







# 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 |  |

### Overall summary

This was an unannounced inspection, carried out on 27 January 2016.

The Croft is a care home for four adults with a learning disability. Although located in a residential estate in Ellesmere Port, the 'semi-rural' area surrounding the home ensures the privacy of service users is protected. A range of local shops, pubs and other facilities are within easy reach of the home. The home is a four-bed bungalow, with all the bedrooms being single.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We last inspected this location in April 2014 and we found that the registered provider met all the regulations we reviewed.

# Summary of findings

Relatives told us they felt people were safe at the service. Staff had a good understanding and were aware of the different types of abuse. Staff knew the process for reporting any concerns they had and for ensuring people were protected from abuse. Staff told us they would not hesitate to raise concerns and they felt confident that they would be fully investigated in partnership with the relevant external agencies.

There were safe systems in place for the management of medicines. Medicines were administered safely and administration records were up to date. People received their medication as prescribed and staff had completed competency training in the administration and management of medication.

People's needs were assessed and planned for and staff had information about how to meet people's needs. Support plans we reviewed were personalised and always promoted the involvement of the person or other important people such as family members. Staff were responsive in meeting changes to people's health needs.

Staff were caring and they always treated people with kindness and respect. Observations showed that staff were respectful of people's privacy and dignity and encouraged people to maintain their independence. Staff were skilled in recognising and using people's preferred method of communication.

Policies and procedures were in place to guide staff in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The registered manager and staff had a good knowledge and understanding of the Mental Capacity Act 2005 and their role and responsibility linked to this.

Robust recruitment processes were followed and there were sufficient qualified, skilled and experienced staff on duty to meet people's needs.

Staff received support through supervision and team meetings which enabled them to discuss any matters, such as their work or training needs. There was a programme of planned training which was relevant to the work staff carried out and the needs of the people who used the service.

The service was well- managed by a person described as "approachable and helpful". Systems were in place to check on the quality of the service. Records were regularly completed in line with the registered provider's own timescales. We were notified as required about incidents and events which had occurred at 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

People were supported by care staff who understood what was needed to keep people safe.

Management of medication promoted people's health. . People received their medicines as prescribed.

Robust recruitment procedures were in place to ensure only suitable people worked at the service.

Good



### Is the service effective?

The service was effective

Policies and procedures in relation to the MCA and DoLS were in place and accessible to staff. Staff had a good awareness of their responsibilities under the MCA and DoLS.

An ongoing programme of training was provided for all staff and they received appropriate support within their roles.

Staff ensured people had access to healthcare professionals when they needed it.

Good



### Is the service caring?

The service was caring

People's needs and wishes were respected by staff. Staff ensured that people's dignity and privacy were maintained.

Staff respected people's need to maintain as much independence as possible.

People were supported to access local advocacy services. Contact information was held at the service and made available to people.

Good



### Is the service responsive?

The service was responsive

Assessments and support plans were detailed and informative and they provided staff with enough information to meet people's diverse needs.

There was a clear complaints procedure in place. Relatives were confident that their complaints would be dealt with appropriately.

Activities were planned into each day. Support plans recorded people's individual interests and hobbies.

Good



### Is the service well-led?

The service was well led

The registered provider had effective quality assurance systems in place to monitor the service provided. These were always completed in line with the registered provider's timescales.

Good



# Summary of findings

The service was managed by a person registered with CQC. Staff and relatives told us that the manager was supportive and approachable.

# 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.

We visited the service on 27 January 2016. Our inspection was unannounced and the inspection team consisted of one adult social care inspector.

During our visit to the service we spent time with three people who used the service and spoke with two family members. We also spoke with five care staff and the registered manager of the service.

We looked at three people's support plans and also records relating to four staff and the overall management of the service.

Before our inspection we reviewed the information we held about the service including notifications of incidents that the provider had sent us since the last inspection, complaints and safeguarding. We also contacted local commissioners of the service and the local authority safeguarding team who raised no concerns regarding the service. Cheshire West Infection prevention and control team had visited the service in January and had made some recommendations for improvement to the environment. We also spoke with Healthwatch to obtain their views but they had not previously visited the service.

# Is the service safe?

## Our findings

People were protected from abuse. Relatives told us “My [relative] is safe there; the staff make sure they are looked after at all times”. Observations showed that people were comfortable with staff who were supporting them. We saw people display relaxed body language, positive facial expressions and there was the use of both gestures and individual communication styles when interacting with staff. Staff told us “I would recognise a change in someone’s behaviour if something was wrong, I would alert the manager if I had any concerns about people’s safety” and “People can’t always tell us if something isn’t right, but we understand their body language and ‘alarm bells’ would go off with us to find out what was going on”.

