN) and homely remedies. Staff understood and followed these protocols.

When people went away for holiday or to visit their families, the registered manager ensured the continuity of their care was maintained. Medicines that were sent with people were recorded, including the date on which the medicines were transferred, their name, quantity and effect, and a signature of staff responsible for their transfer.

The registered manager ensured that electrical and gas systems were safe and that portable and firefighting equipment were periodically checked. Plans were in place for each person indicating how evacuation could be safely achieved in the event of emergencies. The registered manager provided us with further evidence of regular safety drills, for example, fire evacuations, to ensure that people and staff were familiar with what they needed to do.

The premises were clean and hygienic. We were invited to look into all bedrooms. These were nicely decorated and personalised, reflecting the interests of individuals. All other communal areas were home-like in appearance and comfortable. We saw that substances hazardous to health were locked away with risk assessments available to ensure their safe use.

Good

Is the service effective?

Our findings

At the previous comprehensive inspection in March 2015 we had identified non-compliance against Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which is the equivalent of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection in March 2016 we found that improvements had been made. Staff told us and it was confirmed by the training records that they had received training on MCA and DoLS.

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 service worked within the principles of MCA.

We found staff were knowledgeable about how to support people to make their daily choices and decisions. People's records included a restrictions checklist that had been used to assess whether a person was being restricted in some aspect of their care. These restrictions related to the environment, staffing, or the person's ability to access the wider community without the support of staff. The checklists had identified that restrictions were in place and therefore the registered manager had made an application for each person to the supervisory body responsible for the authorising of DoLS. Decisions made in people's best interests were properly assessed. Staff told us people using the service did not have the capacity to make some decisions so their relatives, advocates and care professionals were involved in making decisions about some aspects of people's care. These decisions were appropriately recorded.

Staff communicated with people using the methods detailed in their support plans. People with limited verbal communication were supported by staff who skilfully used pictures, objects of references or body language. People were given choices and asked for their permission before staff undertook any care or other activities.

Staff spoke positively both about the training they had received. The training records showed that staff received training in topics related to the promotion of people's health, safety and welfare along with training specific to meet the specific needs of people using the service. Staff confirmed that when they had started working at the home, they had been provided with induction. The induction process included working with an experienced staff member in accordance with the personal development program. The registered manager told us that new staff were required to complete the organisation's personal development portfolio. Each portfolio included the Skills for Care Common Induction Standards. These are nationally recognised standards for people working in adult social care. The comprehensive induction ensured that each new member of staff gained the appropriate knowledge and skills to support people effectively.

Staff received regular monthly supervision with their manager and an annual appraisal. The supervision was focused on staff members' training needs and gave them feedback on how well they performed. It also

identified areas for improvement. Staff told us that the supervision was helpful. They were given an opportunity to discuss any personal or work issues that affected them, and they felt supported with a flexible response from the management.

Records showed people accessed a range of health care services which included doctors, opticians and dentists. Specialist health care professionals were also involved for people with specific needs. Relatives told us they were always informed of health and well-being appointments, health referrals and their outcomes.

Staff explained to us how they supported people to make decisions in various aspects of their lives. For example, people were shown a choice of clothes to wear or food to eat. They were encouraged to eat healthy food and provided with a variety of suitable and nutritious foods and drinks. Individual dietary needs were noted in the care plans and were available for reference in the kitchen.

Good

Is the service caring?

Our findings

When we asked one person if they were happy, they nodded, smiled and verbalised they were satisfied with the service provided at Bartlett Close. One relative commented on staff, "I think they are fabulous". A member of family complimented the service, "It's brilliant for [name]. She has never been unhappy there. She was in the other place". Another relative added, "[name] is happy to be there".

People were treated with respect and their dignity was preserved at all times. Staff were seen to treat everyone with kindness and compassion. Staff members were aware of the lifestyles people had enjoyed before they moved into the service, which included information as to their relatives, interests and hobbies. This information was used by staff to provide continued support to people in maintaining their contact with relatives, for example through visits or sharing gifts and cards on special occasions.

We saw that staff promoted people's privacy and always remembered to knock on their door and asked for permission before entering their rooms. Staff excused themselves when they needed to leave the room and explained why they had to go and when they would be back. People were addressed by their preferred names and were acknowledged as individuals.

People's rooms were personalised and reflected their individual interests and taste. The walls of the communal areas were decorated with photographs of people. People had chosen which pictures were to be displayed.

People's care plans identified the appropriate approaches for each person. Staff knew how to comfort people who were in distress and unable to communicate their needs verbally. Staff explained to us how they read any signs of people's anxiety and what were the best ways to comfort people. They said the methods of reassuring people largely depended on individual re-direction, distraction or verbal and non-verbal calming down.

People were enabled to choose their own keyworker who took the lead on overseeing their individual needs, their care planning and reviews. It was evident from staff interactions that they were familiar with the needs and preferences of the people they supported. As a result, they identified changes in people's wellbeing promptly and sought medical assistance or other advice in a timely way.

Only one person had an advocate to act on their behalf in their day-to-day life. The person concerned had limited communication and the registered provider needed to ensure that their rights were protected and key decisions made with the assistance of an independent person. Therefore, the advocate had been involved.

Staff were aware of their responsibilities in confidentiality and preserved information securely. They knew they were bound by a legal duty of confidence to protect personal information they may encounter during the course of their work. The registered manager had high regard for confidentiality and said they were always trying to ensure that staff knew how to access and how to share any personal information safely at

all times.

The service had received five compliments since the last inspection. One of the relatives wrote, "Lovely staff, nice to see happy people. Can I come again?"

Requires Improvement

Is the service responsive?

