

MacIntyre Care The Croft

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 carried out this inspection on 14 November 2018. The inspection was announced.

This service was last inspected in January 2016 and 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.

The Croft 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.

There were 3 people living in the home at the time we carried out our inspection.

There was an experienced registered manager responsible for the day-to-day management of 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. The registered manager had been working for the provider organisation for a number of years.

Many of the values that underpin "Registering the Right Support" and other best practice guidance were seen in practice at this service. There was evidence that the core values of choice and promotion of independence were at the centre of people's day to day support. However, the service was located at the bottom of a hill at the edge of a community and all of the people living in the home had mobility needs so could only leave the home using transport. This made community inclusion more challenging but people were accessing local services and facilities such as the hairdressers. The staff worked very hard to ensure that the people had maximum power and control over their lives and day to day choices.

We looked at how the service managed its recruitment of new staff and saw that this was done well and all of the required checks were carried out before staff commenced working at the home.

We spoke with two relatives who gave positive feedback about the home and the staff who worked in it. They told us that the staff supported their relatives well. We saw that warm, positive relationships with people were apparent. The people had lived in the home for over 22 years and were living happy lives, as independently as possible, supported by staff who knew them well.

Staff spoken with and records seen confirmed training had been provided to enable them to support the people with their specific needs. We found staff were knowledgeable about the support needs of people in their care. We observed staff providing support to people throughout our inspection visit. We saw they knew

people well and how they liked to be cared for.

We found medication procedures at the home were safe. Staff responsible for the administration of medicines had received training to ensure they had the competency and skills required. Medicines were kept safely with appropriate arrangements for storage in place.

The registered manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions. We saw that people were supported to make their own decisions whenever this was possible and their choices were respected.

Care plans were person centred and driven by the people who lived in the home. They detailed how people wished and needed to be cared for. We identified that some updates were required and the registered manager showed us that they were already in process of making amendments to show how people's needed had changed.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included regular audits of the service and staff meetings to seek the views of staff about the service. The provider organisation also closely monitored the home and the manager was supported by a regional management team.

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 remained good.	Good ●
Is the service effective? The service remained good.	Good ●
Is the service caring? The service remained good.	Good ●
Is the service responsive? The service remained good.	Good ●
Is the service well-led? The service remained good.	Good ●

The Croft

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 14 November and was announced. We gave the registered manager 24 hours-notice of the inspection as the service was small and we needed to be sure that someone was in. The inspection was carried out by an adult social care inspection manager.

During the inspection we spent time with the three people who lived in the home and spoke with two relatives on the telephone. We spoke with the registered manager, senior support worker and two other members of staff. We looked at care records for two people who lived in the home and recruitment, training and personnel records for four staff. We also looked at records around how the service was managed including quality audits, records of staff meetings and feedback the registered manager had received from the families of people who lived in the home.

We reviewed the information we held about the home, including the information in the Provider Information Return (PIR), before we visited the service. The PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also contacted the local authority and they had no concerns about the service.

Is the service safe?

Our findings

The relatives that we spoke with were very happy with the safety of the home. They told us "She is very safe at all times" and "I never have to worry about him because I know how much they care for him."

The registered manager showed us around the building. We saw that the building was very well maintained and was in the process of being redecorated. The people who lived in the home had been involved in choosing the new colours and wall paper. We saw that the bathrooms had been refurbished since our last inspection. We looked at the maintenance records and could see that ongoing checks were continuously made. We looked at records relating to the safety of the building and we had no concerns. We could see that the safety certificates were all in date.

We looked at staff recruitment and looked at four recruitment records for staff members who had been recruited since our last inspection; two permanent staff and two relief staff members. We saw that this had been done safely and all the required checks had been completed prior to the new staff commencing work in the home.

We looked at how medication was managed in the home and we saw that this was done well. We saw that many good practice standards were adhered to in relation to people's medicines. Medicines were stored in people's bedrooms and the temperature of the bedrooms was checked daily to ensure that the medicines were stored within safe temperatures so that their effectiveness was not compromised.

We looked around the home and saw that it was clean. We also saw that personal protective equipment such as gloves and aprons were readily available for staff use when required. The kitchen had been inspected by the Food Standards Agency and had been awarded five stars at the last inspection which is the highest score.

We looked at staffing levels and saw that the home was consistently staffed by a committed staff team. We saw that the staff covered the rotas and agency staff were rarely used so the people living in the home were always supported by staff who knew them well. The agency staff that were used were consistently provided from the same agency. We saw that the registered manager worked closely with the senior support worker, the staff and the people living in the home to ensure that the service ran safely and people received the care that they needed.

We looked at risk assessments and saw that risks were managed well. We looked at the records relating to accidents and incidents and saw that monthly audits were carried out that looked at every event that had occurred and documented them to look for trends and patterns that could help to minimise future events. For example, we saw that a person had a fall in their bedroom and consequently their bed was replaced and repositioned and there had been no further accidents.

We looked at how the home managed safeguarding and saw that the registered manager understood their role and the regulations in relation to keeping people safe from harm. There had been one minor

safeguarding concern since the last inspection which had been robustly responded to. The staff we spoke with had a clear understanding of their responsibilities to keep people safe.

Is the service effective?

Our findings

We spoke with one relative who told us that the staff had helped their family member with their health problems. They said "He is much better and because he is so well looked after he has improved in every way."