Staff were able to explain what constituted abuse and how to report incidents should they occur. We saw records within the service that informed staff how to make a safeguarding referral in line with the registered provider’s and local authority’s guidance and procedures. Staff knew the correct processes which were to be followed in the event of any concerns being identified. Records confirmed that staff had received safeguarding training. Staff told us that they felt confident the registered manager and staff team would take the appropriate action to safeguard people. Staff were familiar with the registered providers whistle blowing policy. They told us that they would be confident in reporting any concerns they had about the service and that their concerns would be dealt with effectively and in confidence.

To ensure people’s safety was maintained, a number of risk assessments and management plans were completed for each person. These plans were in place to help keep people safe and provided information for staff to help them avoid or reduce risks of harm to people. Plans considered people’s needs in areas such as physical support, personal care and moving and handling. Through discussions with staff it was clear that they had a good knowledge of people’s identified risks and clearly described how they would manage them. Monthly reviews were undertaken by allocated staff which discussed and highlighted any changes to the care and support needs of people they supported. Staff told us “We are quick at identifying if someone’s needs change and we make sure we make the

appropriate changes to support plans”. We found that there had recently been some changes to people’s dietary needs and risk assessments had been updated to reflect the correct support required to minimise any risks.

Medication was managed safely at the service. We saw that each person had their own personal locked medication cabinet in their own bedrooms. Staff who administered medication had a good knowledge of people’s medicine needs and their individual medical history and we observed people being given their medication appropriately. The registered manager told us that competency checks were completed with staff prior to administering any medication to people supported. Records and staff confirmed that appropriate checks had been completed. We looked at two people’s medication administration records (MARS) and found that they had been completed consistently and in detail. The MARS had a recent photograph in place of the person to help staff to identify them prior to administering medication. The MARS also gave details of each person’s prescribed medication alongside any information relating to known allergies. Daily temperatures were recorded to ensure the medicines were stored in suitable conditions. This ensured the stored medicines were safe to use. Records showed that daily and monthly medication stock checks were completed by the staff and registered manager. This ensured that staff were administering medication correctly and storage was being monitored at the service.

Accidents and incidents were appropriately recorded in the support plans. The immediate action staff had taken was clearly written and any advice sought from health care professionals was recorded. There was a process in place for reviewing accidents, incidents and safeguarding concerns. This ensured any changes to practice by staff or changes which had to be made to people’s support plans was passed on to staff. Staff told us they were informed through meetings with the registered manager when actions needed to be revised.

We saw that detailed personal evacuation plans were in place for each person describing what support people would require in the event of an evacuation of the building. Plans highlighted how people would respond to a fire alarm and what support they would require to be moved. For example records identified what support was required in the daytime and the night time and special considerations such as mobility needs.

## Is the service safe?

The registered provider had safe procedures in place for recruiting staff. We viewed recruitment documents for four staff and saw that a range of checks had been carried out to assess the suitability of applicants prior to them being offered a position. This included completion of an application form, two references obtained from applicants previous employers and a Disclosure and Barring Service (DBS) check prior to starting to work at the service. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. This ensured staff were suitable to work with vulnerable

We saw that a maintenance folder was in place at the service to ensure the environment was safe to live in. This gave details of all equipment which had been tested for safety. The service had contingency plans in place to deal with emergencies such as a flood, gas leak and loss of power to the home. Staff knew where and how to access

these documents in the event of an emergency. We saw records that showed that safety checks of gas and electrical equipment were conducted regularly by external specialists

We found that all parts of the service were clean; however, we noted that both bathrooms were in need of maintenance and repair. We found broken tiles and a broken vanity unit door in one bathroom. The bath panels in both bathrooms were scuffed and damaged and required replacing. The registered manager informed us that the Infection prevention control (IPC) team from Cheshire and Wirral Partnership had visited the service the previous week and they had raised awareness regarding these areas. The registered manager informed us that this was in the process of being addressed by the registered provider. Paper towels were available next to hand basins and the service was in the process of implementing hand gel dispensers for staff use. There was a good stock of personal protective equipment (PPE) such as disposable gloves and aprons. Staff were knowledgeable about their responsibilities for managing the spread of infection.

# Is the service effective?

## Our findings

Staff told us “The training is excellent here. We learn through face to face training as well as e-learning and through our practice”. Staff told us and records showed that they had completed training in topics such as food hygiene, first aid, moving and handling and epilepsy. Staff had recently undertaken some specialist learning in the area of dysphagia due to a change in people’s needs at the service. This is where a person may have difficulty in swallowing food or fluids. They told us “The company make sure that we attend the right courses to ensure we know how to meet people’s specific needs”. We spoke with staff who had recently been recruited and they told us that their induction had been very thorough and in depth and that they felt more confident in delivering good care and support to people. We saw that staff received regular supervisions and an annual appraisal and staff confirmed that these had occurred. Staff told us they could express their views during supervision and felt their opinions were valued by the manager.

