

MacIntyre Care Marley Grove

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

The inspection took place on 30 June & 3 July 2015 and was unannounced.

Marley Grove is a group of four homes which provide personal care for up to nine people with a learning disability. At the time of our inspection nine people were using the service.

There was a manager employed. The manager was not registered, however; they were going through the process of registration 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.

People felt safe living at the service. Staff were aware of what they considered to be abuse and how to report this.

Staff knew how to use risk assessments to keep people safe alongside supporting them to be as independent as possible.

Summary of findings

There were sufficient staff, with the correct skill mix, on duty to support people with their needs.

Recruitment processes were robust. New staff had undertaken the provider's induction programme and training to allow them to support people confidently.

Medicines were stored, administered and handled safely.

Staff were knowledgeable about the needs of individual people they supported. People were supported to make choices around their care and daily lives.

Staff had attended a variety of training to ensure they were able to provide care based on current practice when assisting people.

Staff always gained consent before supporting people.

There were policies and procedures in place in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff knew how to use them to protect people who were unable to make decisions for themselves.

People were able to make choices about the food and drink they had, and staff gave support when required.

People had access to a variety of health care professionals if required to make sure they received on-going treatment and care.

People were treated with kindness and compassion by the staff, who spent time with them on activities of their choice.

People and their relatives were involved in making decisions and planning their care, and their views were listened to and acted upon.

Staff treated people with dignity and respect.

There was a complaints procedure in place which people were aware of.

People were complimentary about the manager and staff. Staff, people who used the service and the registered manager had good relationships.

Effective quality monitoring systems were in place. A variety of audits were carried out and used to drive improvements.

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.

Staff were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to support people with their needs. Staff had been recruited using a robust recruitment process.

Systems were in place for the safe management of medicines.

Good



Is the service effective?

The service was effective.

Staff had attended a variety of training to keep their skills up to date and were supported with regular supervision.

People could make choices about their food and drink and were provided with support when required.

People had access to health care professionals to ensure they received effective care or treatment.

Good



Is the service caring?

The service was caring.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

Visitors were welcome at any time.

Good



Is the service responsive?

The service was responsive.

Support plans were personalised and reflected people's individual requirements.

People and their relatives were involved in decisions regarding their care and support needs.

There was an effective complaints procedure in place.

Good



Is the service well-led?

The service was well led.

The service had a manager who was supported by a staff team and the provider.

People and their relatives were able to give feedback and suggestions were acted on.

There were internal quality audit systems in place.

Good



Marley Grove

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 30 June & 3 July 2015 and was unannounced.

The inspection was carried out by one inspector.

Before the inspection we checked the information we held about the service and the service provider, and spoke with the local authority. No concerns had been raised and the service met the regulations we inspected against at their last inspection which took place 04 April 2013.

During this inspection we observed how staff interacted with people and received care and support. We looked at how people were supported to join in activity sessions of their choice.

We spoke with four people and the relatives of three people who used the service. We also spoke with the manager, two care staff and the area manager.

We reviewed three care records, four medication records, three staff files and records relating to the management of the service.

Is the service safe?

Our findings

People told us they felt safe living at the service. A relative said, "I have no concerns about [name] safety."

Staff told us they had received training in safeguarding. One staff member said, "I would report any bullying or mistreatment of people." They were able to tell us what they thought would constitute abuse and what would make them suspect any. Staff were aware of the provider's policy and procedures for reporting safeguarding's.

There were notices in the office giving information on how to raise a safeguarding concern with contact numbers for the provider, the local authority safeguarding team and the Care Quality Commission (CQC).

Staff also told us they were aware of the provider's whistleblowing policy and would feel confident in using it.

Within people's support plans we found evidence that staff supported people to understand what keeping safe meant.

Within people's support plans were risk assessments to promote and protect people's safety in a positive way. They included; accessing the community, finances and domestic skills. These had been developed with input from the individual, family and professionals where required and explained what the risk was and what to do to protect the individual from harm. We saw they had been reviewed regularly and when circumstances had changed.

In the office were emergency contacts for services such as gas, electricity and the water authority, and out of office numbers for management of the service. There was also information on the location of turn off points for gas, water and electricity and first aid equipment. The manager showed us information for emergency contingency plans in the case of evacuation. Each person had an individual Personal Emergency Evacuation Plan (PEEP) to assist in the event of the premises having to be evacuated.

Accidents and incidents were recorded and monitored. We saw records of these which were completed correctly in line with the provider's policies.

There were enough staff on duty to provide effective support to people. One staff member said, "We have been short staffed but the manager is getting new ones. One started last week." The manager told us she was currently recruiting new staff. One new staff member had started the previous week. Where there were shortages she had used relief or agency staff. If agency staff had to be used the manager said she tried to use the same people to enable continuity of support for people.