We saw people having lunch during the inspection. The food smelt and looked appetising and we saw people enjoying it. Staff were chatting with people at the dining room table whilst they ate their food. Some people required some assistance and staff were observed to offer this unobtrusively, encouraging the person to manage themselves and maintain their independence. We saw that people's weights were closely monitored and action taken promptly when it was required. The people in the home had very different needs in relation to the consistency that their food was presented in. We saw that staff were all aware and were diligent in the preparation of each meal and we were told that this was paramount to keeping people safe and well.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. We saw that the staff had a good understanding of consent and capacity issues and that people were actively encouraged to make their own decisions. We saw evidence of MCA assessments and best interest meetings and all staff had been trained in consent and capacity issues.

We looked at the support that staff received and saw that it was good. All staff received training when it was due and records were regularly updated. We saw that staff had regular access to training so that they could safely meet the needs of the people that they were supporting. We saw training was sourced to meet specific needs of the people living in the home such as Dementia training.

We saw lots of evidence throughout the inspection that the service worked closely with other local services to ensure that people's needs were met and that any changes in people's health needs were picked up quickly and referrals made for the appropriate support.

During the inspection we were made aware of the health needs of two people who lived in the home and we saw how the environment had been adapted to support these people's needs. These adaptations included improvements that supported a change in a person's vision, and inflatable equipment that was used when a

person became distressed to minimise any risk of injury to them.

Is the service caring?

Our findings

The relatives we spoke with told us that their family members received a good quality of care and told us the care staff treated them in a kind and caring way. We saw that staff were very professional in their approach but very kind and gentle as well. One relative told us "I'm very happy. I go anytime to visit and I'm always made to feel very welcome. They are his family now." Another relative told us "I'm so happy with her care. They are lovely staff and it's a lovely place."

The care staff understood how to respect people's privacy and dignity. People were receiving personal care during our inspection and we saw staff knocking on doors prior to entering and maintaining people's dignity when it was necessary. We also saw lots of references to how people's privacy and dignity had to be protected in the care records we looked at.

We saw that the staff were very skilled in supporting people who lived with dementia and the challenges that this presented. We observed staff on a number of occasions throughout the inspection reassuring a person who may have been confused and disorientated.

The people in the home communicated in very different ways and all of the staff that we observed were experts in the communication methods used by each person. The diversity of each person's preferred communication method was fully recognised and acknowledged and we saw that staff observed people's behaviour very closely to recognise what people were trying to express.

We saw that the staff were instrumental in supporting people to maintain their relationships with their families which both the people and their families seemed to value.

The people who lived in the home had both positive and negative experiences of the care system having lived in 'care' for many years. The staff had sourced as much information as possible to enable them to understand the experiences that people may have had and understand subsequent behaviour that they may exhibit due to prior encounters. For one person this involved keeping a record of phases they repeated and researching these, asking relatives and staff who had known the person for a long time what they may be referring to. This helped staff to understand people and their experiences.

We saw that records were stored confidentially and that people's right to privacy was respected.

Is the service responsive?

Our findings

Relatives told us that they had never had any reason to be concerned or unhappy about the home. One relative told us "They keep me updated with any changes so there are never any surprises."

The provider had a procedure for receiving and responding to complaints about the service. Relatives we spoke with said they would raise any concerns with the registered manager. They said they were confident the registered manager would act to resolve any concerns they raised but that this had never been necessary. There had been no formal complaints since the last inspection.

The care plan files we looked at were person-centred, very detailed and informative and mainly reflected the needs of the people living at the home. The files contained relevant information about the individual, such as their background, communication methods, health, emotional, and physical health needs. The files also contained clear information about people's routines throughout the day and their preferences about how to do things. Risks were clearly identified and responded to safely. We noticed that some updates were needed as some people's needs had changed. The registered manager had already identified this as an action and was in the process of making the updates.

We saw that the home provided lots of individualised activities for people to enjoy. These included manicures, aromatherapy, music, and baking. When we discussed activities with the staff they explained to us that the people living in the home were near retirement age so they enjoyed less "work like" activities and enjoyed more relaxed outings such as tea and cake at the local garden centre. We also saw that people sometimes visited other homes that were managed by the same provider. This was to visit friends that the people in the home had lived with many years ago in other establishments. People were supported to maintain these longstanding connections and friendships.

The service supported people to the end of their life and staff had received some training and further training was planned. The registered manager was involved in a steering group across the provider organisation to bring staff to work together to improve end of life care for people using the services they provided.

Is the service well-led?

Our findings

Relatives told us this was a good home and said they would recommend it. They told us they were happy with the care their relatives received and valued the support provided by the staff. One relative told us, "The home is the best one she has lived in."

The registered manager told us that they were supported well by the provider organisation and their regional management team. They attended regular meetings with other managers and had many resources available to them to support the staff. There were many systems and processes in place by the provider that monitored the quality of the service provided at the home.

We saw that the registered manager and senior support worker observed staff while they supported people to check care was being provided as planned and that the staff provided support safely and respected people's rights. The registered manager and senior support worker regularly worked "on shift" so they could fully understand any difficulties that staff were experiencing as well as to observe staff performance.

Services registered with us must notify us of significant events that happen such as allegations of abuse or serious injuries related to the care they provide. This is so we can check appropriate actions have been taken. The registered manager of the service understood the incidents that had to be reported to us and had completed notifications when they were required. We could see that this was a rare event in the home so we clarified their understanding of the process.

We looked at a number of quality assurance processes in the home and saw that these were managed well. The audits looked for patterns and trends in accidents and incidents, and actions were taken to avoid repeat incidences. We saw that the building maintenance was managed closely and medication management was very closely monitored.

The manager was receptive to our feedback and demonstrated that they worked collaboratively with the provider and outside sources of help to make improvements to the service.