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 application procedures for this in care homes are called the Deprivation of Liberty Safeguards.

The registered manager had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff were knowledgeable about how to ensure that the rights of people were protected who were not able to make or to communicate their own decisions.

Staff had received training in the Mental Capacity Act, 2005 (MCA) and we saw a guidance manual for staff to use when considering consent and decision making on a daily basis. It was clear through the practice we observed that staff asked people for their consent before carrying out any activities and understood people’s individual communication styles. Care records demonstrated that

relevant others who would need to be consulted as part of a best interests approach to decision making had been appropriately involved. This meant that where people were not able to make complex decisions for themselves, decisions were made in people’s best interest in line with legislation.

The registered manager demonstrated that applications had been made to the local authority on behalf of people in relation to Deprivation of Liberty Safeguard (DoLS) authorisations. One staff member told us “We can do whatever we want in our lives. If we stop someone from doing what they want then we are depriving them of their liberty”. It was clear through discussions that staff had an awareness of DoLS.

Staff knew which people were on special diets and those who needed support with eating and drinking. Staff had recorded people’s specific dietary needs in their support plans such as difficulty in swallowing food or requiring ‘thickeners’ in drinks. We saw that staff had received advice and support from the Speech and Language therapist. Staff told us “We have bought a new cook book to try and ensure that [person] still has the food they love, even though we have to puree it”. Observations showed that staff considered presentation at meal times to encourage a good appetite with people supported. We saw that meals were healthy and varied to ensure a balanced diet was provided and alternatives where available for people to have throughout the day or night. Observations showed that staff used language, gestures and visual choices to help people to make their own decisions at mealtimes. People were also given the choice of where they wanted to have their meal and with whom.

Staff were knowledgeable about the care and support people needed. Relatives told us “They were quick to spot a change in [my relatives] healthcare needs. They got the right people in quickly to support them”. Staff explained their role and responsibilities and how they would report any concerns they had about a person’s health or wellbeing. Appropriate referrals for people were made to other health and social care services. Staff identified people who required specialist input from external health care services, such as GP’s, chiropodists and opticians and where appropriate staff obtained advice and support.



## Is the service effective?

Thorough records of health appointments, including what was discussed and any actions decided were recorded by staff to ensure people received care and support that met their needs.

# Is the service caring?

## Our findings

Relatives told us “The service is super, marvellous and brilliant. They are always trying to improve [my relatives] quality of life” and “They always strive to do the best that they can for [my relative]. You couldn’t ask for more”. Staff told us “I love the people we support. They love to have banter with us and a gossip at times. People are very determined and I like the fact that they are very independent”.

Observations showed that people were engaging with staff and relaxed in their presence. All the staff approached people in a kindly, non-patronising manner. They were patient with people when they were attending to their needs and were caring and respectful in their approach at all times. For example, we heard staff members laughing and joking with a person about a DVD they were watching. The person was laughing out loud and appeared to be happy with the interactions.

Staff treated people with dignity and respect and they were discreet when assisting people with their personal care needs. People received personal care in the privacy of their bedroom or bathroom with doors closed. Staff understood the importance of ensuring people’s privacy was respected. Staff promoted personal choice and independence at all times by ensuring that people were involved in day to day decisions regarding their care and support.

We saw that each person had their own bedroom which they had personalised with items such as family photographs and their own armchair. Staff told us “The bedrooms are lovely here; it’s nice that people have their own identity and can create their own personal space” and “People sometimes want private time in their own room

away from everyone. They have lots of things they can interact with in their rooms”. Staff were respectful of people’s personal choices. People had access to a shared sitting room area, a dining room and an enclosed garden patio area. We observed staff asking people where they would like to be and staff ensured each person was comfortable and had all they required for a while. This was sometimes access to activity items such as books, games or even a doll for their comfort. Staff knew what interested people to help engage in interactions which created opportunity for social interactions. Relatives told us “They always know what people want or need. They understand their different styles of communication and what this might mean. That’s a real skill”.

Support plans provided good information about people’s likes, dislikes and preferences in regard to all areas of their care. The service had information relating to people’s close relatives and friends and there was evidence that staff supported people to nurture and maintain relationships with their relatives. Relatives told us “We are always made welcome when visiting. Staff always offer us a cup of tea and respect our private time as a family”

Where people did not have family members to support them to have a voice, the registered manager had good knowledge of how to access local advocacy services. The manager told us that there had been discussions about accessing an advocate to discuss health needs for one person but this was no longer required. Information was readily available for staff to know when and how to access local advocacy services. Advocates are people who are independent of the service and who support people to make and communicate their wishes. We saw details of the local advocacy services provided within the service user guide.