Our findings

At our previous inspection in March 2015 the provider had failed to ensure that all people had received enough one-to-one support to have their needs fulfilled.

At this inspection we found the provider had taken action to make the required improvements. One person had been re-assessed by health-care professionals as suffering from a number of previously undiagnosed conditions. It had resulted in a re-negotiation of the care package which is now aimed to provide that person with more one-to-one hours of care. As a result, the staffing levels were going to increase in order to meet the needs of all people living at Bartlett Close.

Staff and relatives told us that the service largely relied on agency workers to deliver care. They said that being attended to by different agency staff members was a regular and common occurrence. Staff and relatives complained that people were not always able to build up steady relationships with their agency care workers. One of the relatives stated, "He never gets this same person". Another relative suggested, "If all the people were familiar with [name], this could be great".

Staff told us they found it difficult to meet the needs of people as the agency care workers were not allowed to administer medication or to use moving and handling equipment. They said the situation was particularly difficult when the majority of staff on shift were agency care workers. The regular staff members felt that the registered manager was failing to listen to their concerns. The registered manager and the area manager explained and showed evidence to us that they had taken steps to resolve the problem. They had put job advertisements online and they were participating in the provider's recruitment events. However, these means had not taken effect yet.

People had assessments of their needs written up before they moved in to the service. People, their families, social workers and other services had been involved in the assessment process. The care plans were reviewed regularly by the key worker and a formal review was held at least once a year or even more often if necessary.

People had very detailed care plans which meant that staff were able to offer individualised care. People's care plans were tailored to meet their complex needs. Care plans clearly described each person, their tastes, preferences, and preferred ways of delivering support. For example, some people preferred outdoor activities such as trips to attending the library while others chose indoor activities including puzzles, art or craft.

We observed that people were supported to participate in the activities they valued. When we arrived, one person was going to the library to enjoy reading books of their choice. Another person remained at the service for the day and was supported by staff to take part in indoor activities, whilst some other people accessed the wider community with staff's assistance.

People were able to express their views on matters important to them, such as activities, food menu or

holidays, at regular house meetings organised on a monthly basis. This demonstrated that people were encouraged to share their opinion on the service and were listened to.

Staff told us that every month people spent some time with their key worker to complete an individualised review. The review included achievements made over the last month, goals for the following month, as well as any planned health appointments and activities. This was recorded after having been agreed upon by people and staff.

Relatives we spoke with had never had a reason to complain or issue a concern but felt they could speak to any member of staff if they needed to do so. They were also confident that if reported, such problems would be immediately resolved. Staff told us they had already assisted people in making complaints. Records showed that those complaints had been investigated and responded to appropriately.

Good

Is the service well-led?

Our findings

At our previous comprehensive inspection in March 2015 we had identified a breach in Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which is the equivalent of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.The service had used systems to monitor the quality of the service and make improvements, however, these had not always been effective.

At this inspection in March 2016 we found the provider had taken action to make the required improvements. A robust system was in place for the auditing of systems within the service. A range of audits had been introduced which had been designed to monitor the quality of the service and to identify areas in which changes were required. The system included infection control audits, health and safety audits, as well as checks to ensure that training and supervisions were up- to-date. As a result of the audits, new moving and handling equipment (a sling) had been purchased. We also observed improvements to the clarity of recording people's care needs.

The registered manager informed us that every year people using the service were given a copy of a questionnaire to complete. The questionnaire was always easy read and pictorial for people's convenience, and if necessary, staff or people's relatives helped people to fill it in. We saw some of the responses from the last year and the results of that survey which showed that people were satisfied with the quality of the care provided.

There was a registered manager in post who was supported by a senior support worker and a number of care staff. They were also supported by the area manager.

We spoke to two members of staff. They told us that the management team was approachable. They said, "We are getting on really well". They explained to us that the registered provider promoted a philosophy of care focused on maintaining high standards of people's lives and well-being. They also added that this was in line with their own values.

Staff had regular team meetings where they discussed any issues and received updates on any changes or information they needed to know. They told us they were always asked for their opinions and felt able to discuss them. However, they mentioned that the management had been reluctant to identify the problems resulting from the service's reliance on agency care workers. A staff member told us, "They fail to understand the situation with staffing levels. We have no regular agency staff coming here to work."

The management of the service had taken action to address this issue. The area manager told us that they kept advertising the vacancy of the support worker position not only as a single full-time job but also as a few part-time jobs. The advertisements were put not only on the provider's webpage, but also on other websites visited by people searching for employment. The management were going to advertise for weekend staff as well because the area in which the service is located is typically affected by shortage of staffing levels. However, the effects of these actions were still to be awaited.

Even though most of people who live at Bartlett Close were unable to communicate verbally, during our visit we saw they felt confident and relaxed in the presence of the registered manager. The registered manager actively encouraged people to be involved in the running of the home. For example, people were involved in the recruitment of new staff by participating in the second stage of the recruitment process. Prospective staff members were required to spend a few hours with people who were later asked about their opinion regarding the employment of each candidate.

There were systems in place for recording and monitoring incidents and accidents occurring in the service. However, there had been no incident since our last inspection.

The Information the CQC held showed that we had received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way.

The provider had taken measures to ensure people could continue to receive the appropriate care and support in case of an untoward event. The scenarios taken into consideration included: adverse weather conditions, failure of electrical systems, or damage to the building making it uninhabitable. A business contingency plan had been developed which had assessed the potential risk and outlined the action to be taken should an untoward event occur. This showed that the provider had taken relevant action to ensure the continuity and consistence of delivered care and support. It was also evident that people's safety was a priority within the service.