We looked at the staffing rotas for the previous two weeks and the next week. Staff numbers appeared adequate to provide safe effective support to people.

We found safe recruitment practices had been followed. One staff member said, "I had to wait until references and checks were received by the company before I started." We looked at staff files and found that they contained copies of appropriate documentation. These included copies of application form, minimum of two references, a Disclosure and Barring Services (DBS) check and an up to date photograph. People's start dates showed they were all after checks had been received.

People told us they received their medicines when they should do. One person said, "They give me my tablets." Staff told us that they had to complete medication training before they were allowed to administer medication. One staff member said, "I need to keep my meds training up to date and I am observed doing the medications." Each person had guidelines on the medicines they were taking, how they liked to take them and Medication Administration Records (MAR) charts. We checked these and they were found to be complete and correct. We looked at the storage of medication and carried out a sample stock check. The manager told us that she was in the process of changing the storage so each person had a box in their own bedroom. This would enable them to receive their medication from the staff member who assists with their care and they would then not have to wait. We saw documentation from the pharmacy to show they had carried out an annual check of the medicines, storage and documentation. There were no actions from that visit.

Is the service effective?

Our findings

People told us they thought the staff were well trained to do the job, one person said, “They all know what to do.”

The manager told us new staff had to attend the provider’s mandatory training and shadow other more experienced staff before being allowed to go onto the rota. They told us shadowing could be up to six weeks or longer if they or the staff member felt it was needed. All new staff were expected to complete the new care certificate during their probation period.

Staff told us they had received a supervision with the new manager. One staff member told us, “Supervisions are really good as it gives us one on one time to talk about anything, we had not had one for a while but we have all had one now with the new manager.” They said that the manager was always available and supportive, so they did not mind if it was not done formally. Completed supervision records were seen within staff files. A variety of things were discussed including training and development, annual leave, working hours, objectives and any disciplinary procedures being carried out.

Staff told us that they could speak to the manager for support at any time, the manager was always available. One staff member said, “She is fairly new, but very supportive. We can ring her at any time.” Another said, “She stops and listens to what we have to say, and will take it on board.” The manager told us they were supported by the team, other registered managers within the organisation and their area manager.

Staff told us they received training from the provider on a variety of subjects. These included health and safety, infection control and safeguarding, and also more specific training for the people they provided support for, for example; autism awareness. Staff told us that some training was face to face and others was e-learning which they were able to access at any time to ensure they kept up to date. The manager kept a training log which listed all of the staff and training delivered; it included the date of last training received and the date when next needed.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA)

Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We saw that there were policies and procedures in relation to MCA and DoLS to ensure people who could make decisions for themselves were protected. Staff we spoke with had knowledge of the MCA and DoLS and were aware that one person was subject to a DoLS. The manager explained the reason why one person was subject to DoLS and documentation reviewed showed it was carried out following correct procedures. This demonstrated that people were protected from being deprived of their liberty unlawfully.

People told us staff always asked for consent. One person said, “Staff always ask me all the time.” We observed staff gaining consent before any activity, for example; entering people’s rooms, providing care and support and speaking with an inspector. Within care records we saw that people had signed for consent to care and support and for staff to read their care plans. Some people had Do Not Attempt Cardio Pulmonary Resuscitations (DNACPR) in place. These had been completed correctly with involvement of professionals, the person and family where appropriate and staff were aware of who the people were.

People told us the food was nice, one person said, “The staff help us with our shopping and cooking.” People were given a choice of where they ate, and were given support when required.

The manager told us that the people who used the service met on a Tuesday evening to discuss and decide the menu for the following week, giving each an opportunity to have their chosen food included. Staff told us that each person was now taken individually to do their shopping. This gave them the time to support people with their choices and discuss them. We saw that there was a plentiful supply of food including fresh fruit and vegetables. There was a bowl of fresh fruit in the lounge for people to help themselves to. People were finishing the breakfast of their choice when we arrived.

People told us they saw the doctor, or other health care professionals when needed. Documentation in people’s care plans showed that health care professionals including specialist, opticians and chiropodists had been involved in people’s care. This demonstrated that staff ensured people had access to appropriate health support when required.

Is the service caring?

Our findings

People told us that staff were very kind. Many people and relatives made comments regarding the kind and caring approach of the staff. One relative said, “the staff are very caring, we could not wish for better.”

We observed positive interactions between staff and people who used the service, for example, when they were helping people to get ready to go out and give general support, staff were chatty and there was a good atmosphere.

Staff demonstrated that they knew people’s needs and preferences very well. We observed staff chatting with people. One person had just returned from a break away with family. Staff were asking about things they had done and checking they were ready to go out. Staff were able to tell us about individuals and the contents of their support plan, and we observed this.