# Is the service responsive?

## Our findings

People received personalised care from staff who supported people to make choices. Support plans showed that individual needs were being met and preferences or changes in care needs were openly discussed with people and/or their relevant others. Staff knew how to support people and described their individual needs and preferences. Staff said that they had sufficient information in the support plans to enable them to support people successfully. One staff member said, “We have a thorough handover each shift to ensure that we know how to care for people safely”. We viewed handover records which confirmed this.

Support plans provided staff with good information about how people preferred to be supported. They were personalised and clearly identified what the desired outcome should be for the person. They included information about what a person could do for themselves and what support they required from staff. For example, morning routines advised staff to offer choices to people about when they would like to get up and whether they would like their breakfast before bathing. This showed that consideration to detail and consultation had been undertaken with the person and/or their relevant others when support plans were written. Each support plan was reviewed on a monthly basis by staff. Reviews consisted of staff looking at all information that had been recorded over the previous month and identifying what changes if any were required to people's support and care. This included looking at what worked well for the person and what didn't work well. Any changes made to support plans by staff were then shared with the wider team for their knowledge. Each person had a health passport in place which staff used when accompanying a person for a health appointment. This gave up to date details of people's immediate needs and a history of medical and physiological needs. Records confirmed that people had been supported to attend routine healthcare appointments to help keep them healthy.

Relatives told us “[My relative] doesn't want for anything. They love having manicures, going to the hairdressers and having their makeup done”. Support plans we reviewed identified people's preferences about how they wanted to spend their time. Allocated time was in place for one to one engagement as well as opportunities for group activities. Staff were observed during the day helping people to participate in a range of activities. Two people visited a soft play and multi-sensory centre during our visit. This provided people with the opportunity to access multisensory experiences for both stimulation and relaxation purposes. We saw that individual bedroom spaces had also been adapted to create a personalised multisensory space for people to use on their own in their own home. Through a review of records we saw activities such as baking, personal shopping, aromatherapy, music therapy and crafts were in place at the service. A recent annual person centred review identified that a person wanted to go on holiday for an overnight stay in Blackpool. Staff told us “We are going to be planning this. We need to consider all of their care and support needs to make sure we get it right for them”. This showed that staff were striving to meet people's wishes for the future.

Staff were able to describe how they would recognise if people were not happy or upset with a decision. Communication support plans identified gestures and body language that would be displayed in these circumstances. Staff described how they would work with the person to identify and resolve what had caused distress. Relatives informed us that they were aware of how to make a complaint at the service but they had never needed too. The home had a complaints and compliments procedure in place and this was also available in a pictorial version. We saw a record of one complaint that the provider had acted upon and successfully concluded. We also viewed records of compliments received by health professionals who had complimented the service regarding how staff had supported a person with their health action planning.

# Is the service well-led?

## Our findings

There was managed by a person registered with CQC since 2010. Relatives told us that the manager was approachable and always came to say hello when they visited. They told us “She always keeps us up to date with any changes to do with [my relative]. That’s very important”. Staff told us “Our manager and the area manager are very supportive with us. They will always try and help us out if we need something”.

Staff told us they worked well as a team. One staff member said, “The atmosphere is lovely here. Its friendly and the interactions with people are good”. Another staff member said, “I find my work very rewarding. People are really helpful here and if you don’t know something, then the manager will always find out for you”. Staff described the management structure as open and transparent. We saw minutes of team meetings held in August, September and November 2015. Each meeting had a variety of topics which staff had discussed, such as days out, resident monthly review feedback and health and safety. The registered manager told us that meetings were also used to keep staff informed of any changes in the service and reviewing and introducing new ways of working. Staff told us they could voice an opinion and we saw this recorded in minutes.

The service maintained a robust and effective system for monitoring the quality of the service. Regular audits of the service’s systems and processes had taken place to ensure people’s health, safety and welfare. The registered manager told us and the records confirmed that health and safety, medication, support plans and accidents and incidents had been regularly checked. These were completed within

the registered providers identified timescales. We viewed accident and incident reports and these were recorded appropriately and were reported through the provider’s quality assurance system. Each accident or incident that occurred was reviewed with staff and a post incident analysis was completed. This enabled the service to identify what changes were needed to minimise the risk of an incident occurring again. This meant the provider was monitoring incidents to identify risks and trends and to help ensure the care provided was safe and effective. Any changes of practice required by staff were highlighted in staff meetings so staff were aware if lessons had to be learnt from incidents. The registered manager told us that she spent time with people and staff on a regular basis to ensure she was aware of what was happening at the service and observe practise.

We examined all the policies and procedures relating to the running of the home. We found all were reviewed and maintained to ensure that staff had access to up to date information and guidance.

People’s care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential. The manager understood their responsibilities and knew of other resources they could use for advice, such as the internet.

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The manager of the home had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.