People told us they were involved in their care and had choice in terms of their day to day routines. One person said, “I do what I want.” Another said, “They help us if we need it.” Staff were observed giving appropriate time to people to ensure they were supported with any assistance they needed. A relative told us that their relative was able to make choices about their everyday life which included;

what to eat and drink, whether to attend activities and what to do in their own time. This demonstrated that people were able to make decisions about their day to day life.

The manager told us that there was access to an advocacy service if required. People were informed of this on admission, but staff would recommend it if they felt it was appropriate. There was a leaflet on the notice board for people to access.

People who used the service and relatives spoke positively about privacy and dignity. One person said, “They knock if my door is closed.” A relative said, “We can always speak in private if we want to.” We observed people being treated with dignity and respect. For example, when asking if they needed to use the toilet before going out on the bus. This was done in a very discreet manner.

One person said that staff always knocked and waited before entering their room, and staff were always polite and respectful. There were some areas within the service where people could go for some quiet time without having to go to their rooms. This showed that people could be as private and independent as they were able.

People told us they could have visitors when they wanted. One person said, “My family visit when they want.” A relative said, “I visit any time. If any of us are in the area we pop in but [person’s name] may well be out doing different things”

Is the service responsive?

Our findings

People told us they were involved in their care plan if they wanted to be. One person said, “We talk about things and I tell them what I like.” Another told us, “We all have support plans.” A relative said, “We are as involved as we can be in our relatives care” Staff told us they knew the people in their care but used the written support plans to confirm there had been no changes.

Staff told us that before admission to the service people had a thorough assessment. This was to ensure that the service was able to meet the person’s needs at that time and in anticipation of expected future needs. This information would be used to start to write a care plan for when the person moved in. Support plans we looked at showed this had taken place.

During our inspection we observed positive interactions between staff and people, who used the service, and that choices were offered and decisions respected. For example, where they wanted to sit and what they wanted to do.

There was an activity schedule on the notice board. Each person had their own individual activity plan stating where they were going and when for each day of that week. When we arrived for the inspection people were getting ready to go out for the day to their chosen activity. One person said, “I am going to sewing group.” They then showed us their sewing they were taking. Another person said they were

going to sports club. They went on to tell us they did sports and exercises there to help keep fit. People who used the service were taken in the mini bus to their activity groups. Everyone we spoke with told us they enjoyed the different things they did. There were photographs displayed of people enjoying a variety of activities.

Throughout our inspection, we observed that staff were not rushed and spent time with people. For example, chatting about what they were doing that day. Support offered was person centred and individual to each person.

People we spoke with knew how to make a complaint. One person said, “I would talk to [manager’s name].” Another said, “I would say I wanted to complain.” A relative was very clear saying, “I would ask to speak to the manager.” There was a complaints policy and procedure in place, but there had been no formal complaints since the last inspection. The manager told us that she had an open door policy and hoped people would speak to her before anything became a complaint.

The manager told us that an annual survey was sent out to people and their relatives. This was in an easy read format to aid people’s understanding and ease of use. The results were available for the 2014 survey. These were all positive. The manager told us preparations were in place for this year’s survey to be sent out. This demonstrated that people were asked for their feedback.

Is the service well-led?

Our findings

Staff said that there was an open culture, they could speak with the manager about anything and they would be listened to and things would be acted on.

Staff told us that they received support from the manager. One staff member told us, “The manager is very approachable.” Another said, “We are involved in what is happening in the home. There have been a few changes but for the good of people.” They told us that the new manager had made some changes recently, but she had met with staff and people who used the service to explain the reasons why. She had listened to everyone’s opinions and acted on them.

The manager told us a variety of meetings had been held on a regular basis, including; residents, staff and managers meetings. Staff told us they attended staff meetings as they were useful to keep up to date with things. We saw minutes of all of these meetings.

The manager told us that the provider had a whistleblowing procedure. Staff we spoke with were aware of this and were able to describe it and the actions they would take. This meant that anyone could raise a concern confidentially at any time.

There was a manager in post who was in the process of applying for her registration with CQC. People we spoke with knew who she was and told us that they saw her on a daily basis. During our inspection we observed the manager chatting with staff, visitors and people who used the service. It was obvious from our observations that the relationship between the manager and the staff was open and respectful.

Information held by CQC 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 manager was able to tell us which events needed to be notified, and copies of these records had been kept.

The manager told us there were processes in place to monitor the quality of the service. This included fire equipment testing, water temperatures, medication audits and support plans. These audits were evaluated and, if required, action plans would be put in place to drive improvements. The provider had carried out quality assurance visits. Records viewed showed that these had been carried out regularly.

The manager told us that all accidents and incidents were reviewed by them and the provider. This was to see if any patterns arose and what could have been done, if anything to have prevented them happening.